APPROVED BY THE FINANCE COMMITTEE
FEBRUARY 24, 2026

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
FINANCE COMMITTEE MEETING
November 19, 2025 – 2:30 p.m.
Meeting was conducted via Microsoft Teams

MEMBERS PRESENT:	Scott Nielson – Chair – At-Large Member, Gaming April Becker – Commissioner, Clark County Marilyn Kirkpatrick – Commissioner, Clark County
ABSENT:	Nancy Brune – Council Member, City of Las Vegas Shondra Summers-Armstrong – Council Member, City of Las Vegas
ALSO PRESENT: (In Audience)	Mayor Pro Tempore Scott Black, Josh Findlay
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, District Health Officer
STAFF:	Emily Anelli, Tawana Bellamy, Daniel Burns, Donna Buss, Joe Cabanban, Andria Cordovez Mulet, Jason Frame, Sabine Kamm, Horng-Yuan Kan, Jonas Maratita, Brian Northam, Kyle Parkson, Luann Province, Yin Jie Qin, Wei Ren, Alexis Romero, Chris Saxton, Jennifer Sizemore, Randy Smith, Renee Trujillo, Justin Tully, DJ Whitaker, Teresa Wilcox, Edward Wynder

I. CALL TO ORDER AND ROLL CALL

Chair Nielson called the meeting to order at 2:37 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE NOVEMBER 19, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Becker, seconded by Member Kirkpatrick, and carried unanimously to approve the November 19, 2025 Agenda as presented.

V. CONSENT AGENDA

1. **APPROVE MINUTES/FINANCE COMMITTEE MEETING:** March 26, 2025 *(for possible action*

   A motion was made by Member Kirkpatrick, seconded by Member Becker, and carried unanimously to approve the November 19, 2025 Consent Agenda as presented.

VI. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP and Approve Recommendations to the Southern Nevada District Board of Health on November 20, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Josh Findlay, Senior Manager, of FORVIS MAZAR LLP attended the meeting to present the FY2025 audited Financial Statement Report. Mr. Findlay advised that they issued an unmodified audit opinion for the Financial Statement and had no findings on the Internal Financial Report on Internal Control regarding the governmental auditing standards.

   Mr. Findlay advised that the single audit, related to federal grant expenditures could not be finalized as the Office of Management and Budget (OMB) had not issued the Compliance Supplement, which lists every federal program. Mr. Findlay advised that the single audit would be brought to the Board at a later date.

   Mr. Findlay further outlined the required communications related to accounting policies and practices, and advised there were no matters reportable related to judgments about the quality of the Health District's accounting principles, no significant issues discussed with management and no disagreements with management.

   Mr. Findlay proceeded to outline future accounting pronouncements of GASB 103, and GASB 104.

   A motion was made by Member Kirkpatrick, seconded by Member Becker and carried unanimously to accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP, as presented, and to recommend acceptance of same to the Southern Nevada District Board of Health at its meeting on November 20, 2025.

2. **Receive and Discuss the Financial Report, as of September 30, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Donnie (DJ) Whitaker, Chief Financial Officer, presented the Financial Report, as of September 30, 2025, related to the Revenues, Expenses, and Net Position (September 30, 2025 – Unaudited).

   A motion was made by Member Kirkpatrick, seconded by Member Becker and carried unanimously to accept the Financial Report, as of September 30, 2025, as presented and forward some to the Southern Nevada District Board of Health, as an information item, at its meeting on November 20, 2025.

3. **Discuss and Establish Reporting Criteria for Contracts Ranging from $50,000 to $100,000**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Cordovez Mulet advised that the agenda item originated at the time that the Board increased the District Health Officer's signing authority for contracts. As a result, the Finance Committee was tasked with establishing appropriate reporting criteria for contracts within the $50,000 to $100,000 range.

   Member Kirkpatrick advised that other governmental agencies have processes where their respective boards receive information regarding contracts.

   Dr. Cassius Lockett, District Health Officer, described the procurement process, stating that contracts are subject to competitive procurement requirements, internal controls, executive-level approval, and legal review, with scope and budget confirmed before execution.

   After discussion, the Finance Committee agreed to receive a quarterly report listing all contracts within the $50,000 and $100,000 range to be distributed with the Board informational materials.

   Heather Anderson-Fintak, General Counsel, outlined that the organization maintains a robust procurement process. All contracts requests are reviewed by the Finance Department and are subsequently reviewed by the Division Director. Additionally, any contract exceeding $10,000 are reviewed by one of the attorneys. As the signing authority for the Health District, Dr. Lockett reviews and signs every contract.

   Member Kirkpatrick suggested, and the Finance Committee agreed, for a written policy to be established to document the process for reporting and approving contracts in this range, to maintain consistency regardless of personnel changes.

   A motion was made by Member Kirkpatrick, seconded by Member Becker and carried unanimously to direct staff to provide the Southern Nevada District Board of Health with a quarterly report listing all contracts approved under $100,000 for information, and to develop a written policy to document the process for reporting and approving contracts.

VII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

VIII. ADJOURNMENT

The Chair adjourned the meeting at 3:18 p.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary
/acm

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
FINANCE COMMITTEE
November 19, 2025 – 2:30 P.M.
Meeting will be conducted via Microsoft Teams

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/b7d6efb7-a848-4e99-a80d-03ff5e7c3531@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 222 423 357#

NOTE:
- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 222 423 357#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF THE NOVEMBER 19, 2025 AGENDA *(for possible action)*

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/FINANCE COMMITTEE MEETING:** March 26, 2025 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive and Discuss the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP and Approve Recommendations to the Southern Nevada District Board of Health on November 20, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive and Discuss the Financial Report, as of September 30, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Discuss and Establish Reporting Criteria for Contracts Ranging from $50,000 to $100,000**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **SECOND PUBLIC COMMENT**: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

VIII. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at https://snhd.info/meetings, the Nevada Public Notice website at https://notice.nv.gov, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
FINANCE COMMITTEE MEETING
March 26, 2025 – 3:00 p.m.
Meeting was conducted via Microsoft Teams

MEMBERS PRESENT:	Scott Nielson – Chair – At-Large Member, Gaming Nancy Brune – Council Member, City of Las Vegas Scott Black – Mayor Pro Tempore, City of North Las Vegas Marilyn Kirkpatrick – Commissioner, Clark County
ABSENT:	Bobbette Bond – At-Large Member, Regulated Business/Industry
ALSO PRESENT: (In Audience)	N/A
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, District Health Officer
STAFF:	Emily Anelli, Tawana Bellamy, Danielle Bohannan, Daniel Burns, Donna Buss, Nancy Cadena, Andria Cordovez Mulet, Horng-Yuan Kan, Cassius Lockett, Anil Mangla, Jonas Maratita, Kimberly Monahan, Brian Northam, Kyle Parkson, Luann Province, Yin Jie Qin, Alexis Romero Kim Saner, Chris Saxton, Karla Shoup, Jennifer Sizemore, Randy Smith, Renee Trujillo, Justin Tully, DJ Whitaker, Edward Wynder, Lourdes Yapjoco

I. CALL TO ORDER AND ROLL CALL

Chair Nielson called the meeting to order at 3:08 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT

FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE MARCH 26, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Black, seconded by Member Brune, and carried unanimously to approve the March 26, 2025 Agenda as presented.

V. CONSENT AGENDA

1. **APPROVE MINUTES/FINANCE COMMITTEE MEETING:** November 20, 2024 *(for possible action*

   A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to approve the March 26, 2025 Consent Agenda as presented.

VI. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss the SNHD Federal Poverty Level (FPL) guidelines and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually in January, with 2025 seeing an increase of 2.9% to the Consumer Price Index (CPI) from 2023 and 2024. The guidelines were used to adjust the sliding fee schedules.

   Member Kirkpatrick inquired whether the FPL guidelines were specific to health care or were the same guidelines used for housing and childcare, as she understood the levels were different for housing. Mr. Smith advised that the FPL guidelines were dictated by the Department of Health and Human Services based on the CPI.

   A motion was made by Member Kirkpatrick, seconded by Member Black, and carried unanimously to adopt the Update Federal Poverty Level Guidelines, as presented, and recommend adoption of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.

2. **Receive and Discuss the SNHD Clinical Sliding Fee Schedules and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Mr. Smith advised that offering Sliding Fee Schedules, for qualifying patients, was a requirement for HHS, HRSA and various other pass-through grants. Mr. Smith confirmed that patients were seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith highlighted the Point of Care Discount, which provides a 50% discount on fees if payment was made at the time of a visit, for patients that had an income of 200% or greater than the federal poverty level, who did not qualify for the sliding fee discount.

Further to an inquiry from Member Kirkpatrick on the write-offs, Donnie (DJ) Whitaker, Chief Financial Officer, advised that the write-offs are recorded against the revenue, different than a bad debt write-off. Dr. Lockett advised that two options available to offset the write-offs are (i) treatment accounts, and (ii) medically indigent accounts. Member Kirkpatrick suggested that staff review the options with the auditors to determine their feasibility.

Further to an inquiry from Member Brune regarding how the Health Center write-off compared to the previous year to other jurisdictions, Mr. Smith advised that the write-off had increased from the previous year. Mr. Smith further advised that the Health Center serves more uninsured patients than other clinics in Nevada and more than others around the country, compared to other FQHCs, which created an unsustainable payor mix. Mr. Smith advised that the Health Center was eligible to be reimbursed under the Perspective Payment System (PPS), which was a cost-based reimbursement for Medicaid, the best payor source. Mr. Smith advised that the Health Center was seeing more patients than the previous year. Member Kirkpatrick advised that Clark County paid 99% of Medicare and funded Medicaid voluntarily. Mr. Smith confirmed that a small portion were Medicare patients. Dr. Lockett advised that the Health District was looking to enhance and develop senior and pediatric services.

Member Kirkpatrick advised of two senior facilities in the vicinity of the Health District in need of primary care and suggested that staff make contact with the facilities. Further, Member Kirkpatrick suggested that Mr. Smith request the assistance of the Board member to help advocate with their senior communities.

Mr. Smith advised that the PPS rate is still based on an interim rate, which was rate setting based on a cost analysis. Mr. Smith advised that the enabling services provided by the Health Center is what sets us apart from other FQHCs.

Mr. Smith further outlined a market study of fees for FQHCs in Nevada.

Further to an inquiry from Member Kirkpatrick on when patients are advised of their fees for service, Mr. Smith advised that patients are advised at the point of care, when they are checking in for their appointment, whether they will be placed on a sliding fee or providing their insurance information. Mr. Smith confirmed that no patient was turned away for their inability to pay.

Mr. Smith shared the results of a patient survey on the sliding fee program. Mr. Smith proceeded to outline the Clinical Sliding Fee Schedules and advised there were no changes from last year.

A motion was made by Member Black, seconded by Member Kirkpatrick, and carried unanimously to accept the SNHD Clinical Sliding Fee Schedules, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.

3. **Receive and Discuss the SNHD Clinical Master Fee Schedule and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Whitaker presented the proposed updates to the Clinical Master Fee Schedule.

   Ms. Whitaker advised that the Billing Fee Schedule was reviewed annually to add new fees or to adjust existing fees based on analysis within the market. Ms. Whitaker further advised that uninsured individuals would see minimal or no impact of the proposed changes, based on the availability of the sliding fee schedules. Ms. Whitaker outlined the review methodology and the proposed changes. Ms. Whitaker outlined there were proposed changes to 305 fees, with 47 being new fees.

   Member Kirkpatrick requested that Ms. Whitaker provide additional details at the Board of Health meeting for the new Board members to understand how insurance reimbursement ties into the fee schedule.

   A motion was made by Member Kirkpatrick, seconded by Member Black, and carried unanimously to accept the Clinical Master Free Schedule Updates, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.

4. **Receive and Discuss the FY2026 Budget and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Whitaker presented the FY2026 Budget, which begins on July 1, 2025 and ends on June 30, 2026, with the following highlights:

   <u>Highlights</u>
   - Staffing was projected to increase to 872.5 FTE, compared to the FY2025 augmented budget of 864.3 FTE.
   - General Fund revenues project at $121.6M, an increase of $7.3M from FY2025 augmented budget.
   - Special Revenue Fund (Grants) decrease to $61.9M, a decrease of $17M from FY2025 augmented budget
     - SB118 funding started in FY2025, total of $10.95M; an estimated $6.8M is anticipated to be utilized in FY2026.
     - Reduction in grant expenditure request compared to FY2025 augmented budget.
   - Lab Expansion Project, currently underway, was expected to continue in FY2026 with $8.8M anticipated to be utilized.

   <u>Revenues – General & Grants Fund</u>
   - Clark County Property Tax revenue is expected at $38.8M an increase of $1.8M or 3.0% compared to $37.7M from FY2025. Pharmacy revenue also increased $6.1M and Permits and Fees increased $0.9M from FY2025 Augmentation.
   - General Funds Revenue increased from $114.2M to $121.6M, a $7.3M or 6.4% increase from FY2025 Augmentation.

- Special Revenue Funds decreased from $78.9M to $61.9M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples: COVID 19 Disaster Relief, Ryan White, Family Planning, Public Health Infrastructure (PHI), and Enhancing Detection Expansion grant.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2026 total $78.8M, an increase of $6.5M or 19% from FY2025 Augmented. FY2026 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY2025 Augmented budget. Additionally, FY2026 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)
- FTE changes from FY2025 augmented to FY2026 proposed budget includes 15.7 additional FTE (net); 12 of these positions are new and 3.7 are transfers from other funds.
- General Fund Pharmacy Medical supplies increased from $23.9M to $28.4M, an increase of $4.5M or 44%

Expenditures – Grant Fund

- Special Revenue Funds expenses decreased from $85.2M to $70.7M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples on conclusion of grants and reduction in request: COVID 19 Relief grants, Ryan White, Family Planning, PHI grant, and Enhancing Detection Expansion grant.
- SB118 revenue is estimated at $6.8M in FY2026. Anticipated FTE total is 13.4 positions (4 New) with estimated salaries & benefits of $1.6M.
- PHI Grant revenue is estimated at $7.1M in FY2026. Anticipated FTE total is 45 positions with estimated salaries & benefits of $5.8M.
- FTE changes from FY2025 augmented to FY2026 proposed budget includes a reduction of 7.5 FTE (net). There are12 new positions offsetting transfers and reductions.

Ms. Whitaker further reviewed the:

- Revenues vs. Expenditures combined by Division
- Personnel by Division, comparing FY2023, FY2024 and FY2025
- Capital Improvement Projects
- Three Fiscal Year Activity – General Fund, Special Revenue Fund, Bond Reserve Fund, and Internal Service Fund

A motion was made by Member Black, seconded by Member Kirkpatrick, and carried unanimously to accept the FY2026 Budget, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.

VII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

VIII. ADJOURNMENT

The Chair adjourned the meeting at 4:39 p.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary
/acm

Southern Nevada Health District

FY2025 Audit Presentation

forvis mazars

Introductions

Josh Findlay, CPA

Director

Audit Engagement Executive

Josh.Findlay@us.forvismazars.com

Global Presence

Leading
Global Network*

$5bn
Combined Revenue (2023)

100+
Combined Countries & Territories

400+
Combined Offices & Locations

1,800+
Combined Partners

40,000+
Combined Employees

As of June 1, 2024

- Forvis Mazars
- Correspondents of Forvis Mazars Group

- Afghanistan
- Albania
- Algeria
- Angola
- Argentina
- Australia
- Austria
- Bahrain
- Belgium
- Benin
- Bermuda
- Bosnia and Herzegovina
- Botswana
- Brazil
- Bulgaria
- Burkina Faso
- Cameroon
- Canada
- Cayman Islands
- Chile
- China
- Colombia
- Congo
- Côte d'Ivoire
- Croatia
- Cyprus
- Czech Republic
- Democratic Republic of the Congo (DRC)
- Denmark
- Egypt
- Finland
- France
- Gabon
- Germany
- Ghana
- Greece
- Hong Kong
- Hungary
- India
- Indonesia
- Ireland
- Israel
- Italy
- Japan
- Jordan
- Kazakhstan
- Kenya
- Korea
- Kosovo
- Kuwait
- Kyrgyzstan
- Latvia
- Lebanon
- Libya
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Malta
- Mauritius
- Mexico
- Moldova
- Morocco
- Mozambique
- Netherlands
- New Caledonia
- Niger
- Nigeria
- North Macedonia
- Norway
- Oman
- Pakistan
- Palestine
- Panama
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Romania
- Rwanda
- Saudi Arabia
- Senegal
- Serbia
- Singapore
- Slovakia
- Slovenia
- South Africa
- Spain
- Sweden
- Switzerland
- Taiwan
- Tanzania
- Thailand
- Togo
- Tunisia
- Turkey
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Venezuela
- Vietnam
- Zimbabwe

* Source: IAB World Network rankings, based on most recent rankings

2023 revenues: FORVIS $1.7bn (€1.6bn), Mazars (estimated) $3bn (€2.8bn)

Forvis Mazars is the brand name for the Forvis Mazars Global network (Forvis Mazars Global Limited) and its two independent members: Forvis Mazars, LLP in the United States and Forvis Mazars Group SC, an internationally integrated partnership operating in over 100 countries and territories.

