SNHD
Southern Nevada Health District

FISCAL YEAR 2019

Financial Statement

FISCAL YEAR 2019 FINANCIAL STATEMENT

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Southern Nevada Health District
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June 30, 2019

FISCAL YEAR 2019 FINANCIAL STATEMENT

Financial Section

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report

The Board of Health and
Director of Administration
Southern Nevada Health District

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (the Health District) as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the 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, 2019, 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.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 13 as well as the respective budgetary comparison for the General Fund and the Special Revenue Fund, the schedules of changes in the Health District's total OPEB liability and related ratios, the schedule of the Health District's proportionate share of the net pension liability, and the schedule of District contributions for the Health District's defined benefit pension plan on pages 46 through 51 be presented to supplement the basic financial statements. Such information, 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 management's discussion and analysis and pension and OPEB trend data in accordance with auditing standards generally accepted in the United States of America, 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. The budgetary comparison information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such 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 financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion the budgetary comparison information is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other 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 individual fund schedules are presented for purposes of additional analysis and are not a required part of the financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulation (CFR) Part 200, *Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is also not a required part of the financial statements.

The individual fund schedules and the schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such 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 auditing standards generally accepted in the United States of America. In our opinion, the individual fund schedules 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 a report dated December 16, 2019 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, 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.

Eide Bailly LLP

Las Vegas, Nevada
December 16, 2019

FINANCIAL SECTION

Management's Discussion and Analysis

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, 2019.

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 $45,400,619. Of this amount, unrestricted net position could be used to meet the government's on-going obligations to citizens and creditors, if it were a positive number.

The Health District's total net position increased by $4,140,616, primarily due to increased Revenues and a corresponding lower overall Expense growth between years.

The Health District's total revenue increased by $8,775,519. This was primarily due to increases in charges for services, driven by increased volume of clients served, as well as increased Investment Income. Expenses increased by $8,804,623, which also reflects increases in costs related to significant increases in the volume of clients served and the number and type of services offered at the District.

Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Southern Nevada 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 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 2019. The governmental activities of the Health District are comprised of the following divisions:

Clinical Services. Includes programs for communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee 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, 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, food handler education, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 14 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

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.

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, special revenue fund, bond reserve fund, and capital projects fund, all of which are considered to be major funds.

The Health District adopts an annual appropriated budget for its general and special revenue fund. A budgetary comparison statement has been provided for both to demonstrate compliance with each budget.

The basic governmental fund financial statements can be found beginning on page 16 of this report.

Proprietary Fund

As of June 30, 2019, 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.

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 20 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 the 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 the financial statements can be found beginning on page 24 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 46 of this report.

Government-wide Overall Financial Analysis

Summary Statement of Net Position

	Governmental Activities	
	2019	2018
Assets		
Current and other assets	$ 39,154,246	$ 34,765,058
Net capital assets	25,592,254	27,126,324
Total assets	64,746,500	61,891,382
Deferred Outflows	11,713,307	10,180,924
Liabilities		
Short-term liabilities	8,940,170	9,290,423
Long-term liabilities	92,616,619	98,431,390
Total liabilities	101,556,789	107,721,813
Deferred Inflows	20,303,637	13,891,729
Net Position		
Net investment in capital assets	25,592,254	27,126,324
Restricted	131,421	89,000
Unrestricted	(71,124,294)	(76,756,560)
Total net position	$ (45,400,619)	$ (49,541,236)

Total unrestricted net position represents negative 157% 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 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 increased by $4,140,616, primarily due to increased Revenues and a corresponding lower overall Expense growth between years.

Summary Statement of Changes in Net Position

	Governmental Activities	
	2019	2018
Revenues		
Program Revenues		
Charges for services	$ 39,131,587	$ 33,904,339
Operating grants and contributions	17,082,630	16,943,288
General Revenues		
Property tax allocation	22,334,163	20,934,126
Other income	1,203,646	212,214
Unrestricted investment income (loss)	1,405,315	387,855
Total Revenues	81,157,341	72,381,822
Expenses		
Public health		
Clinical services	28,810,743	23,887,323
Environmental health	21,195,190	20,535,778
Community health	24,292,355	22,664,556
Administration	2,718,437	1,124,445
Total Expenses	77,016,725	68,212,102
Change in Net Position	4,140,616	4,169,720
Net Position, Beginning	(49,541,235)	(40,048,475)
Prior Period Restatement	-	(13,662,480)
	$ (45,400,619)	$ (49,541,235)

Governmental Activities

During the current fiscal year, net position for governmental activities increased $4,140,616 from the Restated 2018 fiscal year to an ending balance of negative $45,400,619.