forvis mazars

U.S. Presence

Leading U.S. Firm

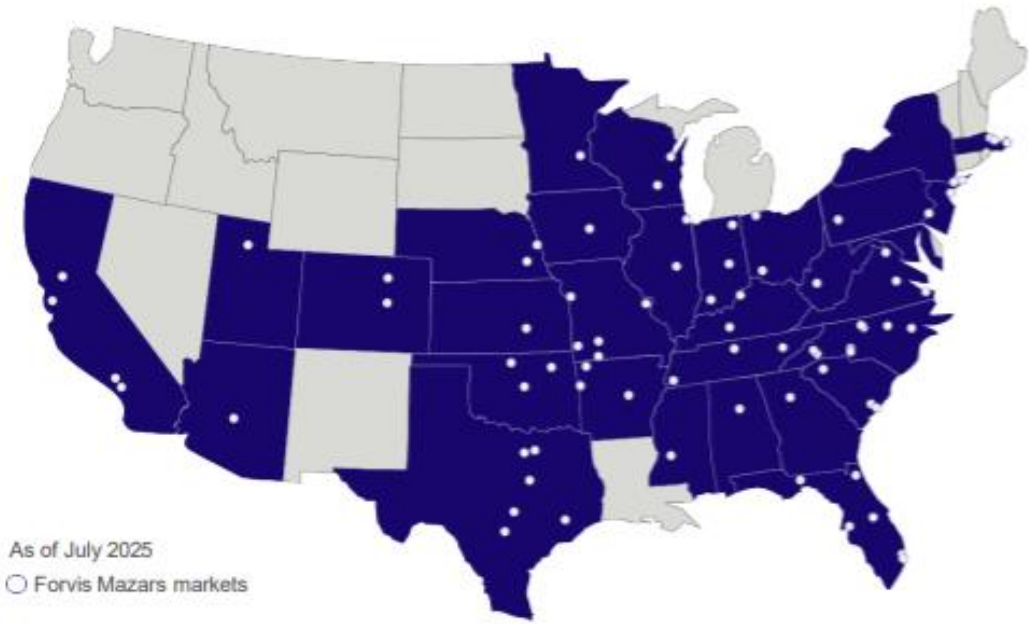
$2.24B
Revenue (FY 2025)*

76
Markets

30
States

600+
Partners & Principals

7,000+
Employees



As of July 2025
○ Forvis Mazars markets

Alabama
Birmingham

Arizona
Phoenix

Arkansas
Fort Smith
Little Rock
Rogers

California
Irvine
Los Angeles
Sacramento
San Jose

Colorado
Colorado Springs
Denver

Florida
Boca Raton
Fort Lauderdale
Jacksonville
Orlando
Tallahassee
Tampa Bay

Georgia
Atlanta

Illinois
Chicago
Decatur

Indiana
Evansville
Fort Wayne
Indianapolis

Iowa
Des Moines

Kansas
Wichita

Kentucky
Bowling Green
Louisville

Massachusetts
Boston
Brewster
Chestnut Hill

Minnesota
Minneapolis

Mississippi
Jackson

Missouri
Branson
Joplin
Kansas City
Springfield
St. Louis

Nebraska
Lincoln
Omaha

New Jersey
Iselin

New York
Long Island
New York City

North Carolina
Asheville
Charlotte SouthPark
Charlotte Uptown
Greensboro
Greenville
Hendersonville
Raleigh
Winston-Salem

Ohio
Cincinnati
Toledo

Oklahoma
Enid
Oklahoma City
Tulsa

Pennsylvania
Fort Washington
Pittsburgh

South Carolina
Charleston
Greenville
Summerville

Tennessee
Knoxville
Memphis
Nashville

Texas
Austin
Dallas
Fort Worth
Houston
San Antonio
Waco

Utah
Salt Lake City

Virginia
Norfolk
Richmond
Tysons

West Virginia
Charleston

Wisconsin
Appleton
Madison

*FY 2025 revenue: period ending 5/31/25.

Updated 8/22/2025

forvis mazars

Agenda

- Audit Scope and Results
- Future Pronouncements
- Questions

Audit Scope and Results

Audit Scope and Results

1 Financial Statement Opinions

- Unmodified “Clean” Opinions

2 Report on Internal Control Over Financial Reporting and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* – Independent Auditor’s Report

- No reportable findings

3 Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by Uniform Guidance

- No reportable findings

Audit Scope and Results (Continued)
Single Audit

Major Federal Programs for FY2025

Major Program	Federal Assistance Listing Number	Expenditures
Opioid STR	93.788	$2,488,200
National Bioterrorism Hospital Preparedness Program	93.889	$1,420,070
HIV Prevention Activities Health Department Based	93.940	$102,134
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967	$6,818,216

Audit Scope and Results (Continued)

Qualitative Aspects of Significant Accounting Policies and Practices

- Significant Accounting Policies
  - The Health District's significant accounting policies are described in *Note 1* of the audited financial statements.
  - With respect to new accounting standards adopted during the year, we call to your attention the following topics detailed in the following pages:
    - Note 1 - Governmental Accounting Standards Board (GASB) Statement No. 101, *Compensated Absences*
- Alternative Accounting Treatments
  - No matters are reportable.

Audit Scope and Results (Continued)

Qualitative Aspects of Significant Accounting Policies and Practices

- Management Judgments and Accounting Estimates
  - Accounts receivable and related allowance for uncollectible amounts
  - Total other postemployment benefits (OPEB) liability and related deferred inflows and outflows of resources
  - Net pension liability and related deferred inflows and outflows of resources
  - Key estimates related to leases and SBITAs – discount rate, term, and payments
- Financial Statement Disclosures
  - Net pension liability
  - Total OPEB liability
  - Leases & SBITAs

Audit Scope and Results (Continued)

Auditor's Judgments About the Quality of the District's Accounting Principles

- No matters are reportable.

Significant Issues Discussed with Management During the Audit Process

- No matters are reportable.

Disagreements with Management

- No matters are reportable.

Future Pronouncements and Other Matters

Accounting Updates - GASB Statement No. 103, *Financial Reporting Model Improvements*

Summary

- Improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a governmental entity's accountability.
- Updates impact Management's Discussion and Analysis, Unusual or Infrequent Items, Presentation of the Proprietary Fund Statement of Revenues, Expenses, and Changes in Fund Net Position, Major Component Unit Information, and Budgetary Comparison Information.
- GASB 103 is effective for the District's 2026 fiscal year. Earlier application is encouraged.

Potential Impact

- Statement requires that the information presented in MD&A be limited to the related topics discussed in five sections: (1) Overview of the Financial Statements, (2) Financial Summary, (3) Detailed Analyses, (4) Significant Capital Asset and Long-Term Financing Activity, and (5) Currently Known Facts, Decisions, or Conditions.
- Display the inflows and outflows related to unusual or infrequent items separately.
- Requires governments to present budgetary comparison information using a single method of communication—RSI and present (1) variances between original and final budget amounts and (2) variances between final budget and actual amounts. An explanation of significant variances is required to be presented in notes to RSI.

Accounting Updates - GASB Statement No. 104, *Disclosure of Certain Capital Assets*

Summary

- Requires capital assets held for sale, intangible assets, lease assets, and subscription assets to be broken out separately in note disclosure.
- GASB 104 is effective for the District's 2026 fiscal year. Earlier application is encouraged.

Potential Impact

- For the capital assets notes disclosure required by Statement 34, the following items should be broken out separately:
  - Lease assets (*Statement 87*) by major class of underlying assets
  - Intangible RTU recognized by an operator (*Statement 94*) by major class of underlying public-private and public-public partnership asset
  - Subscription assets (*Statement 96*)
  - Other intangible assets by major class of asset
- Intangible assets that represent the right to use intangible underlying assets are not required to be disclosed separately but should not be reported with owned intangible assets.

Questions?

The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by Forvis Mazars or the author(s) as to any individual situation as situations are fact-specific. The reader should perform their own analysis and form their own conclusions regarding any specific situation. Further, the author(s)' conclusions may be revised without notice with or without changes in industry information and legal authorities.

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Southern Nevada Health District

Independent Auditor's Report, Financial Statements, and Supplementary Information

June 30, 2025

Southern Nevada Health District
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Other Supplementary Information

Financial Section

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Independent Auditor's Report

Board of Health and District Health Officer
Southern Nevada Health District
Las Vegas, Nevada

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (Health District), as of and for the year ended June 30, 2025, and the related notes to financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2025, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparison, and pension and other postemployment benefit information as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Health District's basic financial statements. The supplementary information including the budget to actual comparisons and the schedule of expenditures of federal awards required by Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements Federal Awards*, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the budget to actual comparisons and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November __, 2025 on our consideration of the Health 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 Health 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 Health District's internal control over financial reporting and compliance.

Dallas, Texas
November __, 2025

As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2025. This narrative is designed to:

- Provide an overview of the Health District's financial condition and results of operations
- Assist readers in identifying significant financial activities and trends
- Explain significant changes from the prior fiscal year and ability to address future priorities

Financial Highlights

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by $35,249,505. Unrestricted net position could be used to meet the government's ongoing obligations to citizens and creditors, if it were a positive number.

The Health District's total net position (deficit) improved by $1,507,485 primarily due to an increase in property tax revenue and increases in charges for services offset with an increase in related expenditures as well as a decrease in pandemic-related operating grants and related expenditures.

The Health District's total revenue increased by $9,634,646. This was primarily driven by increases in charges for services, regulatory fees, and property tax revenues offset with a decrease in pandemic-related grants. Expenses increased by $2,004,746 primarily due to increase in personnel costs including both salaries and benefits.

Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Health District's basic financial statements. The Health District's basic financial statements consist of three components:

- Government-wide financial statements
- Fund financial statements
- Notes to financial statements

This report also includes both required supplementary information and supplementary information intended to furnish additional detail to support the basic financial statements themselves.

Government-Wide Financial Statements

The *government-wide financial statements* are designed to provide readers with a broad overview of the Health District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents financial information on all of the Health District's assets, deferred outflows, liabilities and deferred inflows. The difference between these elements is reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health District is improving or deteriorating.

The *statement of activities* presents information showing how the Health District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will only result in cash flows in future fiscal periods (*e.g.*, earned but unused vacation leave).

Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2025. The governmental activities of the Health District are comprised of the following functions:

Clinical Services. Includes programs for primary care, communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee health, sexual health program, behavioral health, and other clinical programs.

Environmental Health. Includes programs for environmental health and sanitation, waste management, and other environmental health programs.

Community Health. Includes programs for community health administration, chronic disease prevention and health promotion, epidemiology, food handler education, laboratory services, public health preparedness, emergency medical/trauma services, disease surveillance, vital statistics, and informatics.

Administration. Includes programs for general administration, financial services, legal services, public information, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 15 of this report.

Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District can be divided into three categories:

- Governmental funds
- Proprietary funds
- Fiduciary funds

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on *near-term inflows and outflows of spendable resources, as well as on balances of spendable resources* available at the end of the fiscal year. Such information may be useful in assessing the Health District's near-term financing requirements.

Governmental Funds

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for *governmental funds* with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Health District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*.

The Health District maintains four individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general fund and special revenue fund, both of which are considered to be major funds.

The Health District adopts an annual appropriated budget for its governmental funds. A budgetary comparison statement has been provided for all funds to demonstrate compliance with each budget in either required supplementary information or supplementary information.

The basic governmental fund financial statements can be found beginning on page 18 of this report.

Proprietary Fund

As of June 30, 2025, the Health District only maintains an internal service fund:

An *internal service fund* is used to accumulate and allocate costs internally among various functions. The Health District uses an internal service fund to account for the management of its self-insured workers compensation claims and payment for current non-self-insured workers compensation premiums. The Health District's self-insured workers compensation program became effective on July 1, 2005 after it was approved by the Division of Insurance of the State of Nevada on May 12, 2005 and the Southern Nevada District Board of Health on May 26, 2005. The Health District made the decision in August 2015 to move to a fully funded plan to manage the workers compensation claims. The internal service fund must remain open for future claims from injuries between 2005 and 2015. The internal service fund has been included within the governmental activities in the government-wide financial statements.

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 22 of this report.

Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside of the government. Fiduciary funds are not reported in the government-wide financial statements because the resources of those funds are not available to support the Health District's own programs. The Health District created an Employee Events Fund in July 2015 to manage funds collected by employees to be managed and used by and for employees.

Notes to Financial Statements

The notes provide additional information that is necessary to acquire a full understanding of the data provided in the government-wide and fund financial statements.

The notes to financial statements can be found beginning on page 27 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents required supplementary information concerning the Health District's progress in funding its obligation to provide pension and other postemployment benefits (OPEB) to its employees.

Required supplementary information can be found beginning on page 50 of this report.

Government-Wide Overall Financial Analysis

Summary Statement of Net Position

	Governmental Activities	
	2025	**2024**
Assets		
Current and other assets	$ 92,522,446	$ 72,414,910
Net capital, lease, and subscription assets	37,326,755	38,141,386
Total Assets	129,849,201	110,556,296
Deferred Outflows of Resources	82,179,853	73,071,605
Liabilities		
Short-term liabilities	21,201,902	12,555,402
Long-term liabilities	183,979,113	186,744,388
Total Liabilities	205,181,015	199,299,790
Deferred Inflows of Resources	42,097,544	21,085,101
Net Position (Deficit)		
Net investment in capital assets	29,325,955	29,751,622
Restricted	119,425	80,053
Unrestricted (deficit)	(64,694,885)	(66,588,665)
Total Net Position (Deficit)	$ (35,249,505)	$ (36,756,990)

Total unrestricted net position represents negative 187% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital, lease, and subscription assets (*e.g.*, land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position (deficit) improved by $1,507,485 primarily due to increased fees for services, increased regulatory revenue, and increased property tax revenues, offset by a decrease in federal grants revenue and an increase in clinical services and environmental health-related expenditures.

The increase for charges for services was due to an overall increase in immunizations and other medical services. The increase in regulatory services was primarily due to increased fees during fiscal year 2025.

The property tax increase was due to a growing local economy and increases in property values.

The decrease in operating grants was mainly due to the termination of pandemic-related grants during fiscal year 2025.

Summary Statement of Changes in Net Position

	Governmental Activities	
	2025	**2024**
Revenues		
Program revenues		
Charges for services	$ 78,438,113	$ 67,347,827
Operating grants and contributions	49,014,470	57,783,029
General revenues		
Property tax allocation	37,651,176	34,088,562
Other income	4,936,348	2,575,284
Unrestricted investment income	3,532,996	2,143,755
Total Revenues	173,573,103	163,938,457
Expenses		
Public health		
Clinical services	72,910,245	61,460,781
Environmental health	33,489,858	31,127,930
Community health	55,376,183	61,936,949
Administration	9,914,726	15,218,402
Interest	374,606	316,810
Total Expenses	172,065,618	170,060,872
Change in Net Position	1,507,485	(6,122,415)
Net Position, Beginning	(36,756,990)	(30,634,575)
Net Position, Ending	$ (35,249,505)	$ (36,756,990)

Governmental Activities

During the current fiscal year, net position for governmental activities improved $1,507,485 from the 2024 fiscal year to an ending balance of negative $35,249,505.

Financial Analysis of Governmental Funds

As noted earlier, the Health District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for discretionary use as they represent the portion of fund balance which has not yet been limited to use for a particular purpose by either an external party, the Health District itself, or a group or individual that has been delegated authority to assign resources for use for particular purposes by the Health District's Board of Health.

At June 30, 2025, the Health District's governmental funds reported combined fund balances of $72,036,301, an increase of $11,308,409 in comparison with the prior year. Approximately 75%, or $54,049,140, of this amount constitutes unassigned fund balance, which is available for spending at the Health District's discretion.

The remainder of governmental fund balance is classified as follows: $4,597,441 is nonspendable; restricted funds of $119,425 is grant-related; $1,000,000 is committed for emergency reserve; $6,786,283 is assigned to capital project improvements; $3,000,000 is assigned for contingency; $2,379,682 is assigned to administrative projects; and $104,330 is assigned to pharmacy projects. The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was $54,049,140, while the total fund balance is $65,128,565. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

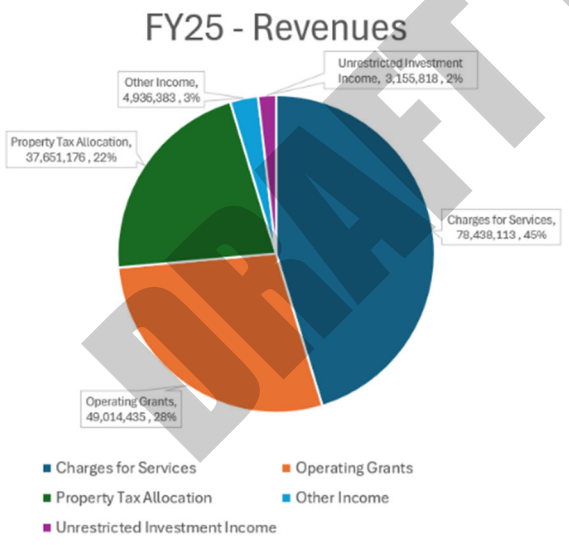
Unassigned fund balance represents approximately 33.8% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 46.0% of the total governmental expenditures and transfers. The Health District's general fund balance increased by $10,255,737 during the current fiscal year, attributable to increased fees for services, increased regulatory revenue, and increased property tax allocation, offsetting with reductions in community health-related expenditures and net administration costs and a reduction in transfers to other funds.

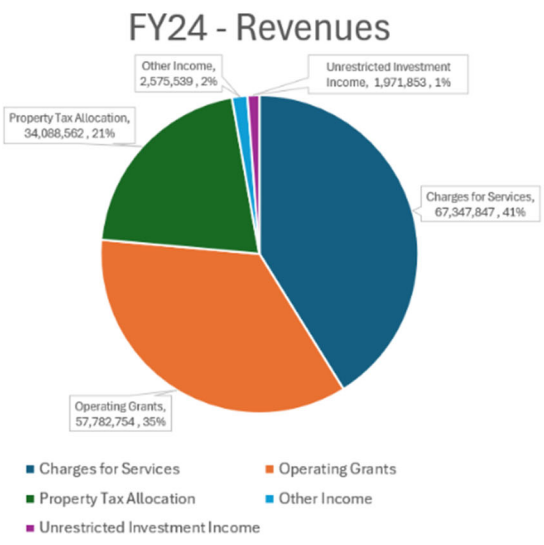
Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund), and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a nonspendable fund balance of $2,028 and restricted fund balance of $119,425. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

The Bond Reserve and Capital Funds have an assigned fund balance of $6,786,283 at the end of the current fiscal year, which increased by $1,013,300 as compared to the prior fiscal year, primarily attributable to a budgeted transfer of $2,000,000 from the General Fund.

Fund Revenues by Source

	2025		2024		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
General Fund Revenues						
Charges for services						
Fees for service	$ 46,360,664	37.74%	$ 35,119,778	33.61%	$ 11,240,886	32.01%
Regulatory revenue	28,482,125	23.19%	27,422,167	26.24%	1,059,958	3.87%
Title XIX and other	3,595,324	2.93%	4,805,902	4.60%	(1,210,578)	-25.19%
Total charges for services	78,438,113	63.85%	67,347,847	64.45%	11,090,266	16.47%
Intergovernmental revenues						
Property tax	37,651,176	30.65%	34,088,562	32.62%	3,562,614	10.45%
General receipts						
Contributions and donations	35	0.00%	255	0.00%	(220)	-86.27%
Interest income	3,155,818	2.57%	1,971,853	1.89%	1,183,965	60.04%
Other	3,592,739	2.92%	1,094,229	1.05%	2,498,510	228.34%
Total General Fund Revenues	$122,837,881	100.00%	$104,502,746	100.00%	$ 18,335,135	17.55%
Special Revenue Fund Revenues						
Intergovernmental revenues						
Direct federal grants	$ 18,175,097	36.09%	$ 21,913,784	36.98%	$ (3,738,687)	-17.06%
Indirect federal grants	27,305,731	54.22%	34,797,567	58.72%	(7,491,836)	-21.53%
State funding	3,533,607	7.02%	1,071,403	1.81%	2,462,204	229.81%
Total intergovernmental revenues	49,014,435	97.33%	57,782,754	97.50%	(8,768,319)	-15.17%
Program Contract Services	1,343,609	2.67%	1,481,055	2.50%	(137,446)	-9.28%
Total Special Fund Revenues	$ 50,358,044	100.00%	$ 59,263,809	100.00%	$ (8,905,765)	-15.03%
Combined Special Revenue and General Funds	$173,195,925		$163,766,555		$ 9,429,370	5.76%





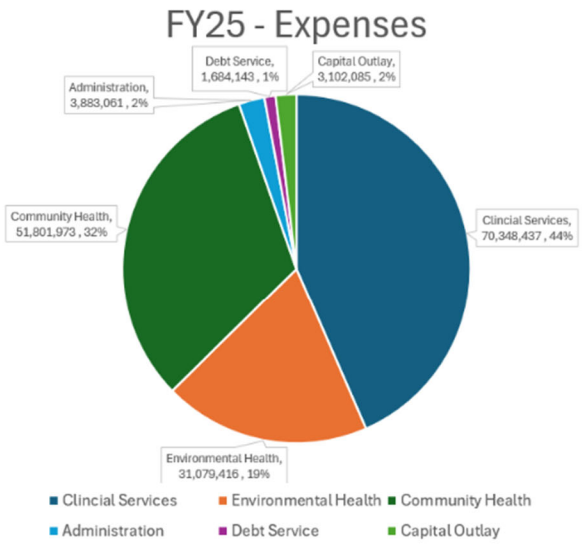
The increase in fees for service, including immunizations and other medical services and regulatory services, is due to increased fees, number of patients, permits, and inspections.

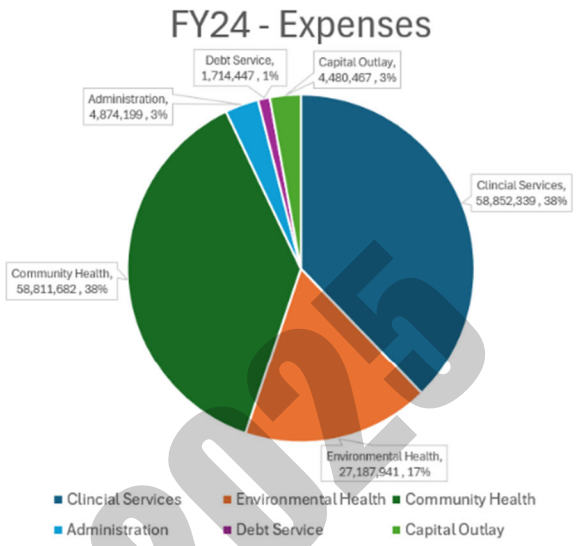
The increase in the property tax allocation of $3,562,614 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for primary residence property in the State of Nevada.

The increase in interest income was due to increased fair market value compared to book value and improved earnings rate based on increased balances at year-end from investments.

The decrease in intergovernmental grant revenues was primarily due to a decrease in grants received and related eligible expenditures in clinical services and community health services areas. These grants were primarily COVID-19-related.

	2025		2024		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
General Fund Expenditures						
Current						
Public health						
Clinical services	$ 56,454,440	52.85%	$ 43,768,571	47.77%	$ 12,685,869	28.98%
Environmental health	29,376,372	27.50%	24,218,749	26.43%	5,157,623	21.30%
Community health services	16,903,125	15.82%	16,430,847	17.93%	472,278	2.87%
Administration	851,186	0.80%	3,016,484	3.29%	(2,165,298)	-71.78%
Debt service						
Principal	1,309,537	1.23%	1,397,637	1.53%	(88,100)	-6.30%
Interest	374,606	0.35%	316,810	0.35%	57,796	18.24%
Capital outlay						
Public health	1,543,923	1.45%	2,470,015	2.70%	(926,092)	-37.49%
Total General Fund Expenditures	$106,813,189	100.00%	$ 91,619,113	100.00%	$ 15,194,076	16.58%
Special Revenue Fund Expenditures						
Current						
Public health						
Clinical services	$ 13,893,997	25.22%	$ 15,083,768	23.46%	$ (1,189,771)	-7.89%
Environmental health	1,703,044	3.10%	2,969,192	4.61%	(1,266,148)	-42.64%
Community health services	34,898,848	63.35%	42,380,835	65.91%	(7,481,987)	-17.65%
Administration	3,031,875	5.50%	1,857,715	2.89%	1,174,160	63.20%
Capital outlay						
Public health	1,558,162	2.83%	2,010,452	3.13%	(452,290)	-22.50%
Total Special Revenue Fund Expenditures	$ 55,085,926	100.00%	64,301,962	100.00%	$ (9,216,036)	-14.33%
Combined Special Revenue and General Funds	$161,899,115		$155,921,075		$ 5,978,040	3.83%





The increase in general fund expenditures was primarily due to an increase in personnel expenses for services provided and operating costs for supplies in relation to the increase in fees for service and an increase in personnel expenses related to inspections and permit issuance in relation to the increase in regulatory services.

The decrease in special revenue fund expenditures was primarily due to a decrease in grants received and expended in clinical services, environmental health, and community health services areas.

General Fund Budget Highlights

Final Budget Compared to Actual Results

Current budget procedure allows funds to be moved within programs and departments. Revenues are underbudgeted amounts by $4,881,731. This is attributable to higher than expected medical and immunization fee activity and investment earnings. Expenditures fell short of budgeted amounts by $5,059,481 primarily due to lower than expected services and supplies expense for standard operations.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures is included in the Supplementary Information on page 50 of the Financial Report.

Capital, Lease, and Subscription Assets

As of June 30, 2025, the Health District's net investment in capital, lease, and subscription assets for its governmental activities was $37,326,755. This investment in capital assets includes land, buildings and improvements, and vehicles and equipment. The net decrease in capital assets for the current fiscal year was approximately $814,631, or 2%, primarily due to an increase in construction in progress, right-to-use leased building, subscription IT assets, and furniture, offset by retirement and depreciation and amortization on existing assets.

	Balance June 30, 2024	Increases	Decreases	Transfers	Balance June 30, 2025
Governmental activities	$ 38,141,386	$ 4,117,157	$ (4,931,788)	$ -	$ 37,326,755

The Health District disposed capital assets by $397,383. This was primarily due to obsolete furniture, fixtures, and equipment.

Additional detailed information on the Health District's capital assets can be found in Note 4 of this report.

Long-Term Debt

At the end of the current fiscal year, the Health District has no outstanding debt other than lease liabilities and subscription liabilities.

Economic Factors and Next Year's Budgets and Rates

The Health District's financial position improved during fiscal year 2024-2025. The national public health emergency put in place at the start of the pandemic expired on May 11, 2023. Grant revenue provided for the pandemic response has begun to expire and is expected to continue to be reduced as remaining projects and deliverables for the existing grants are completed.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and relies on revenue from fees and other governmental sources in order to operate. Funding for all capital improvements must be derived from operating revenue unless capital grant funds or other allocated funding is awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to public health emergencies. The Board of Health continued its previous approval of $1,000,000 of fund balance to be used if needed for that purpose. The amount is included as committed fund balance in the financial statements.

The Health District is confronted with inflationary factors affecting the cost of equipment; clinical, laboratory, and pharmaceutical supplies; and other services. As of June 30, 2025, the Consumer Price Index has increased 2.7% over the past 12 months as an average annual percentage indicating these costs may continue to grow in the immediate future. Bargaining unit negotiation increases scheduled for budget year 2025-2026 will result in significant increased labor costs going forward. In addition, benefit costs will be higher due to increased retirement contributions on increased salaries and increased group insurance costs in budget year 2025-2026.

The Health District will continue to pursue not only proportional allocation of federal pass-through dollars through the State but also direct funding from the federal government. Clark County has 70% of Nevada's population and is 4.7 times the population of Washoe County in Northern Nevada. The additional federal support will enable the Health District to better address the needs of residents requiring services. Senate Bill 118 was approved during the State of Nevada 2023 Legislative Session. Section 9.2 of the bill made an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for allocation to specified entities for the improvement of public health. The Health District received an allocation of $10,950,000 to be utilized over fiscal year 2024-2025 and fiscal year 2025-2026. During fiscal year 2025, $1.9 million of the $10.95 million was expended with the remainder to be expended in fiscal year 2026 on projects to support identified public health priorities. In August 2025, the Health District also received an allocation of $10,786,480 to be utilized over the fiscal year 2025-2026 and fiscal year 2026-2027 in installments of $5,393,240, respectively.

Property tax revenue is anticipated to increase by approximately 10% for the 2025-2026 budget year. Fees for services for clinical services continue to grow as services expand. Regulatory revenue, environmental health licenses, and permit revenues are anticipated to increase as fees are adjusted and regulated activities with national and international venues occur in the community. The increase for the 2025-2026 budget year is anticipated to be approximately 1% for charges for services, licenses, and permits.

At present, the Health District has the financial resources and capacity to maintain current service levels. As pandemic relief funding expires or terminates, the Health District will need to ensure operational viability by closely monitoring revenues and expenditures in addition to making operational adjustments and pursuing additional funding sources.

Request for Information

These financial statements are designed to provide a general overview to all parties who are interested in the Southern Nevada Health District's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Southern Nevada Health District
Attention: Chief Financial Officer
280 S. Decatur Blvd.
P.O. Box 3902
Las Vegas, NV 89127

This entire report is available online at: http://www.southernnevadahealthdistrict.org.

Basic Financial Statements

Southern Nevada Health District
Statement of Net Position
June 30, 2025

	Primary Government
	Governmental Activities
ASSETS	
Cash, cash equivalents, and investments	$ 72,798,826
Grants receivable	8,873,290
Accounts receivable, net	6,236,667
Interest receivable	374,112
Other receivables	451,242
Prepaid items	1,203,132
Inventories	2,585,177
Capital assets, not depreciated	
Land	3,447,236
Construction in progress	3,061,594
Capital, lease, and subscription assets, net of accumulated depreciation and amortization	
Buildings	15,179,196
Improvements other than buildings	2,076,471
Furniture, fixtures, and equipment	5,094,867
Lease assets	6,589,301
Subscription assets	1,504,871
Vehicles	373,219
Total Assets	129,849,201
DEFERRED OUTFLOWS OF RESOURCES	
Deferred amounts related to pensions	59,549,437
Deferred amounts related to OPEB	22,630,416
Total Deferred Outflows of Resources	82,179,853

	Primary Government
	Governmental Activities
LIABILITIES	
Accounts payable	$ 3,898,278
Accrued expenses	2,432,660
Workers compensation self-insurance claims	43,586
Unearned revenue	14,827,377
Long-term liabilities, due within one year	
Compensated absences	5,827,425
Lease liabilities	1,042,365
Subscription liabilities	251,416
Long-term liabilities, due in more than one year	
Compensated absences	7,592,924
Lease liabilities	6,159,579
Subscription liabilities	237,650
Net pension liability	127,620,524
Total OPEB liability	35,247,231
Total Liabilities	205,181,015
DEFERRED INFLOWS OF RESOURCES	
Deferred amounts related to pensions	18,818,672
Deferred amounts related to OPEB	23,278,872
Total Deferred Inflows of Resources	42,097,544
NET POSITION (DEFICIT)	
Net investment in capital assets	29,325,954
Restricted	119,425
Unrestricted (deficit)	(64,694,884)
Total Net Position (Deficit)	$ (35,249,505)

Southern Nevada Health District
Statement of Activities
For the Fiscal Year Ended June 30, 2025

Functions/Programs	Expenses	Program Revenues: Charges for Services	Program Revenues: Operating Grants and Contributions	Net (Expenses) Revenues and Changes in Net Position Primary Government: Governmental Activities
Primary Government				
Governmental activities				
Public health				
Clinical services	$ 72,910,245	$ 41,698,049	$ 12,479,441	$ (18,732,755)
Environmental health	33,489,858	28,093,516	1,558,720	(3,837,622)
Community health	55,376,183	5,799,366	31,758,403	(17,818,414)
Administration	9,914,726	2,847,182	3,217,906	(3,849,638)
Interest	374,606	-	-	(374,606)
Total governmental activities	172,065,618	78,438,113	49,014,470	(44,613,035)
Total Function/Program	$ 172,065,618	$ 78,438,113	$ 49,014,470	$ (44,613,035)
General Revenues				
Property tax allocation				$ 37,651,176
Other income				4,936,348
Unrestricted investment income				3,532,996
Total General Revenues and Transfers				46,120,520
Change in Net Position (Deficit)				1,507,485
Net Position (Deficit), Beginning of Year				(36,756,990)
Net Position (Deficit), End of Year				$ (35,249,505)

Southern Nevada Health District
Governmental Funds – Balance Sheet
June 30, 2025

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
ASSETS				
Cash, cash equivalents, and investments	$ 64,801,125	$ -	$ 7,885,466	$ 72,686,591
Grants receivable	-	8,873,290	-	8,873,290
Accounts receivable, net	6,236,667	-	-	6,236,667
Other receivables	450,972	270	-	451,242
Interest receivables	333,279	-	40,770	374,049
Due from other funds	8,738,622	9,395,920	-	18,134,542
Inventories	2,585,177	-	-	2,585,177
Prepaid items	2,010,236	2,028	-	2,012,264
Total Assets	$ 85,156,078	$ 18,271,508	$ 7,926,236	$ 111,353,822
LIABILITIES				
Accounts payable	$ 2,994,800	$ 593,688	$ 309,791	$ 3,898,279
Accrued expenses	2,432,659	-	-	2,432,659
Workers compensation self-insurance claims	23,586	-	-	23,586
Unearned revenue	5,534,065	9,293,312	-	14,827,377
Due to other funds	9,042,403	8,263,055	830,162	18,135,620
Total Liabilities	20,027,513	18,150,055	1,139,953	39,317,521
FUND BALANCES				
Nonspendable				
Inventories	2,585,177	-	-	2,585,177
Prepaid items	2,010,236	2,028	-	2,012,264
Restricted for				
Grants	-	119,425	-	119,425
Committed for				
Emergency reserve	1,000,000	-	-	1,000,000
Assigned for				
Capital improvements	-	-	6,786,283	6,786,283
Contingency	3,000,000	-	-	3,000,000
Administration	2,379,682	-	-	2,379,682
Pharmacy	104,330	-	-	104,330
Unassigned	54,049,140	-	-	54,049,140
Total Fund Balances	65,128,565	121,453	6,786,283	72,036,301
Total Liabilities and Fund Balances	$ 85,156,078	$ 18,271,508	$ 7,926,236	$ 111,353,822

Southern Nevada Health District
Reconciliation of the Balance Sheet – Governmental Funds to the Statement of Net Position – Governmental Activities
June 30, 2025

Total Fund Balance – Governmental Funds	$	72,036,301
Amounts reported for governmental activities in the statement of net position are different because:		
Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of $809,132 of prepaid subscription assets already reported in the governmental funds.		
Capital, lease, and subscription assets, net of accumulated depreciation and amortization		36,517,623
Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items is as follows:		
Postemployment benefits other than pensions		(35,247,231)
Deferred outflows related to postemployment benefits other than pensions		22,630,416
Deferred inflows related to postemployment benefits other than pensions		(23,278,872)
Compensated absences		(13,420,349)
Lease liability		(7,201,944)
Subscription liability		(489,066)
Net pension liability		(127,620,524)
Deferred outflows related to pensions		59,549,437
Deferred inflows related to pensions		(18,818,672)
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund assets and liabilities included in governmental activities in the statement of net position		93,376
Net Position of Governmental Activities	$	(35,249,505)