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, 2019, the Health District's governmental funds reported combined fund balances of $33,965,590, an increase of $4,878,413 in comparison with the prior year. Approximately 77%, or $26,274,284 of this amount constitutes unassigned fund balance, which is available for spending at Health District's discretion. The remainder of governmental fund balance is classified as follows: $1,037,424 is non-spendable; $5,908,890 is assigned to capital project improvements; restricted funds of $42,241 is Grant-related; $702,751 is assigned to prescription programs and administrative 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 $26,274,284, while the total fund balance is $27,969,238. 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 34% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 38% of the total governmental expenditures and transfers. The Health District's general fund balance increased by $3,745,371 during the current fiscal year, attributable to increased revenue (fees for services driven by increased volume of clients).

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 non-spendable and restricted fund balance of $87,462. 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 fund has an assigned fund balance of $3,204,685 at the end of the current fiscal year, which increased by $1,424,831 as compared to the prior fiscal year. The increase is due to the continued transfers from the general fund for major renovations to facilities owned by the Health District. The Capital Projects Fund has $2,704,205 of fund balance assigned for future capital project improvements. Fund balance in the Capital Projects Fund decreased by $288,485, due to capital outlay expenditures.

Fund Revenues by Source:

	2019		2018		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
General Fund Revenues						
Charges for services						
Fees for service	$ 18,035,009	28.70%	$ 13,554,356	24.57%	$ 4,480,653	33.06%
Regulatory revenue	20,713,154	32.96%	19,781,259	35.85%	931,895	4.71%
Title XIX & other	383,424	0.61%	568,723	1.03%	(185,299)	-32.58%
Total charges for services	39,131,587	62.28%	33,904,338	61.45%	5,227,249	15.42%
Intergovernmental revenues						
Property tax	22,334,163	35.54%	20,934,126	37.94%	1,400,037	6.69%
General receipts						
Contributions and donations	23,930	0.04%	45,421	0.08%	(21,491)	-47.32%
Interest income	1,199,099	1.91%	193,514	0.35%	1,005,585	519.64%
Other	146,885	0.23%	99,267	0.18%	47,618	47.97%
Total general fund revenues	$ 62,835,664	100.00%	$ 55,176,666	100.00%	$ 7,658,998	13.88%
Special Revenue Fund Revenues						
Intergovernmental revenues						
Direct federal grants	$ 4,047,644	22.35%	$ 4,549,473	26.53%	$ (501,829)	-11.03%
Indirect federal grants	12,930,951	71.39%	11,908,156	69.45%	1,022,795	8.59%
State funding	80,105	0.44%	440,237	2.57%	(360,132)	-81.80%
Total intergovernmental revenues	17,058,700	94.18%	16,897,866	98.55%	160,834	0.95%
Program Contract Services	1,053,721	5.82%	248,084	1.45%	805,637	324.74%
Total special fund revenues	$ 18,112,421	100.00%	$ 17,145,950	100.00%	$ 966,471	5.64%
Combined Special Revenue and General Funds	$ 80,948,085		$ 72,322,616		$ 8,625,469	

The increase in fees for services, including vital records, immunizations and other medical services and regulatory services, is due to increased numbers of patients.

The increase in the property tax allocation of $1,400,037 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 all property in the State of Nevada.

The increase in interest income was due to increased fair market value compared to book value at year end from investments.

	2019		2018		Increase(Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
General Fund Expenditures						
Current						
Public health						
Clinical services	$ 21,828,976	40.36%	$ 16,116,188	35.40%	$ 5,712,788	35.45%
Environmental health	20,655,575	38.19%	19,850,136	43.60%	805,439	4.06%
Community health services	10,833,653	20.03%	10,133,629	22.26%	700,024	6.91%
Administration	535,972	0.99%	(901,792)	-1.98%	1,437,764	-159.43%
Capital outlay						
Public health	235,583	0.44%	330,077	0.72%	(94,494)	-28.63%
Total general fund expenditures	54,089,759	100.00%	45,528,238	100.00%	8,561,521	18.80%
Special Revenue Fund Expenditures						
Current						
Public health						
Clinical services	7,303,656	33.65%	7,894,286	37.94%	(590,630)	-7.48%
Environmental health	800,372	3.69%	690,527	3.32%	109,845	15.91%
Community health services	13,189,474	60.76%	12,213,295	58.69%	976,179	7.99%
Administration	259,410	1.20%	-	0.00%	259,410	
					-	
Capital outlay						
Public health	153,387	0.71%	11,702	0.06%	141,685	1210.78%
Total special revenue fund expenditures	21,706,299	100.00%	20,809,810	100.00%	896,489	4.31%
Combined General Funds & Special Revenue	$ 75,796,058		$ 66,338,048		$ 9,458,010	14.26%

General Fund Budget Highlights

Final budget compared to actual results

Current budget procedure allows funds to be moved within programs and departments. Revenues exceeded Budgeted amounts by $5,895,305. Fees generated from increased patient volume as well as income generated from investments contributed to the overage.