Southern Nevada Health District
Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances
For the Fiscal Year Ended June 30, 2025

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Revenues				
Charges for services				
Fees for service	$ 46,360,664	$ -	$ -	$ 46,360,664
Regulatory revenue	28,482,125	-	-	28,482,125
Title XIX and other	3,595,324	-	-	3,595,324
Intergovernmental revenues				
Property tax	37,651,176	-	-	37,651,176
Direct federal grants	-	18,175,097	-	18,175,097
Indirect federal grants	-	27,305,731	-	27,305,731
State grant funds	-	3,533,607	-	3,533,607
General receipts				
Contributions and donations	35	-	-	35
Interest income	3,155,818	-	375,097	3,530,915
Other	3,592,739	1,343,609	-	4,936,348
Total Revenues	122,837,881	50,358,044	375,097	173,571,022
Expenditures				
Current				
Public health				
Clinical and nursing services	56,454,440	13,893,997	-	70,348,437
Environmental health	29,376,372	1,703,044	-	31,079,416
Community health	16,903,125	34,898,848	-	51,801,973
Administration	851,186	3,031,875	489,261	4,372,322
Total current	103,585,123	53,527,764	489,261	157,602,148
Debt service				
Principal	1,309,537	-	-	1,309,537
Interest	374,606	-	-	374,606
Capital outlay	1,543,923	1,558,162	872,536	3,974,621
Total debt service	3,228,066	1,558,162	872,536	5,658,764
Total Expenditures	106,813,189	55,085,926	1,361,797	163,260,912
Excess (Deficiency) of Revenues Over Expenditures	16,024,692	(4,727,882)	(986,700)	10,310,110
Other Financing Sources (Uses)				
Transfers in	-	4,767,254	2,000,000	6,767,254
Transfers out	(6,767,254)	-	-	(6,767,254)
Leases issued	422,069	-	-	422,069
Subscriptions	576,230	-	-	576,230
Total Other Financing Sources (Uses)	(5,768,955)	4,767,254	2,000,000	998,299
Net Change in Fund Balances	10,255,737	39,372	1,013,300	11,308,409
Fund Balances, Beginning of Year	54,872,828	82,081	5,772,983	60,727,892
Fund Balances, End of Year	$ 65,128,565	$ 121,453	$ 6,786,283	$ 72,036,301

See Notes to Financial Statements

Southern Nevada Health District
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balances – Governmental Funds to the Statement of Activities – Governmental Activities
For the Fiscal Year Ended June 30, 2025

Net change in fund balances – total governmental funds	$	11,308,409
Amounts reported for governmental activities in the statement of activities are different because:		
Governmental funds report capital outlays as expenditures. However, in the Statement of Activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation or amortization. This is the amount of capital outlay recorded in the current period.		
Expenditures for capital assets, excludes amounts in prepaid assets of $142,536		3,974,621
Less current year depreciation and amortization		(4,534,405)
Disposal of capital assets		(397,383)
The issuance of long-term debt (*e.g.* , lease and subscription liabilities) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds.		
Principal payments on lease and subscription liabilities		1,309,537
Leases issued		(422,069)
Subscriptions		(576,230)
Some expenses reported in the statement of activities (do)/do not require the use of current financial resources and, therefore, (are)/are not reported as expenditures in governmental funds:		
Change in postemployment benefits other than pensions		(6,492,501)
Change in deferred outflows related to postemployment benefits other than pensions		9,425,113
Change in deferred inflows related to postemployment benefits other than pensions		(3,491,032)
Change in compensated absences		(2,028,783)
Change in prepaid subscription assets		293,083
Change in deferred outflows related to pensions		(316,865)
Change in deferred inflows related to pensions		(17,521,411)
Change in net pension liability		10,975,320
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund change in net position included in governmental activities in the statement of activities		2,081
Change in net position of governmental activities	$	1,507,485

Southern Nevada Health District
Statement of Net Position – Proprietary Funds
June 30, 2025

	Governmental Activities
	Insurance Liability Reserve
ASSETS	
Current Assets	
Cash and cash equivalents	$ 12,235
Restricted cash	100,000
Interest receivable	63
Due from other funds	1,078
Total Current Assets	113,376
LIABILITIES	
Current Liabilities	
Workers compensation self-insurance claims	20,000
Total Current Liabilities	20,000
NET POSITION	
Restricted	93,376
Total Net Position	$ 93,376

Southern Nevada Health District
Statement of Revenues, Expenses, and Changes in Net Position – Proprietary Funds
For the Fiscal Year Ended June 30, 2025

	Governmental Activities
	Insurance Liability Reserve
Nonoperating Revenues	
Investment income	$ 2,081
Change in Net Position	2,081
Net Position, Beginning of Year	91,295
Net Position, End of Year	$ 93,376

Southern Nevada Health District
Statement of Cash Flows – Proprietary Funds
For the Fiscal Year Ended June 30, 2025

	Governmental Activities
	Insurance Liability Reserve
Cash Flows From Noncapital and Related Financing Activities	
Repayment of advances received from other funds	$ (989)
Net Cash Used in Noncapital Financing Activities	(989)
Cash Flows From Investing Activities	
Investment income	2,141
Net Cash Provided by Investing Activities	2,141
Change in Cash, Restricted Cash, and Cash Equivalents	1,152
Cash, Restricted Cash, and Cash Equivalents, Beginning of Year	111,083
Cash, Restricted Cash, and Cash Equivalents, End of Year	$ 112,235
Reconciliation of Cash Balances at End of Year	
Unrestricted	$ 12,235
Restricted	100,000
	$ 112,235

Southern Nevada Health District
Statement of Fiduciary Net Position
June 30, 2025

	Custodial Fund
ASSETS	
Cash and cash equivalents	$ 10,673
Total Assets	10,673
LIABILITIES	
Payable to primary government	1,421
Total Liabilities	1,421
NET POSITION	
Restricted for individuals and organizations	9,252
Total Net Position	$ 9,252

Southern Nevada Health District
Statement of Changes in Fiduciary Net Position
June 30, 2025

	Custodial Fund
Additions	
Contributions	$ 8,332
Total Additions	8,332
Deductions	
Services and supplies	7,681
Total Deductions	7,681
Net Increase in Fiduciary Net Position	651
Fiducuary Net Position, Beginning of Year	8,601
Fiduciary Net Position, End of Year	$ 9,252

Note 1. Summary of Significant Accounting Policies

The Reporting Entity

The accompanying financial statements include all of the activities that comprise the financial reporting entity of the Southern Nevada Health District (Health District). The Health District is governed by an 11-member policymaking board (Board of Health) comprised of two representatives each from the Board of County Commissioners and the largest city in Clark County, one elected representative from each of the four remaining jurisdictions in the county, a physician member at-large, one representative of a nongaming business, and one representative of the Association of Gaming Establishments. The Health District represents a unique consolidation of the public health needs of the cities of Boulder City, Las Vegas, North Las Vegas, Henderson, Mesquite, and others within Clark County.

The accounting policies of the Health District conform to generally accepted accounting principles as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Basic Financial Statements

The Health District's basic financial statements consist of government-wide financial statements, fund financial statements, and related notes. The government-wide financial statements include a statement of net position and a statement of activities, and the fund financial statements include financial information for the governmental, proprietary, and fiduciary funds. Reconciliations between the governmental funds and the governmental activities are also included.

Government-Wide Financial Statements

The government-wide financial statements are made up of the statement of net position and the statement of activities. These statements include the aggregated financial information of the Health District as a whole, except for fiduciary activity. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given function or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include: 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Other sources of revenue not properly included among program revenues are reported instead as general revenues. This statement provides a net cost or net revenue of specific functions within the Health District. Those functions with a net cost are consequently dependent on general-purpose revenues, such as the property tax allocation from Clark County collected from various jurisdictions, to remain operational.

Fund Financial Statements

The financial accounts of the Health District are organized on a basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for using a separate set of self-balancing accounts comprised of assets, liabilities, fund balance, revenues, and expenditures/expenses. Separate financial statements are provided for governmental funds, proprietary funds, and fiduciary funds, even though the latter are excluded from the government-wide financial statements.

The presentation emphasis in the fund financial statements is on major funds. All governmental funds considered major funds are reported as separate columns in the fund financial statements. All remaining governmental funds are aggregated and reported as other governmental funds in a separate column.

The Health District reports the following major governmental funds:

General Fund. Accounts for all financial resources which are not accounted for in another fund and is the general operating fund of the Health District.

Special Revenue Fund. Accounts for all grant resources that have been restricted for specific programs.

The proprietary fund distinguishes operating revenues and expenses from nonoperating items. Operating revenues and expenses generally result from providing services in connection with the proprietary fund's principal ongoing operations. Operating expenses of the internal service fund include claims and administrative expenses. All revenues and expenses not meeting this definition are reported as nonoperating revenues and expenses.

The Health District reports the following internal service fund:

Insurance Liability Reserve Fund. Accounts for the costs associated with the self-funded workers compensation insurance.

Measurement Focus, Basis of Accounting, and Financial Statement Presentation

The government-wide, proprietary, and fiduciary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants, contributions, and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered "measurable" when in the hands of the intermediary collecting governments and are considered to be available when they are collectible within the current period or soon enough thereafter (within 60 days) to pay liabilities of the current period. For this purpose, the Health District considers property tax revenues to be available if they are collected within 60 days of the current fiscal year-end. The major revenue sources of the Health District include the property tax allocation from Clark County collected from various jurisdictions, regulatory revenue, fees for service, and other intergovernmental revenues from state and federal sources, which have been treated as susceptible to accrual as well as other revenue sources. In general, expenditures are recorded when liabilities are incurred, as under accrual accounting. The exception to this rule is that principal and interest on debt service, as well as liabilities related to compensated absences, postemployment benefits, and claims and judgments, are recorded when payment is due.

Cash and Cash Equivalents

The Health District considers short-term, highly liquid investments that are both readily convertible to cash and have original maturity dates of three months or less to be cash equivalents. This includes all of the Health District's cash and cash equivalents held by the Clark County Treasurer, which are combined with other Clark County funds in a general investment pool. As the Health District maintains the right to complete access to its funds held in the investment pool, these invested funds are presented as cash equivalents in the accompanying basic financial statements.

Accounts Receivable

Accounts receivable from patients for services rendered are reduced by the amount of such billings deemed by management to be ultimately uncollectible. The Health District utilizes historical experience for determining the estimated allowance for uncollectible accounts. Under this methodology, historical data is utilized to determine the historical bad debt percentages and applied prospectively to new billings.

Interfund Receivables and Payables

During the course of operations, numerous transactions occur between individual funds for goods provided or services rendered. The resulting payables and receivables outstanding at year-end, if any, are referred to as due to or due from other funds. Transactions that constitute reimbursements to a fund for expenditures or expenses initially made from it that are properly applicable to another fund are recorded as expenditures or expenses in the reimbursing fund and as reductions of expenditures or expenses in the fund that is reimbursed.

Inventories

Inventories are stated at the lower of cost or market. Cost is determined on an average cost basis. Governmental fund inventories are accounted for under the consumption method where the costs are recorded as expenditures when the inventory item is used rather than when purchased.

Additionally, the Health District receives medical vaccines from the State of Nevada (State) for use in the Health District's clinics, which are not included in the Health District's inventory since these vaccines remain the property of the State until they are administered. At June 30, 2025, the estimated value of such vaccines in the Health District's possession was $1,334,478.

Prepaid Items

Certain payments to vendors reflect costs applicable to future periods and are recorded as prepaid items in both the government-wide and fund financial statements. In the fund financial statements, prepaid items are recorded as expenditures when consumed rather than when purchased.

Capital, Lease, and Subscription Assets

Capital, lease, and subscription assets, which include property, plant, and equipment, are reported in the government-wide financial statements. The Health District considers assets with an initial individual cost of more than $5,000 and an estimated useful life in excess of one year to be capital assets. Purchased or constructed capital assets are recorded at historical cost or estimated historical cost and updated for additions and retirements during the year. Donated capital assets, if any, are valued at their acquisition value as of the date of donation.

The cost of normal maintenance and repairs that do not significantly increase the functionality of the assets or materially extend the assets' lives is not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

Right-to-use leased assets are recognized at the lease commencement date and represent the Health District's right to use an underlying asset for the lease term. Right-to-use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to place the lease asset into service. Right-to-use leased assets are amortized over the shorter of the lease term or useful lives of the underlying asset using the straight-line method.

Subscription assets are initially recorded at the initial measurement of the subscription liability, plus subscription payments made at or before the commencement of the subscription-based information technology arrangement (SBITA) term, less any SBITA vendor incentives received from the SBITA vendor at or before the commencement of the SBITA term, plus capitalizable initial implementation costs. Subscription assets are amortized on a straight-line basis over the shorter of the SBITA term or the useful life of the underlying IT asset.

Depreciation and amortization are computed using the straight-line method over the following estimated useful lives:

Buildings	30 to 50 years
Improvements other than buildings	5 to 25 years
Furniture, fixtures, and equipment	3 to 20 years
Vehicles	6 years

Compensated Absences

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences. The Health District's policy is that leave earned in the prior period is used before leave earned in current periods.

Vacation benefits earned by employees are calculated based on years of full-time service as follows:

Years of Service	Vacation Benefits
Less than 1	10
1 to 8	15
8 to 13	18
More than 13	20

The vacation pay benefits for any employee not used during the calendar year may be carried over to the next calendar year but are not permitted to exceed twice the vacation pay benefits the employee earned per year. The employee forfeits any excess leave.

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated.

Upon termination:

- A bargaining employee hired before July 1, 2014 with at least three years of service will receive 100% of the sick pay benefits accrual for the first 800 hours, 50% of the accrued hours between 801 hours through 1,600 hours, and 25% of the accrued hours greater than 1,600.
- A bargaining employee hired after June 30, 2014 with four years of service will receive 100% of the sick pay benefits accrual for up to 800 hours.
- A non-bargaining employee hired prior to June 30, 2014 will receive 100% of sick leave benefits accrual for the first 800 hours, 50% of the accrued hours between 801 hours through 1,600 hours, and 25% of the accrued hours greater than 1,600.
- A non-bargaining employee hired after June 30, 2014 with a minimum of one year of service will receive 100% of the sick pay benefits accrual for up to 800 hours.

Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

Vacation and sick pay benefits are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in governmental funds only if the liability is due and payable, for example, as a result of employee resignations, terminations, and retirements. The liability for compensated absences is funded from currently budgeted payroll accounts from the general fund.

Lease Liabilities

The Health District is a lessee for noncancellable leases for office, clinical, and warehouse space. The Health District recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the government-wide financial statements. The Health District recognizes lease liabilities with an initial, individual value of $5,000 or more.

At the commencement of a lease, the Health District initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made.

The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life or term of lease, whichever is shorter.

Key estimates and judgments related to leases include how the Health District determines (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

- The Health District uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the Health District generally uses its estimated incremental borrowing rate as the discount rate for leases.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the Health District is reasonably certain to exercise.

The Health District monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lease assets are reported with other capital assets and lease liabilities are reported with long-term liabilities on the statement of net position.

Postemployment Benefits Other Than Pensions (OPEB)

The Health District recognizes OPEB amounts for all benefits provided through the plans which include the total OPEB liability, deferred outflows of resources, deferred inflows of resources, and OPEB expense.

The Health District uses the same basis used by Public Employees' Benefits Plan (PEBP) and Retiree Health Program Plan (RHPP) for reporting the total OPEB liability, OPEB-related deferred outflows and inflows of resources, and OPEB expense. For this purpose, benefit payments are recognized by the Health District when due and payable in accordance with the benefit terms.

Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District uses the same basis used in the Public Employees' Retirement System of Nevada's (PERS) ACFR for reporting its proportionate share of the PERS collective net pension liability, deferred outflows and inflows of resources related to pensions, and pension expense, including information regarding PERS fiduciary net position and related additions to/deductions from. Benefit payments (including refunds of employee contributions) are recognized by PERS when due and payable in accordance with the benefit terms. PERS investments are reported at fair value.

Deferred Inflows and Outflows of Resources

Deferred outflows of resources represent a consumption of net assets that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. Deferred outflows for the changes in assumptions and differences between expected and actual experience and actual pension contributions and the Health District's proportionate share of pension contributions are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits. Deferred outflows for pension contributions made by the Health District subsequent to the pension plan's actuarial measurement date are deferred for one year. Deferred outflows for the difference between actual and expected experience and changes in assumptions in the net pension liability and total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits. Deferred outflows for OPEB contributions made by the Health District subsequent to the OPEB plan's actuarial measurement date are deferred for one year.

Deferred inflows of resources represent an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The government-wide statement of net position also reports: 1) the net difference between projected and actual earnings on pension plan investments are deferred and amortized over five years, and 2) difference between actual and expected experience and changes in assumptions to the total OPEB liability which are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Fund Balance and Net Position Classifications

In the government-wide statements, equity is classified as net position and displayed in three components:

Net Investment in Capital Assets. This is the component of net position that represents capital assets net of accumulated depreciation and amortization and reduced by outstanding balances of long-term debt (lease liabilities and subscription liabilities) that are attributable to the acquisition, construction, or improvement of those assets.

Restricted. This component of net position reports the constraints placed on the use of assets by either external parties and/or enabling legislation.

Unrestricted. All other net position that does not meet the definition of net investment in capital assets and restricted net position.

In the fund financial statements, proprietary fund equity is classified the same as in the government-wide statements. Governmental fund balances are classified as follows:

Nonspendable. Includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. This classification includes inventories and prepaid items.

Restricted. Similar to restricted net position discussed above, includes constraints placed on the use of resources that are either externally imposed by grantors, contributors, or other governments or are imposed by law (through constitutional provisions or enabling legislation).

Committed. Includes amounts that can only be used for a specific purpose due to a formal resolution approved by the Board of Health, which is the Health District's highest level of decision-making authority. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

Assigned. Includes amounts that are constrained by the Health District's intent to be used for specific purposes but do not meet the criteria to be classified as restricted or committed. The Board of Health has set forth by resolution authority to assign fund balance amounts to the District Health Officer. Constraints imposed on the use of assigned amounts can be removed without formal resolution by the Board of Health.

Unassigned. This is the residual classification of fund balance in the general fund, which has not been reported in any other classification. The general fund is the only fund that can report a positive unassigned fund balance. Other governmental funds might report a negative unassigned fund balance as a result of overspending an amount which has been restricted, committed, or assigned for specific purposes.

The Health District considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted fund balance is available. Committed amounts are considered to have been spent when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

It is the Health District's policy to expend restricted resources first and use unrestricted resources when the restricted resources have been depleted. It is also the Health District's policy to maintain a minimum unassigned fund balance in the general fund of 16.6% of general fund expenditures (the general fund reserve).

The general fund reserve will be maintained to provide the Health District with sufficient working capital and a comfortable margin of safety to support one-time costs in the event of either a natural disaster or any other unforeseen emergency (as declared by the Board of Health), unforeseen declines in revenue, and/or large, unexpected expenditures/expenses. These circumstances are not expected to occur routinely, and the general fund reserve is not to be used to support recurring operating expenditures/expenses.

Use of Estimates

The preparation of these financial statements includes estimates and assumptions made by management that affect the reported amounts. Actual results could differ from those estimates.

Accounting Pronouncements Adopted in Fiscal Year 2025

The Health District adopted GASB Statement No. 101, *Compensated Absences*, for the year ended June 30, 2025. The new accounting guidance updates the recognition and measurement guidance for compensated absences under a unified model. Specifically, the new standard clarifies that a liability should be recorded for compensated absences that are more likely than not to be paid or otherwise settled. Additionally, it amends certain existing disclosure requirements. The adoption of GASB 101 had no impact on the Health District's beginning of year net position.

The Health District adopted GASB Statement No. 102, *Certain Risk Disclosures,* for the year ended June 30, 2025. The new accounting guidance requires governments to disclose information about certain concentrations or constraints that could affect services provided or the ability to meet obligations as they come due. The adoption of GASB 102 had no impact on the Health District's beginning of year net position.

Future Financial Reporting Requirements

GASB has issued the following potentially significant statements which the Health District has not yet adopted and which require adoption subsequent to June 30, 2025. The Health District will evaluate the potential impact on the Health District's net position.

Statement No.	Title	Adoption Required
103	*Financial Reporting Model Improvements*	June 30, 2026
104	*Disclosure of Certain Capital Assets*	June 30, 2026

Note 2. Stewardship and Accountability

Budgets and Budgetary Accounting

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2025 were as prescribed by law.

The budget approval process is summarized as follows:

At the March Board of Health meeting, management of the Health District submits a final budget for the fiscal year commencing the following July. The operating budget includes proposed expenditures/expenses and the means of financing them.

Upon approval by the Board of Health, the final budget is submitted to Clark County where it is included in Clark County's public hearing held in May.

The Health District's budget is then filed with the State of Nevada, Department of Taxation by Clark County.

NRS allows appropriations to be transferred within or among any functions or programs within a fund without an increase in total appropriations. If it becomes necessary during the course of the year to change any of the departmental budgets, transfers are initiated by department heads and approved by the appropriate administrator. Transfers within program or function classifications can be made with appropriate administrator approval. The Board of Health is advised of transfers between funds, and function classifications and the transfers are recorded in the official Board of Health minutes.

At June 30, 2025, indirect cost amounts between the clinical and nursing services, environmental health, and community health programs and the administration program in the general fund have been eliminated in accordance with accounting principles generally accepted in the United States.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of resources are recorded to reserve that portion of the applicable appropriation, is utilized in the governmental funds.

Per NRS 354.626, actual expenditures may not exceed budgetary appropriations of the public health function of the general fund, or total appropriations of the internal service fund, special revenue fund or the individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations.

Note 3. Cash and Cash Equivalents

Deposits

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value. and are maintained with insured banks in Nevada. At June 30, 2025, the carrying amount of the Health District's deposits was $0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

Clark County Investment Pool

The Health District participates in Clark County's investment pool. At June 30, 2025, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

- Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.
- Negotiable and non-negotiable certificates of deposit issued by commercial banks or insured savings and loan associations, except certificates that are not within limits of insurance provided by the Federal Deposit Insurance Corporation (FDIC), unless those certificates are collateralized as is required for uninsured deposits, not to exceed 5-year maturity from date of purchase with rating service of "A-1" by Standard & Poor's, "P-1" by Moody's, or "F-1" by Fitch equivalent or better. If negotiable certificate of deposit is issued for longer than one year, issuing entity shall have a long-term rating of "A" category or equivalent or better.
- Negotiable notes or short-term negotiable bonds issued by other local governments of the State of Nevada.
- Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase, the obligations must have a remaining term to maturity of no more than five years, be rated by a nationally recognized rating service as "A" or its equivalent or better, and cannot exceed 25% of the investment portfolio.
- Commercial paper issued by a corporation organized and operating in the United States or by a depository institution licensed by the United States or any state and operating in the United States, having a "P-1" rating or equivalent, not to exceed 270 days' maturity and 20% of the total investments.
- Obligations of state and local governments if the interest on the obligation is tax exempt and the obligation is rated "A" or equivalent or better.
- Forward delivery agreements executed with a bank or financial institution rated "A" or equivalent.
- Supranational obligations of the International Bank for Reconstruction and Development, the International Finance Corporation, or the Inter-American Development Bank that are rated "Aa" or equivalent or better, not to exceed five years maturity or 15% of the total investment.
- Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days' maturity and does not exceed 20% of the portfolio.
- Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.
- Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days' maturity. Securities used for collateral must meet the criteria listed above.
- Money market mutual funds which are rated "AAA" or its equivalent and invest only in securities issued by the federal government, U.S. agencies, or repurchase agreements fully collateralized by such securities not to exceed five years' maturity and does not exceed 20% of the portfolio.
- Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.
- Investment contracts for bond proceeds only, issuance for $10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.
- The State of Nevada's Local Government Investment Pool.

Custodial credit risk is the risk that in the event a financial institution or counterparty fails, the Health District would not be able to recover the value of its deposits and investments. The Clark County Investment Policy states that securities purchased by Clark County shall be delivered against payment (delivery vs. payment) and held in a custodial safekeeping account with the trust department of a third-party bank insured by the FDIC and designated by the Clark County Treasurer for this purpose in accordance with NRS 355.172. A custody agreement between the bank and Clark County is required before execution of any transactions; Clark County's public deposits are in participating depositories of the Nevada Collateral Pool (Pool).

The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (*i.e.*, in excess of the FDIC levels). The collateral is pledged in the name of the Pool, and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository in accordance with NRS 356.360.

Interest rate risk is defined as the risk that changes in interest rates will adversely affect the fair value of an investment. Through its investment policy, Clark County (as the external investment pool operator) manages interest rate risk by limiting the average weighted duration of the investment pool portfolio to less than 2.5 years. Duration is a measure of the present value of a fixed income's cash flows and is used to estimate the sensitivity of a security's price to interest rate changes.

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At June 30, 2025, all of the Health District's investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.171, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2025, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was $72,702,633.

Combined Cash and Cash Equivalents

The Health District's cash and cash equivalents were as follows at June 30, 2025:

Cash on hand	$ 6,866
Restricted cash	100,000
Clark County Investment Pool	72,702,633
Total cash and cash equivalents	$ 72,809,499

The Health District's cash and cash equivalents were presented in the District's financial statements as follows at June 30, 2025:

Governmental funds	$ 72,686,591
Proprietary fund	112,235
Custodial funds	10,673
Total cash and cash equivalents	$ 72,809,499

Note 4. Capital, Lease, and Subscription Assets

Changes in capital, lease, and subscription assets were as follows for the year ended June 30, 2025:

	Balance June 30, 2024	Additions	Retirements	Transfers	Balance June 30, 2025
Governmental Activities					
Capital assets not being depreciated/amortized					
Construction in progress	$ 2,781,056	$ 709,457	$ -	$ (428,919)	$ 3,061,594
Land	3,447,236	-	-	-	3,447,236
Total capital assets not being depreciated	6,228,292	709,457	-	(428,919)	6,508,830
Capital, leased, and subscription assets being depreciated/amortized					
Buildings	21,050,944	866,613	-	17,320	21,934,877
Improvements other than buildings	6,293,486	124,549	(29,577)	-	6,388,458
Furniture, fixtures, and equipment	18,437,555	1,259,714	(1,482,465)	411,599	18,626,403
Right-to-use leased building	8,710,946	282,787	(94,083)	-	8,899,650
Right-to-use leased equipment	715,346	139,282	-	-	854,628
Subscription IT asset	2,502,309	706,835	(207,582)	-	3,001,562
Vehicles	1,686,103	27,920	(299,843)	-	1,414,180
Totals capital, lease, and subscription assets being depreciated/amortized	59,396,689	3,407,700	(2,113,550)	428,919	61,119,758
Accumulated depreciation/amortization					
Buildings	(6,030,711)	(724,970)	-	-	(6,755,681)
Improvements other than buildings	(3,975,589)	(365,975)	29,577	-	(4,311,987)
Furniture, fixtures, and equipment	(13,094,838)	(1,527,915)	1,091,217	-	(13,531,536)
Right-to-use leased building	(1,650,121)	(929,602)	3,871	-	(2,575,852)
Right-to-use leased equipment	(477,368)	(193,853)	82,096	-	(589,125)
Subscription IT asset	(1,074,870)	(629,403)	207,582	-	(1,496,691)
Vehicles	(1,180,098)	(162,687)	301,824	-	(1,040,961)
Total accumulated depreciation/amortization	(27,483,595)	(4,534,405)	1,716,167	-	(30,301,833)
Total capital, leased, and subscription assets being depreciated/amortized, net	31,913,094	(1,126,705)	(397,383)	428,919	30,817,925
Total Governmental Activities	$ 38,141,386	$ (417,248)	$ (397,383)	$ -	$ 37,326,755

Depreciation and amortization expense was charged to the following functions and programs for the year ended June 30, 2025:

Governmental activities	
Clinical services	$ 111,425
Environmental health	73,606
Community health	997,520
Administration	3,351,854
Total depreciation and amortization expense – governmental activities	$ 4,534,405

Note 5. Interfund Balances and Transfers

Interfund balances are as follows at June 30, 2025:

Receivable Fund	Payable Fund	Amount
General Fund	Special Revenue Fund	$ 8,263,055
General Fund	Other governmental funds	475,567
Special Revenue Fund	General Fund	9,042,403
Special Revenue Fund	Other governmental funds	353,517
Insurance Reserve	Other governmental funds	1,078
		$ 18,135,620

These balances result from the time lag between the dates that: (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system, and (3) payments between funds are made.

Interfund transfers consisted of the following for the year ended June 30, 2025:

Transfers Out of Fund	Transfers In to Fund	Amount
General Fund	Special Revenue Fund	$ 4,767,254
General Fund	Other governmental funds	2,000,000
		$ 6,767,254

Transfers were used to: (1) move revenues from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them, and (2) use unrestricted revenues collected in the general fund to finance various programs accounted for in special revenue fund and finance the administrative cost allocation to special revenue fund, in accordance with budgetary authorization.

Note 6. Changes in Long-Term Liabilities

Long-term liabilities activity was as follows for the year ended June 30, 2025:

	Balance June 30, 2024	Increases	Decreases	Balance June 30, 2025	Due Within One Year
Governmental Activities					
Compensated absences	$ 11,391,566	$ 2,028,783	$ -	$ 13,420,349	$ 5,827,425
Lease liability	7,700,584	422,069	(920,709)	7,201,944	1,042,365
Subscription liability	301,664	576,230	(388,828)	489,066	251,416
Total Long-Term Liabilities	$ 19,393,814	$ 3,027,082	$ (1,309,537)	$ 21,111,359	$ 7,121,206

Changes in compensated absences balances are reflected net. Lease and subscription liabilities typically have been liquidated by the fund where employees earned and accrued the amounts.

Lessee Activities

The Health District has entered into multiple leases for office, clinical, warehouse space, and medical and office equipment. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring through March 2037. The lease liability was valued using discount rates between 3.25% and 8.50%. This rate was determined using the U.S. Prime Rates applicable for each lease based on the lease period and date of initiation.

Remaining principal and interest payments on leases are as follows:

For the Year Ending June 30,	Principal	Interest
2026	$ 1,042,365	$ 288,326
2027	917,692	238,304
2028	740,741	193,597
2029	685,253	152,369
2030	444,667	125,741
2031–2035	2,360,158	391,682
2036–2037	1,011,068	33,255
	$ 7,201,944	$ 1,423,274

Subscription Liabilities

The Health District has various SBITAs, the terms of which expire in various years through 2028. The subscription liability was valued using discount rates between 3.25% and 8.50%. This rate was determined using the U.S. Prime Rates applicable for each subscription agreement based on the subscription period and date of initiation.

Remaining principal and interest payments on subscription liabilities are as follows:

For the Year Ending June 30,	Principal	Interest
2026	$ 251,416	$ 28,722
2027	217,748	11,582
2028	19,902	780
	$ 489,066	$ 41,084

Note 7. Risk Management

The Health District, like any governmental entity, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters.

Effective July 1, 2024, the Health District is no longer with Nevada Public Agency Insurance Pool (POOL) & Public Agency Compensation Trust (PACT) and obtained coverage via the commercial insurance private market.

The Health District obtained private insurance coverage via an insurance broker and maintains multiple policies. The types of coverage, carriers, corresponding deductibles, and aggregates are as follows:

Coverage Type	Carrier	Deductible	Aggregate
Cyber	Corvus	$ 25,000	$ 2 million
EPLI	Markel	$ 50,000	$ 1 million
General liability	Vantage	$ 25,000	$ 3 million
Professional liability	Vantage	$ 25,000	$ 3 million
Auto	Chubb	$ 3,000	$ 1 million
Commercial property	Chubb	$ 25,000	$ 73,477,044: equivalent to total property values
Workers Compensation	RAS	$ –	None
FQHC	HRSA	$ –	None

The Health District pays premiums based on payroll costs to Risk Administrative Services, Inc. (RAS) for its workers compensation insurance coverage.

The Health District's Community Health Center is Federal Torts Claims Act (FTCA) "deemed" as a federal contractor wherein the federal government represents us in medical malpractice cases. The Health District also carries supplemental medical professional liability coverage, covering the Public Health and Preventive Care (P&PC) division and any malpractice matters not covered by Health Resources and Services Administration. There were no claims for medical malpractice in the past three fiscal years.

Litigation

Various legal claims have arisen against the Health District during the normal course of operations. According to the Health District's legal counsel, there were no outstanding matters at this time with a material impact and, therefore, no provision for loss has been made in the financial statements in connection therewith.

The Health District does not accrue for estimated future legal and defense costs, if any, to be incurred in connection with outstanding or threatened litigation and other disputed matters but rather records such as period costs when the services are rendered.

Note 8. Contingencies

Government Grants

Support funded by grants is recognized as the Health District meets the conditions prescribed by the grant agreement, performs the contracted services, or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Note 9. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District's employees are covered by the Public Employees' Retirement System of Nevada, which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (PERS Board) whose seven members are appointed by the governor. The Health District does not exercise any control over PERS.

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both regular and police/fire members. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits, as required by NRS, are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the system on or after January 1, 2010 and July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on or after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering PERS on or after July 1, 2015, there is a 2.25% factor. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during their lifetime and various optional monthly payments to a named beneficiary after their death.

Post-retirement increases are provided by authority of NRS 286.571 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

1. 2% per year following the third anniversary of the commencement of benefits, 3% per year following the sixth anniversary, 3.5% per year following the ninth anniversary, 4% per year following the twelfth anniversary, and 5% per year following the fourteenth anniversary, or

2. The average percentage increase in the Consumer Price Index (or other PERS Board-approved index) for the three preceding years.

In any event, a member's benefit must be increased by the percentages in paragraph 1, above, if the benefit of a member has not been increased at a rate greater than or equal to the average of the Consumer Price Index (All Items) (or other PERS Board-approved index) for the period between retirement and the date of increase.

For members entering PERS with an effective date of membership on or after January 1, 2010 and before July 1, 2015, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

For members entering PERS after July 1, 2015, the post-retirement increases are 2% per year following the third anniversary of the commencement of benefits, 2.5% per year following the sixth anniversary, the lesser of 3% or the CPI for the preceding calendar year following the ninth anniversary.

Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with five years of service, age 60 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after January 1, 2010 are eligible for retirement at age 65 with five years of service, age 62 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after July 1, 2015 are eligible for retirement at age 65 with five years of service, age 62 with 10 years of service, age 55 with 30 years of service, or any age with 33 1/3 years of service.

The normal ceiling limitation on the monthly benefit allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985 is entitled to a benefit of up to 90% of average compensation. Both regular and police/fire members become fully vested as to benefits upon completion of five years of service.

The authority for establishing and amending the obligation to make contributions and member contribution rates rests with NRS. New hires in agencies which did not elect the employer-pay contribution (EPC) plan prior to July 1, 1983 have the option of selecting one of two alternative contribution plans. Contributions are shared equally by employer and employee in which employees can take a reduced salary and have contributions made by the employer or can make contributions by a payroll deduction matched by the employer.

The PERS basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

PERS receives an actuarial valuation on an annual basis for determining the prospective funding contribution rates required to fund the system on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by NRS. These statutory rates are periodically updated pursuant to NRS 286.421 and 286.450. The actuarial funding method used is the entry age normal cost method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

For the measurement year ended June 30, 2024, the Health District's required contribution rates for regular members was 33.50% EPC. The Health District's portion of contributions was $11,221,725 for the fiscal year ended June 30, 2025.

PERS collective net pension liability was measured as of June 30, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an Experience Study dated September 10, 2021, applied to all periods included in the measurement).

Inflation	2.50%
Productivity pay increase	0.50%
Investment rate of return	7.25%, net of pension plan investment expense, including inflation
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2024 funding actuarial valuation
Rationale for assumptions	The information and analysis used in selecting each assumption that has a significant effect on this actuarial valuation is shown in the Actuarial Experience Study dated September 10, 2021.

PERS' policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the PERS Board-adopted policy target asset allocation as of June 30, 2024:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return (Arithmetic)
Large cap U.S. equity	42%	6.65%
Developed international equity	18%	7.18%
U.S. fixed income	28%	0.91%
Real estate	6%	5.25%
Private equity	6%	12.40%
Total	100%	

The discount rate used to measure the total pension liability was 7.25% as of June 30, 2024. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS' fiduciary net position at June 30, 2024 was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2024.

The Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher at June 30, 2025:

	1% Decrease (6.25%)	Current Discount Rate (7.25%)	1% Increase (8.25%)
Net pension liability	$ 205,229,551	$ 127,620,524	$ 63,592,570

Detailed information about PERS' fiduciary net position is available in the PERS ACFR, which is available on the PERS website, www.nvpers.org under publications.

The Health District's proportionate share of the collective net pension liability was $127,620,524, which represents 0.70634% of the collective net pension liability, which is a decrease from the previous year's proportionate share of 0.75931%. Contributions for employer pay dates within the fiscal year ending June 30, 2024 were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2025, the Health District's pension expense was $18,057,232 and its reported deferred outflows and inflows of resources related to pensions were as follows as of June 30, 2025:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 27,074,239	$ -
Net difference between projected and actual earnings on investments	-	12,572,266
Changes in proportion and differences between actual contributions and proportionate share of contributions	13,018,596	6,246,406
Change in assumptions	8,234,877	-
Contributions subsequent to the measurement date	11,221,725	-
Total	$ 59,549,437	$ 18,818,672

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling $11,221,725 will be recognized as a reduction of the net pension liability for the year ending June 30, 2026. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

For the Year Ending June 30,	
2026	$ 3,333,455
2027	16,148,088
2028	1,206,949
2029	(17,883)
2030	2,066,274
Thereafter	6,772,157
Total	$ 29,509,040

Note 10. Postemployment Benefits Other Than Pensions

General Information About the Other Postemployment Benefit Plans

Plan Description: The Health District subsidizes eligible retirees' contributions to the Public Employees' Benefits Plan (PEBP), a non-trust, agent multiple-employer defined benefit postemployment healthcare plan administered by the State of Nevada. NRS 287.041 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. The plan is now closed to future retirees; however, district employees who previously met the eligibility requirement for retirement within the Nevada Public Employee Retirement System had the option upon retirement to enroll in coverage under the PEBP with a subsidy provided by the Health District as determined by their number of years of service. The PEBP issues a publicly available financial report that includes financial statements and required supplementary information.

That report may be obtained by writing to Public Employee's Benefits Program, 901 S. Stewart Street, Suite 1001, Carson City, NV, 89701, by calling (775) 684-7000, or by accessing the website at www.pebp.state.nv.us/informed/financial.htm.

Plan Description: The Retiree Health Program Plan (RHPP) is a non-trust, single-employer defined benefit postemployment healthcare plan administered by Clark County, Nevada. Retirees may choose between Clark County Self-Funded Group Medical and Dental Benefits Plan (Self-Funded Plan) and an Exclusive Provider Organization (EPO) plan.

Benefits Provided

PEBP provides medical, dental, prescription drug, Medicare Part B, and life insurance coverage to eligible retirees and their spouses. Benefits are provided through a third-party insurer.

As of November 1, 2008, PEBP was closed to any new participants.

RHPP provides medical, dental, prescription drug, and life insurance coverage to eligible active and retired employees and beneficiaries. Benefit provisions are established and amended through negotiations between the respective unions and the Health District.

Employees Covered by Benefit Terms

The following employees were covered by the benefit terms at June 30, 2024:

	PEBP	RHPP	Total All Plans
Inactive employees or beneficiaries currently receiving benefits	63	69	132
Active members	-	789	789
Total	63	858	921

Total OPEB Liability

The Health District's total OPEB liability of $35,247,231 was measured as of June 30, 2024 and was determined by an actuarial valuation as of that date.

Actuarial assumptions and other inputs: The total OPEB liability for all plans as of June 30, 2025 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	3.93%
Pre-Medicare Trend Rate	Select: 7.75%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 6.75%, Ultimate 4.0%
Mortality	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2021, applied on a gender-specific and job class basis (teacher, safety, or general, as applicable)
Termination Tables	2023 NPERS Actuarial Valuation
Healthcare cost trend rates	The healthcare cost trend assumptions are used to project the cost of healthcare in future years. The following annual trends are applied on a select and ultimate basis. Select trends are reduced 0.30% each year for nine years, and 0.10% thereafter until reaching the ultimate trend rate.

Expense Type	Select	Ultimate
Pre-Medicare Medical and Rx Benefits	7.75%	4.00%
Medical Benefits	6.75%	4.00%
Dental	4.00%	4.00%
Stop Loss Fees	7.75%	4.00%
Administrative Fees	4.00%	4.00%

Changes in the Total OPEB Liability

	PEBP	RHPP	Total OPEB Liability
Balance at June 30, 2024	$ 3,278,995	$ 25,475,735	$ 28,754,730
Changes for the year			
Service cost	-	1,683,367	1,683,367
Interest	116,670	987,832	1,104,502
Differences between expected and actual experience	(1,118,180)	11,183,547	10,065,367
Changes of assumptions	114,060	(6,119,288)	(6,005,228)
Benefit payments	(165,108)	(190,399)	(355,507)
Net changes	(1,052,558)	7,545,059	6,492,501
Balance at June 30, 2025	$ 2,226,437	$ 33,020,794	$ 35,247,231

Changes in Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 3.65% as of June 30, 2023 to 3.93% as of June 30, 2024 (the actuarial measurement date).
- The trend rates were updated to an initial rate of 7.75% (6.75% for Post-65) grading down to an ultimate rate of 4.00%. The Select trend rates are updated to reflect the higher than anticipated rising healthcare costs environment.
- The termination and retirement rates were updated to the rates from the Nevada PERS Actuarial Valuation report as of June 30, 2023.
- The salary scale was updated from 3.0% to 3.5% based on the wage growth assumption from the 2023 NVPERS.

Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.93%) or 1-percentage point higher (4.93%) than the current discount rate:

	1% Decrease Rate (2.93%)	Discount Rate (3.93%)	1% Increase Rate (4.93%)
PEBP	$ 2,471,000	$ 2,226,437	$ 2,019,000
RHPP	39,770,000	33,020,794	27,737,000
Total OPEB liability	$ 42,241,000	$ 35,247,231	$ 29,756,000

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (or 1-percentage-point higher the current healthcare cost trend rates:

	1% Decrease	Trend Rates	1% Increase
PEBP	$ 2,029,000	$ 2,226,437	$ 2,454,000
RHPP	27,274,000	33,020,794	40,561,000
Total OPEB liability	$ 29,303,000	$ 35,247,231	$ 43,015,000

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2025, the Health District recognized OPEB expense of $992,926. The breakdown by plan is as follows:

	PEBP	RHPP	Total All Plans
OPEB Expense (Income)	$ (887,450)	$ 1,880,376	$ 992,926

The Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources at June 30, 2025:

	Deferred Outflows of Resources	Deferred Inflows of Resources
PEBP		
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	$ 160,000	$ -
Total PEBP	160,000	-
RHPP		
Differences between expected and actual experience	20,769,733	4,010,196
Changes of assumptions or other inputs	1,208,683	19,268,676
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	492,000	-
Total RHPP	22,470,416	23,278,872
All plans		
Differences between expected and actual economic experience	20,769,733	4,010,196
Changes in actuarial assumptions	1,208,683	19,268,676
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	652,000	-
Total all plans	$ 22,630,416	$ 23,278,872

The amount of $652,000 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2026. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

For the Year Ending June 30,	RHPP
2026	$ (515,786)
2027	(433,124)
2028	(418,181)
2029	(418,181)
2030	(418,181)
Thereafter	902,997
Total	$ (1,300,456)

Note 11. 457(b) and 401(a) Retirement Plans

The Health District offers all employees an opportunity to participate in two deferred compensation plans that have been established in accordance with Internal Revenue Code Section 457 and 401. These plans are 457(b) or 401(a) plans, and both are administered by Empower Retirement, LLC. The plans' provisions and contribution requirements are established and may be amended by the plan administrator. Empower Trust Company, LLC is the trustee of the Empower Retirement, LLC plans. Employees may enroll in the 457(b) plan and/or change their contribution amounts at any time. The 401(a) plan enrollment is limited to Executives that have elected to participate in the 401(a) plan. The Health District does not contribute to the 457(b) plan and provides discretionary contributions to the 401(a) plan.

Note 12. Encumbrances

The Health District utilizes encumbrance accounting in its governmental funds. Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which a purchase order, contract, or other commitment is issued. In general, unencumbered appropriations lapse at year-end. Open encumbrances at fiscal year-end are included in restricted, committed, or assigned fund balance, as appropriate. Significant encumbrances included in governmental fund balances are as follows:

	Assigned Fund Balance
General Fund	$ 2,484,012

General Fund

$1,565,757 of the total encumbrance balance was assigned to purchase clinical health services. $206,239 of the total encumbrance balance was assigned to purchase community health services. $4,625 of the total encumbrance balance was assigned to purchase environmental health services. $603,061 of the total encumbrance balance was assigned to purchase administrative services. $104,330 of the total encumbrance balance was assigned to purchase pharmacy services.

Required Supplementary Information

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – General Fund
For the Fiscal Year Ended June 30, 2025

	Budgeted Amounts			Variance With Final Budget – Increase (Decrease)
	Original	Final	Actual	
Revenues				
Fees for service	$ 36,215,729	$ 42,365,912	$ 46,360,664	$ 3,994,752
Other	1,899,388	2,782,373	3,592,774	810,401
Property tax	37,651,176	37,651,176	37,651,176	-
Regulatory revenue	27,881,249	29,623,788	28,482,125	(1,141,663)
Title XIX and other	3,638,963	3,560,001	3,595,324	35,323
Investment earnings	669,772	1,972,900	3,155,818	1,182,918
Total Revenues	107,956,277	117,956,150	122,837,881	4,881,731
Expenditures				
Public health				
Clinical and nursing services				
Salaries and wages	11,052,142	11,459,832	11,462,609	(2,777)
Employee benefits	5,056,511	5,119,842	5,035,366	84,476
Services and supplies	37,568,826	43,912,423	39,965,633	3,946,790
Capital outlay	63,000	16,000	16,000	-
Total clinical and nursing services	53,740,479	60,508,097	56,479,608	4,028,489
Environmental health				
Salaries and wages	14,995,597	16,695,381	16,329,690	365,691
Employee benefits	6,801,895	7,379,622	7,246,047	133,575
Services and supplies	6,282,928	6,511,191	5,800,623	710,568
Capital outlay	2,000	2,000	-	2,000
Total environmental health	28,082,420	30,588,194	29,376,360	1,211,834
Community health				
Salaries and wages	8,855,927	7,934,884	7,861,936	72,948
Employee benefits	4,059,651	3,607,017	3,519,733	87,284
Services and supplies	7,597,417	6,789,347	5,704,429	1,084,918
Capital outlay	410,800	435,000	362,176	72,824
Total community health	20,923,795	18,766,248	17,448,274	1,317,974
Administration				
Salaries and wages	12,275,808	13,855,522	13,926,820	(71,298)
Employee benefits	5,827,830	6,561,853	6,896,250	(334,397)
Services and supplies	(19,277,382)	(18,702,989)	(18,479,870)	(223,119)
Capital outlay	213,000	295,745	1,165,747	(870,002)
Total administration	(960,744)	2,010,131	3,508,947	(1,498,816)
Total Expenditures	101,785,950	111,872,670	106,813,189	5,059,481
Excess of Revenues Over Expenditures	6,170,327	6,083,480	16,024,692	9,941,212
Other Financing Sources (Uses)				
Transfers out	(10,530,735)	(9,125,913)	(6,767,254)	2,358,659
Leases issued	-	-	422,069	422,069
Subscriptions	-	-	576,230	576,230
Total Other Financing Sources (Uses)	(10,530,735)	(9,125,913)	(5,768,955)	3,356,958
Net Change in Fund Balance	(4,360,408)	(3,042,433)	10,255,737	13,298,170
Fund Balance, Beginning of Year	54,872,828	54,872,828	54,872,828	-
Fund Balance, End of Year	$ 50,512,420	$ 51,830,395	$ 65,128,565	$ 13,298,170

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – Special Revenue Fund
For the Fiscal Year Ended June 30, 2025

	Budgeted Amounts			Variance With Final Budget – Increase (Decrease)
	Original	Final	Actual	
Revenues				
Direct federal grants	$ 14,359,394	$ 20,303,558	$ 18,175,097	$ (2,128,461)
Indirect federal grants	31,949,804	29,604,235	27,305,731	(2,298,504)
State grant funds	6,954,077	4,051,551	3,533,607	(517,944)
Other	10,887,091	1,415,546	1,343,609	(71,937)
Total Revenues	64,150,366	55,374,890	50,358,044	(5,016,846)
Expenditures				
Public health				
Clinical and nursing services				
Salaries and wages	7,106,200	6,776,094	6,516,398	259,696
Employee benefits	3,273,981	3,069,422	2,961,580	107,842
Services and supplies	5,188,099	5,680,923	4,416,019	1,264,904
Capital outlay	935,607	967,989	599,833	368,156
Total clinical and nursing services	16,503,887	16,494,428	14,493,830	2,000,598
Environmental health				
Salaries and wages	1,169,929	897,768	871,782	25,986
Employee benefits	540,509	409,733	398,354	11,379
Services and supplies	495,826	521,160	432,908	88,252
Capital outlay	-	-	-	-
Total environmental health	2,206,264	1,828,661	1,703,044	125,617
Community health				
Salaries and wages	10,909,617	11,006,467	10,923,453	83,014
Employee benefits	5,018,113	4,972,112	4,928,872	43,240
Services and supplies	19,875,922	23,120,841	19,046,523	4,074,318
Capital outlay	1,191,996	454,748	434,421	20,327
Total community health	36,995,648	39,554,168	35,333,269	4,220,899
Administration				
Salaries and wages	1,364,500	1,283,224	1,316,230	(33,006)
Employee benefits	629,808	557,460	553,359	4,101
Services and supplies	3,229,189	1,447,861	1,162,286	285,575
Capital outlay	8,751,805	1,335,000	523,908	811,092
Total administration	13,975,302	4,623,545	3,555,783	1,067,762
Total Expenditures	69,681,101	62,500,802	55,085,926	7,414,876
Deficiency of Revenues Over Expenditures	(5,530,735)	(7,125,912)	(4,727,882)	2,398,030
Other Financing Sources				
Transfers in	5,530,735	7,125,913	4,767,254	(2,358,659)
Total Other Financing Sources	5,530,735	7,125,913	4,767,254	(2,358,659)
Net Change in Fund Balance	-	1	39,372	39,371
Fund Balance, Beginning of Year	82,081	82,081	82,081	-
Fund Balance, End of Year	$ 82,081	$ 82,082	$ 121,453	$ 39,371

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios[1]
For the Fiscal Year Ended June 30, 2025

PEBP	2018	2019	2020	2021	2022	2023	2024	2025
A. Total OPEB Liability								
Interest (on the total OPEB liability)	$ 136,641	$ 158,929	$ 142,210	$ 132,809	$ 104,479	$ 101,093	$ 115,735	$ 116,670
Difference between expected and actual experience	(2,407)	(935)	-	240,495	-	(719,219)	-	(1,118,180)
Changes of assumptions	(408,034)	(582,796)	196,172	770,760	51,775	(575,624)	6,884	114,060
Benefit payments	(201,454)	(210,183)	(213,733)	(223,274)	(198,836)	(208,349)	(225,925)	(165,108)
Net Change in Total OPEB Liability	(475,254)	(634,985)	124,649	920,790	(42,582)	(1,402,099)	(103,306)	(1,052,558)
Total OPEB Liability – Beginning	4,891,782	4,416,528	3,781,543	3,906,192	4,826,982	4,784,400	3,382,301	3,278,995
Total OPEB Liability – Ending	$ 4,416,528	$ 3,781,543	$ 3,906,192	$ 4,826,982	$ 4,784,400	$ 3,382,301	$ 3,278,995	$ 2,226,437
Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[1] Fiscal year 2018 is the first year of implementation; therefore, only eight years are shown. As it becomes available this schedule will ultimately present information for the 10 most recent fiscal years.

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios[2]
For the Fiscal Year Ended June 30, 2025

RHPP	2018	2019	2020	2021	2022	2023	2024	2025
A. Total OPEB liability								
Service cost	$ 2,037,506	$ 1,984,184	$ 865,693	$ 1,035,479	$ 1,570,297	$ 2,053,521	$ 1,772,849	$ 1,683,367
Interest (on the total OPEB liability)	753,304	922,521	675,421	696,006	546,330	590,543	894,861	987,832
Difference between expected and actual experience	26,065	(8,138,337)	-	2,485,316	-	11,098,817	-	11,183,547
Changes of assumptions	(3,119,749)	(1,686,349)	1,204,893	577,780	221,432	(15,399,138)	(602,456)	(6,119,288)
Benefit payments	(339,476)	(236,966)	(322,093)	(643,182)	(345,742)	(58,543)	(190,437)	(190,399)
Net Change in Total OPEB Liability	(642,350)	(7,154,947)	2,423,914	4,151,399	1,992,317	(1,714,800)	1,874,817	7,545,059
Total OPEB Liability – Beginning	24,545,385	23,903,035	16,748,088	19,172,002	23,323,401	25,315,718	23,600,918	25,475,735
Total OPEB Liability – Ending	$ 23,903,035	$ 16,748,088	$ 19,172,002	$ 23,323,401	$ 25,315,718	$ 23,600,918	$ 25,475,735	$ 33,020,794
Covered Payroll	$ 34,126,701	$ 34,918,861	$ 34,918,861	$ 40,103,356	$ 49,853,806	$ 47,400,387	$ 57,146,546	$ 61,304,122
Total OPEB Liability as a Percentage of Covered Payroll	70.04%	47.96%	54.90%	58.16%	50.78%	49.79%	44.58%	53.86%

[2] Fiscal year 2018 is the first year of implementation; therefore, only eight years are shown. As it becomes available this schedule will ultimately present information for the 10 most recent fiscal years.

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of the Collective Net Pension Liability Information
For the Fiscal Year Ended June 30, 2025

For the Year Ended June 30	Proportion of the Collective Net Pension Liability	Proportion of the Collective Net Pension Liability	Covered Payroll	Proportion of the Collective Pension Liability as a Percentage of Covered Payroll	PERS Fiduciary Net Position as a Percentage of Total Pension Liability
2015	0.54090%	$ 61,984,011	$ 32,508,190	190.67198%	75.13000%
2016	0.52151%	$ 70,180,332	$ 32,917,342	213.20170%	72.20000%
2017	0.50906%	$ 67,704,469	$ 33,079,430	204.67242%	74.40000%
2018	0.50995%	$ 69,546,020	$ 33,744,349	206.09679%	75.20000%
2019	0.54171%	$ 73,866,832	$ 37,250,362	198.29829%	76.50000%
2020	0.56339%	$ 78,470,784	$ 38,532,689	203.64731%	77.04000%
2021	0.64435%	$ 58,760,106	$ 44,284,315	132.68830%	86.51000%
2022	0.69636%	$ 125,727,302	$ 49,627,892	253.34000%	75.12000%
2023	0.75931%	$ 138,595,844	$ 58,077,925	238.63773%	76.16000%
2024	0.70634%	$ 127,620,524	$ 61,032,305	209.10323%	78.11000%

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of Statutorily Required Contribution Information
For the Fiscal Year Ended June 30, 2025

For the Year Ended June 30	Actuarially Determined Contributions	Contributions in Relation to the Actuarially Determined Contributions	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a Percentage of Covered Payroll
2016	$ 4,565,587	$ 4,565,587	$ -	$ 33,079,430	13.80%
2017	$ 4,724,209	$ 4,724,209	$ -	$ 33,744,349	14.00%
2018	$ 5,215,051	$ 5,215,051	$ -	$ 37,250,362	14.00%
2019	$ 5,876,235	$ 5,876,235	$ -	$ 38,532,689	15.25%
2020	$ 6,753,358	$ 6,753,358	$ -	$ 44,284,315	15.25%
2021	$ 6,744,173	$ 6,744,173	$ -	$ 44,224,085	15.25%
2022	$ 7,659,900	$ 7,659,900	$ -	$ 50,228,852	15.25%
2023	$ 8,259,408	$ 8,259,408	$ -	$ 55,028,438	15.01%
2024	$ 10,184,839	$ 10,184,839	$ -	$ 54,115,741	18.82%
2025	$ 11,221,725	$ 11,221,725	$ -	$ 54,026,368	20.77%

Note 1. Postemployment Benefits Other Than Pensions

There are no assets accumulated in a trust to pay related benefits.

Changes of Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 3.65% as of June 30, 2023 to 3.93% as of June 30, 2024.
- The Pre-Medicare Select Trend Rate was decreased from 6.50% to 7.75% in 2024
- The Post-Medicare Select Trend Rate was increased from 5.50% to 6.75% in 2024.

Note 2. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

For the year ended June 30, 2025, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated June 30, 2024.

Additional pension plan information can be found at Note 9 to the basic financial statements.

Note 3. Budget Information

The accompanying required supplementary schedules of revenues, expenditures, and changes in fund balance for the general and major special revenue funds present the original adopted budget, the final amended budget, and actual data. The original budget was adopted on a basis consistent with financial accounting policies and with accounting principles generally accepted in the United States.

Additional budgetary information can be found in Note 2 to the basic financial statements.

Other Supplementary Information

Nonmajor Governmental Funds

Southern Nevada Health District
Nonmajor Capital Projects Funds
For the Fiscal Year Ended June 30, 2025

Capital project funds are used to account for financial resources that are restricted, committed, or assigned to the improvement, acquisition, or construction of capital assets.

Bond Reserve

Accounts for resources that have been committed or assigned to the future acquisition of a new administration building.

Capital Projects

Accounts for resources committed or assigned to the acquisition or construction of capital assets other than a new administration building.

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Bond Reserve Fund
For the Fiscal Year Ended June 30, 2025

	Original	Final	Actual	Variance With Final Budget – Increase (Decrease)
Revenues				
Interest income	$ 30,000	$ 30,000	$ 172,993	$ 142,993
Total Revenues	30,000	30,000	172,993	142,993
Change in Fund Balance	30,000	30,000	172,993	142,993
Fund Balance, Beginning of Year	3,042,808	3,042,808	3,042,808	-
Fund Balance, End of Year	$ 3,072,808	$ 3,072,808	$ 3,215,801	$ 142,993

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Capital Projects Fund
For the Fiscal Year Ended June 30, 2025

	Original	Final	Actual	Variance With Final Budget – Increase (Decrease)
Revenues				
Interest income	$ 70,000	$ 70,000	$ 202,104	$ 132,104
Total Revenues	70,000	70,000	202,104	132,104
Expenditures				
Public health				
Administration	-	-	489,261	(489,261)
Capital outlay	1,800,575	1,800,575	872,536	928,039
Total Expenditures	1,800,575	1,800,575	1,361,797	438,778
Deficiency of Revenues Over Expenditures	(1,730,575)	(1,730,575)	(1,159,693)	570,882
Other Financing Sources				
Transfers in	2,000,000	2,000,000	2,000,000	-
Change in Fund Balance	269,425	269,425	840,307	570,882
Fund Balance, Beginning of Year	2,730,175	2,730,175	2,730,175	-
Fund Balance, End of Year	$ 2,999,600	$ 2,999,600	$ 3,570,482	$ 570,882

Internal Service Funds

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Net Position – Budget to Actual –
Insurance Liability Reserve Fund
For the Fiscal Year Ended June 30, 2025

	Original	Final	Actual	Variance With Final Budget – Increase (Decrease)
Revenues				
Other operating income	$ 1,000	$ 1,000	$ -	$ (1,000)
Total Revenues	1,000	1,000	-	(1,000)
Nonoperating Revenues				
Interest income	5,000	5,000	2,081	(2,919)
Change in Net Position	$ 6,000	$ 6,000	2,081	$ (3,919)
Net Position, Beginning of Year			91,295	
Net Position, End of Year			$ 93,376	

Southern Nevada Health District

Single Audit Reports

June 30, 2025

Southern Nevada Health District
Contents
June 30, 2025

Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Department of Justice				
Direct Program				
Comprehensive Opioid, Stimulant, and other Substances Use Program	16.838		$ 136,880	$ 382,948
Total Department of Justice			**136,880**	**382,948**
Department of Treasury				
Passed through from				
City of Las Vegas, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	C2300074	-	497,577
City of Boulder City, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	30240806	-	462
Board of Regents, NSHE, obo University of Nevada, Las Vegas				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	GR17278	-	48,650
Nevada Department of Health and Human Services				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	SG26289-1	-	65,152
Total Department of Treasury			**-**	**611,841**
Environmental Protection Agency				
Passed through from				
Nevada Department of Conservation & Natural Resources				
State Public Water System Supervision	66.432	DEP 24-001	-	149,203
Total Environmental Protection Agency			**-**	**149,203**
Department of Health and Human Services				
Passed through from				
Nevada Department of Health and Human Services				
Public Health Emergency Preparedness	93.069	SG-2025-00378, SG-2025-00379, SG-2025-00454, SG-2025-00455, SG26317	-	2,764,228
Direct Programs				
Environmental Public Health and Emergency Response	93.070		31,185	304,646
Birth Defects and Developmental Disabilities – Prevention and Surveillance	93.073		-	388,145
Passed through from				
National Environmental Health Association				
Food and Drug Administration Research	93.103	2109-00984, 2309-04499, 2310-04968, 2410-06216	-	46,820
Passed through from				
Comagine Health				
Maternal and Child Health Federal Consolidated Programs	93.110	4100.CE0.19.SNHD	-	149,491
Passed through from				
Nevada Department of Health and Human Services				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	SG-2025-00791, SG26901	-	356,522
Direct Program				
Injury Prevention and Control Research and State and Community Based Programs	93.136		1,251,408	2,604,711
Passed through from				
Nevada Department of Health and Human Services				
Injury Prevention and Control Research and State and Community Based Programs	93.136	DO 1416, DO 1517, SG-2025-00543, SG26449	120,750	412,687
Total Injury Prevention and Control Research and State and Community Based Programs			*1,372,158*	*3,017,398*

Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025 (Continued)

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Passed through from				
University of Nevada, Las Vegas				
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	GR14034	-	56,148
Direct Programs				
Family Planning Services	93.217		-	1,163,574
Health Center Program Cluster				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	1,247,611
Grants for New and Expanded Services Under the Health Center Program	93.527		-	53,098
Total Health Center Program Cluster			-	*1,300,709*
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		-	545,042
Passed through from				
Nevada Department of Health and Human Services				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SP084007	-	8,364
Total Substance Abuse and Mental Health Services Projects of Regional and National Significance			-	*553,406*
Immunization Cooperative Agreements	93.268	SG-2024-00291, SG-2025-00535, SG-2025-00548, SG-2025-00713	-	1,988,616
COVID-19 — Immunization Cooperative Agreements	93.268	SG25388	-	1,143,351
Total Immunization Cooperative Agreements			-	*3,131,967*
Viral Hepatitis Prevention and Control	93.270	SG-2024-00551, SG-2025-00963	-	26,385
Direct Program				
Racial and Ethnic Approaches to Community Health	93.304		199,274	626,262
Passed through from				
National Association of County Health Officials				
Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity ,and Security	93.318	2024-031902	-	7,746
Passed through from				
Nevada Department of Health and Human Services				
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG-2024-00036, SG-2024-00056, SG-2024-00067, SG-2024-00095, SG-2025-00553, SG-2025-00660, SG-2025-00742, SG25489, SG26045, SG26215, SG26388, SG26896, SG-2025-00463	82,828	6,950,848
COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG26045	19,926	216,884
Total Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)			*102,754*	*7,167,732*
National and State Tobacco Control Program	93.387	SG-2024-00369-02	-	489,263

Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025 (Continued)

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Direct Program				
COVID-19 – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391		1,105,951	1,907,146
Passed through from				
Nevada Department of Health and Human Services				
The National Cardiovascular Health Program	93.426	SG-2025-00580	-	93,662
Direct Programs				
Grants for Capital Development in Health Centers	93.526		-	591,502
Passed through from				
Catholic Charities Homeless Shelter Las Vegas				
Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	F2410002	-	122,020
Passed through from				
Nevada Department of Health and Human Services				
CCDF Cluster				
Child Care And Development Block Grant	93.575	SG-2025-00602	-	684,386
Total CCDF Cluster			-	*684,386*
Passed through from				
Nevada Department of Health and Human Services				
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	93.686	4800012270-028, 4800013704-028	-	260,189
Passed through from				
University of Nevada, Reno				
Opioid STR	93.788	UNR-24-126	-	1,300,000
Passed through from				
Nevada Department of Health and Human Services				
Opioid STR	93.788	SG-2025-00828, SG-2025-00871	42,739	1,188,200
Total Opioid STR			*42,739*	*2,488,200*
Passed through from				
Nevada Department of Health and Human Services				
Maternal, Infant, and Early Childhood Home Visiting Grant	93.870	SG-2025-00765, SG26395	-	446,095
Passed through from				
Nevada Department of Health and Human Services				
National Bioterrorism Hospital Preparedness Program	93.889	SG-2025-00483, SG-2025-00384, SG-2025-00615	95,928	1,420,070
Passed through from				
Clark County				
Minority HIV/AIDS Fund (MHAF)	93.899	4800012229-028, 4800012677-028	-	262,759
HIV Emergency Relief Project Grants	93.914	4500404004-028, 4800011669-028, 4800012245-028, PO4800012245-028	-	1,159,507
Passed through from				
Nevada Department of Health and Human Services				
HIV Care Formula Grants	93.917	SG-2024-00297, SG-2024-00298, SG-2025-00927, SG-2025-00926	-	369,170
Direct Program				
Healthy Start Initiative	93.926		-	1,147,279
Direct Program				
HIV Prevention Activities Health Department Based	93.940		65,978	102,134

Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025 (Continued)

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Passed through from				
Nevada Department of Health and Human Services				
HIV Prevention Activities Health Department Based	93.940	SG-2025-00586, SG-2025-00611, SG-2025-00659, SG26073-2, SG26077-1, SG-2025-00975, SG-2025-00976, SG-2025-00977	515,778	3,729,110
Total HIV Prevention Activities Health Department Based			*581,756*	*3,831,244*
Direct Program				
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946		49,569	291,702
Passed through from				
Nevada Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	SG-2025-00590, SG26478	-	37,919
Direct Program				
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967		176,070	6,818,216
Passed through from				
Nevada Department of Health and Human Services				
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	SG-2024-00059, SG-2025-00863	-	562,753
Passed through from				
Comagine Health				
Cooperative Agreements for Diabetes Control Programs	93.988	4100.CEO.17.SNHD	-	49,587
Passed through from				
Nevada Department of Health and Human Services				
Preventive Health and Health Services Block Grant	93.991	SG-2025-00689, SG26460	-	58,408
Total Department of Health and Human Services			**3,757,384**	**44,152,256**
Department of Homeland Security				
Passed through from				
Nevada Division of Emergency Management, Homeland Security				
Homeland Security Grant Program	97.067	AppID401421, AppID435471	-	109,462
Passed through from				
University of Nevada, Las Vegas				
Homeland Security Biowatch Program	97.091	GR20493	-	17,790
Total Department of Homeland Security			**-**	**127,252**
Total Federal Awards Expended			**$ 3,894,264**	**$ 45,423,500**

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal award activity of the Southern Nevada Health District (Health District) under programs of the federal government for the year ended June 30, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position, changes in net position/fund balance, or cash flows of the Health District.

Note 2. Summary of Significant Accounting Policies

The Health District's summary of significant accounting policies is presented in Note 1 to the Health District's basic financial statements for the year ended June 30, 2025.

Expenditures reported on the Schedule are reported on the modified accrual basis when they become a demand on current available federal resources and eligibility requirements are met, except for subrecipient expenditures, which are recorded on the cash basis.

Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts, if any, shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3. Indirect Cost Rate

The Health District has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance prior to October 1, 2024 nor elected to use the 15% de minimis indirect cost rate allowed under the Uniform Guidance effective October 1, 2024.

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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*

Independent Auditor's Report

Board of Health and District Health Officer
Southern Nevada Health District
Las Vegas, Nevada

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 (*Government Auditing Standards*), the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (Health District), as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements, and have issued our report thereon dated November __, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health 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 Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health 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 these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health 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 statements. 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dallas, Texas
November __, 2025

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Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance

Independent Auditor's Report

Board of Health and District Health Officer
Southern Nevada Health District
Las Vegas, Nevada

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Southern Nevada Health District's (Health District) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Health District's major federal programs for the year ended June 30, 2025. The Health District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dallas, Texas
November __, 2025

Southern Nevada Health District
Schedule of Findings and Questioned Costs
Year Ended June 30, 2025

Section I – Summary of Auditor's Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

   ☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer

2. Internal control over financial reporting:

   Significant deficiency(ies) identified? ☐ Yes ☒ None reported

   Material weakness(es) identified? ☐ Yes ☒ No

3. Noncompliance material to the financial statements noted? ☐ Yes ☒ No

Federal Awards

4. Internal control over compliance for major federal programs:

   Significant deficiency(ies) identified? ☐ Yes ☒ None reported

   Material weakness(es) identified? ☐ Yes ☒ No

5. Type of auditor's report issued on compliance for major federal programs:

   ☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer

6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)?

   ☐ Yes ☒ No

7. Identification of major federal programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
93.788	Opioid STR
93.889	National Bioterrorism Hospital Preparedness Program
93.940	HIV Prevention Activities Health Department Based
93.967	Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

8. Dollar threshold used to distinguish between Type A and Type B programs: $1,362,705.

9. Auditee qualified as a low-risk auditee? ☒ Yes ☐ No

Section II – Financial Statement Findings

Reference Number	Finding
	No matters are reportable.

Section III – Federal Award Findings and Questioned Costs

Reference Number	Finding
	No matters are reportable.

Southern Nevada Health District
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2025

Reference Number	Summary of Finding	Status
	No matters are reportable.	

SNHD INTERIM FINANCIAL REPORT

(UNAUDITED)

As of September 2025

(Includes Adopted Budget Approved March 2025)

Summary of Revenues, Expenses, and Net Position (as of September 30, 2025 – Unaudited)

Revenues

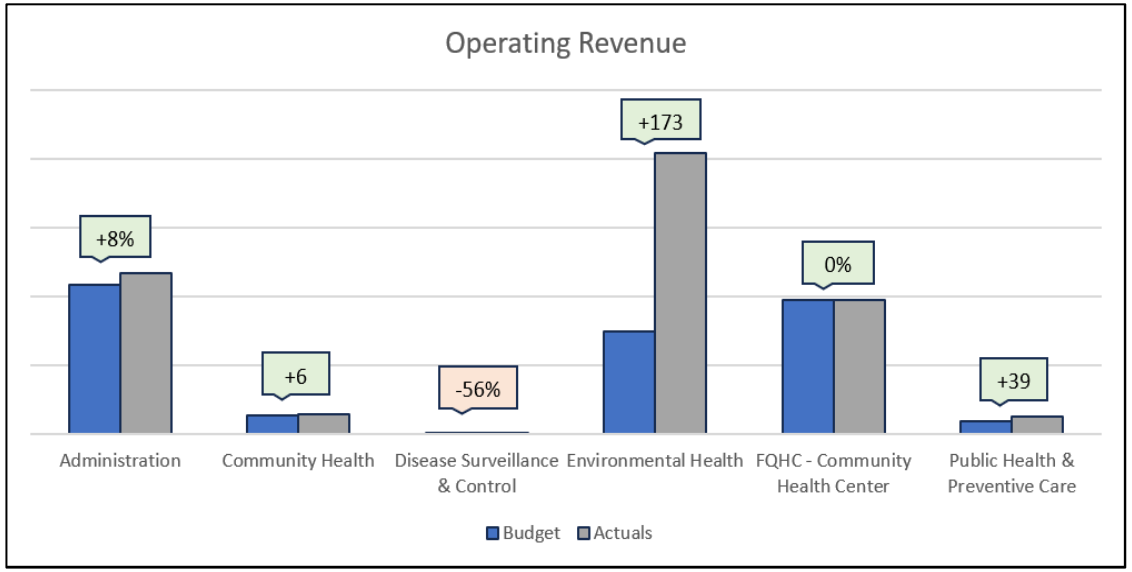
- General Fund revenue (Property Taxes, Charges for Services, Licenses/Permits & Other) is $44.61M compared to a budget of $30.39M, a favorable variance of $14.22M.
- Special Revenue Funds (Grants) is $11.15M compared to a budget of $15.47M, an unfavorable variance of $4.32M.
- Total Revenue is $55.76M compared to a budget of $45.86M, a favorable variance of $9.9M.

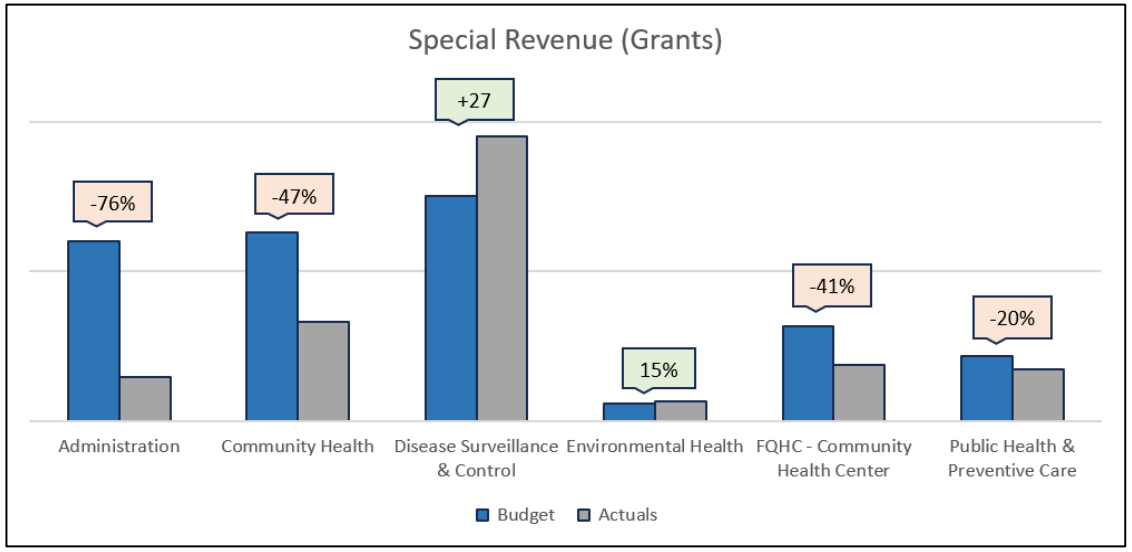
Expenses

- Salary, Tax, and Benefits is $26.56M compared to a budget of $27.87M, a favorable variance of $1.31M.
- Other Operating Expense is $18.04M compared to a budget of $19.12M, a favorable variance of $1.08M.
- Total Expense is $44.59M compared to a budget of $46.99M, a favorable variance of $2.4M.

Net Position: is $11.17M compared to a budget of ($1.13M), a favorable variance of $12.3M. (See Notes for Revenues and Expenses).

REVENUES





Division	Budget as of Sept 2025	Actual as of Sept 2025	Variance Favorable (Unfavorable)	% +/-	
Operating Revenue (Charges, Fees, Taxes, etc.)					
Administration	$ 10,849,494	$ 11,738,406	$ 888,912	8%	
Community Health	1,370,682	1,454,327	83,646	6%	
Disease Surveillance & Control	7,500	3,290	(4,210)	-56%	
Environmental Health	7,479,880	20,416,823	12,936,943	173%	1
FQHC - Community Health Center	9,766,188	9,719,609	(46,578)	0%	
Public Health & Preventive Care	919,838	1,280,425	360,587	39%	
SUBTOTAL	$ 30,393,581	$ 44,612,881	$ 14,219,300	47%	
Special Revenue (Grants)					
Administration	$ 3,609,944	$ 881,023	$ (2,728,920)	-76%	2
Community Health	3,782,597	1,999,994	(1,782,603)	-47%	3
Disease Surveillance & Control	4,513,140	5,709,419	1,196,279	27%	
Environmental Health	346,562	397,917	51,355	15%	
FQHC - Community Health Center	1,908,758	1,117,320	(791,438)	-41%	
Public Health & Preventive Care	1,309,392	1,043,868	(265,524)	-20%	
SUBTOTAL	$ 15,470,392	$ 11,149,542	$ (4,320,850)	-28%	
TOTAL REVENUE	**$ 45,863,973**	**$ 55,762,423**	**$ 9,898,450**	**22%**	

NOTES:

1) DUE TO TIMING. ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH). OTHER MAJOR REVENUE BILLING WILL BE RECORDED IN JANUARY 2026.
2) MAJOR GRANT SPENDING FOR LAB EXPANSION TO OCCUR IN SUBSEQUENT PERIODS OF FISCAL YEAR.
3) TERMINATED GRANT EXPENSES INCLUDED IN ADOPTED BUDGET WILL BE ADJUSTED IN AUGMENTATION.

Revenues by Category

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
Licenses & Permits	$ -	$ 82,761	$ -	$ 20,302,182	$ -	$ -	$ 20,384,943
Property Taxes	10,377,105	-	-	-	-	-	10,377,105
Charges for Services	683,035	1,371,566	-	-	9,265,281	887,657	12,207,540
Intergovernmental	881,023	1,999,994	5,709,419	397,917	1,117,320	1,043,868	11,149,542
Investment Earnings	668,282	-	-	-	-	-	668,282
Other	9,984	-	3,290	114,642	454,328	392,758	975,001
Contributions	-	-	-	-	-	10	10
TOTALS BY DEPT	**$ 12,619,429**	**$ 3,454,321**	**$ 5,712,709**	**$ 20,814,741**	**$ 10,836,929**	**$ 2,324,293**	**$ 55,762,423**

Revenue Categorization

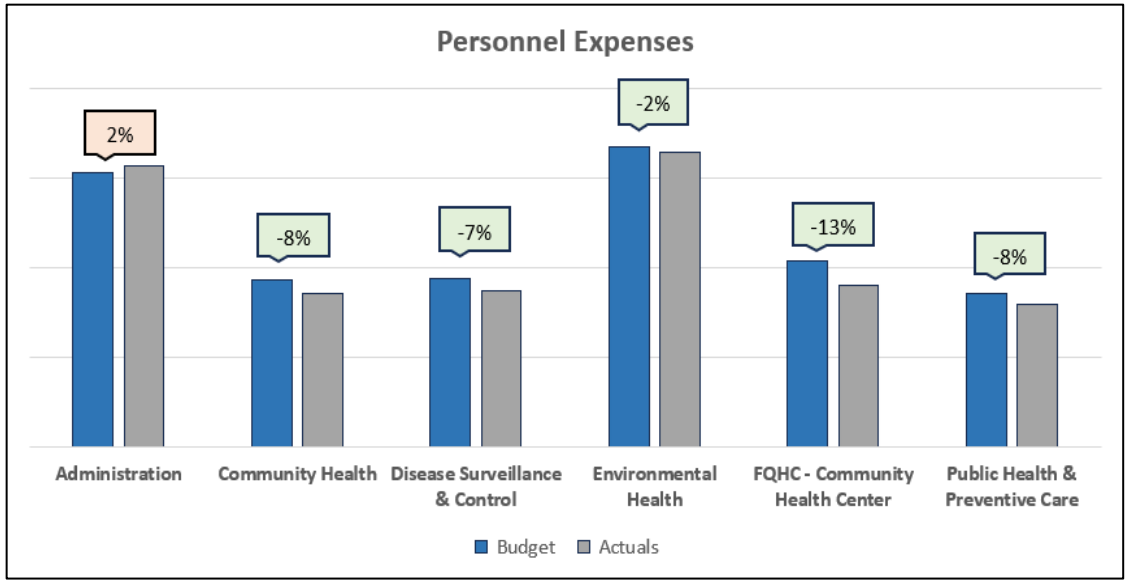
General Fund

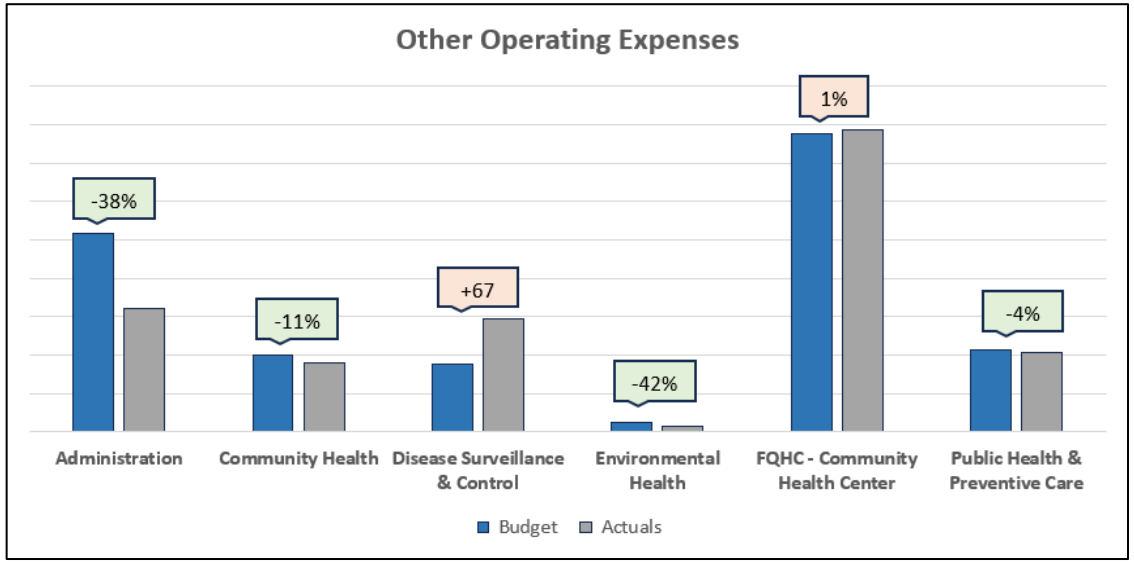
- *Property tax* – includes revenue from Clark County for property tax received.
- *Licenses/Permits* – includes revenue from Annual Fees, Plan Reviews, other regulatory fees.
- *Charges for Services* – includes revenue from Insurance billing, Medicaid, Birth & Death Certificates, etc.
- *Other Revenue* – includes revenues from Admin Fees, Investment Interest, Misc. Income, etc.

Special Revenue Fund

- *Federal Revenue* – includes direct federal grant revenue from U.S. Dept. of Health and Human Services, U.S. Dept. of Agriculture, and U.S. Dept. of Homeland Security
- *Pass-Thru Revenue* – includes revenue passed thru from NV Dept. of Health and Human Services, UNLV, and Clark County
- *State-Revenue* – includes state revenue for FQHC-related grants
- *Other Revenue* – includes revenue from Clark County grants

EXPENSES





Division	Budget as of Sept 2025	Actual as of Sept 2025	Variance Favorable (Unfavorable)	% +/-	
Employment (Salaries, Taxes & Benefits)					
Administration	$ 6,127,533	$ 6,269,109	$ (141,577)	2%	
Community Health	3,715,385	3,417,974	297,411	-8%	
Disease Surveillance & Control	3,746,885	3,501,474	245,411	-7%	
Environmental Health	6,704,050	6,589,117	114,933	-2%	
FQHC - Community Health Center	4,148,655	3,607,790	540,865	-13%	
Public Health & Preventive Care	3,430,295	3,172,669	257,625	-8%	
SUBTOTAL	$ 27,872,802	$ 26,558,133	$ 1,314,669	-5%	
Other (Supplies, Contractual, Capital)					
Administration	$ 5,175,872	$ 3,209,975	$ 1,965,897	-38%	1
Community Health	2,012,831	1,795,297	217,534	-11%	
Disease Surveillance & Control	1,758,915	2,941,574	(1,182,659)	67%	2
Environmental Health	260,267	150,738	109,529	-42%	
FQHC - Community Health Center	7,767,923	7,872,917	(104,995)	1%	
Public Health & Preventive Care	2,144,051	2,064,511	79,539	-4%	
SUBTOTAL	$ 19,119,858	$ 18,035,013	$ 1,084,846	-6%	
Total Operating Expenses	**$ 46,992,660**	**$ 44,593,146**	**$ 2,399,514**	**-5%**	
Indirect Costs/Cost Allocations	$ 0	$ 0	$ (0)	0%	
Transfers IN	(2,194,912)	(1,061,651)	(1,133,261)	-52%	
Transfers OUT	2,194,912	1,061,651	1,133,261	-52%	
Total Transfers & Allocations	$ 0	$ 0	$ (0)	0%	
TOTAL EXPENSES	**$ 46,992,660**	**$ 44,593,146**	**$ 2,399,514**	**-5%**	

NOTES:
1) MAJORITY OF LAB EXPANSION CAPITAL EXPENSES ANTICIPATED TO OCCUR IN Q2-Q4 FY26.
2) TIMING DIFFERENCE AND INCREASE IN GRANT FUNDED PURCHASE OF MEDICAL SUPPLIES.

Expenses by Category

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
Salaries	$ 4,212,279	$ 2,286,890	$ 2,343,895	$ 4,447,149	$ 2,427,153	$ 2,146,854	$ 17,864,221
Taxes & Benefits	2,056,183	1,131,084	1,158,225	2,141,968	1,180,637	1,025,815	8,693,912
Contractual	2,606,161	719,626	804,120	80,789	332,894	144,026	4,687,615
Indirect/Cost Allocation	(7,238,359)	1,075,213	1,403,562	899,062	2,707,503	1,153,018	0
Supplies	127,389	998,121	2,096,352	17,967	7,514,661	1,892,409	12,646,899
Property	455,676	59,823	-	-	-	-	515,498
Travel & Training	20,749	17,727	41,102	51,982	25,363	28,077	185,000
TOTALS BY DEPT	**$ 2,240,078**	**$ 6,288,484**	**$ 7,847,257**	**$ 7,638,917**	**$ 14,188,211**	**$ 6,390,199**	**$ 44,593,146**

Expense Categorization

Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software, maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, office supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 25.25%. Indirect costs associated with special revenue funds are recovered generally at the allowed 15% de minimis rate. Cost Allocations make up the remaining 10.25%. NOTE: The de minimis rate for federal grants increased from 10% to 15% effective October 1, 2024.
- *Transfers In* – funds transferred into special revenue fund from the general fund.
- *Transfers Out* – funds transferred out of the general fund into other funds.


QUESTIONS?