Total expenditures exceeded budgeted amounts by $19,871. Actual salaries and employee benefits were under budget by $1,957,846. Services and supplies were over budget by approximately $1,779,854, driven by increased volumes of administered medications.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures are included in the Supplementary Information on page 46 of the Financial Report.

CAPITAL ASSETS

As of June 30, 2019, the Health District's net investment in capital assets for its governmental activities was $25,592,254. This investment in capital assets includes land, buildings and improvements, vehicles and equipment. The net decrease in capital assets for the current fiscal year was approximately $1,534,071, or 6%, driven by net accumulated depreciation and amortization of $1,623,432.

Governmental activities	Balance June 30, 2018	Increases	Decreases	Transfers	Balance June 30, 2019
Total governmental activities	$ 27,126,325	$ (1,463,991)	$ (70,080)	$ -	$ 25,592,254

The Health District deleted capital assets by $626,667. This included obsolete Office and Information Technology equipment as well as 3 District Vehicles.

Additional detailed information on the 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 District has no outstanding debt.

Economic Factors and Next Year's Budgets and Rates

The Health District has strengthened its financial status by increasing revenue, cutting costs, and working an ongoing effort to gain efficiencies in its processes. The Affordable Care Act has increased revenue at the Health District by shifting clients from receiving free services to clients that are insured. The amount saved by not having lease costs at the main building will aid the Health District's operations substantially in future years.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and must rely 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 are awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to a possible pandemic outbreak and other 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 Health District is confronted with inflationary factors affecting the cost of equipment, supplies, and other services. In addition, benefit costs will be higher due to increased retirement contributions and group insurance costs.

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 72.8% 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.

At present, the Health District has the financial resources and capacity to maintain current service levels. Since fiscal year 2011, the Health District continues to have a surplus of revenue over expenditures. However, to maintain that position the Health District must closely monitor revenues and expenditures.

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, Nevada, 89127

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

FINANCIAL SECTION

Basic Financial Statements

Government-Wide Financial Statements

	Governmental Activities
Assets	
Cash and equivalents, unrestricted	$ 31,403,855
Restricted cash	89,000
Grants receivable	3,968,609
Accounts receivable	1,982,674
Interest receivable	173,883
Unbilled receivable	213,000
Other receivable	285,801
Prepaid items	316,921
Inventories	720,503
Capital assets not being depreciated	
Land	3,447,236
Construction in progress	451,074
Capital assets, net of accumulated depreciation and amortization	
Buildings	15,804,580
Improvements other than buildings	1,936,756
Furniture, fixtures and equipment	3,613,533
Vehicles	339,075
Total assets	64,746,500
Deferred Outflows of Resources	
Deferred amounts related to pensions	11,157,042
Deferred amounts related to OPEB	556,265
	11,713,307
Liabilities	
Accounts payable	2,748,685
Accrued expenses	1,931,361
Workers compensation self-insurance claims	20,000
Unearned revenue	197,802
Long-term liabilities, due within one year	
Compensated absences	4,042,322
Long-term liabilities, due in more than one year	
Compensated absences	2,540,968
Net pension liability	69,546,020
Total OPEB liability	20,529,631
Total liabilities	101,556,789
Deferred Inflows of Resources	
Deferred amounts related to unbilled revenue	213,000
Deferred amounts related to pensions	8,609,045
Deferred amounts related to OPEB	11,481,592
	20,303,637
Net Position	
Net investment in capital assets	25,592,254
Restricted	131,421
Unrestricted (deficit)	(71,124,294)
Total net position	$ (45,400,619)

Southern Nevada Health District

Statement of Activities

For the Fiscal Year Ended June 30, 2019

Function/Program	Expenses	Program Revenues: Charges for Services	Program Revenues: Operating Grants and Contributions	Net (Expenses) Revenues and Changes in Net Position Primary Government: Governmental Activities
Governmental activities				
Public health				
Clinical services	$ 28,810,743	$ 11,312,902	$ 5,973,269	$ (11,524,572)
Environmental health	21,195,190	20,115,571	660,085	(419,534)
Community health	24,292,355	4,724,937	10,449,276	(9,118,142)
Administration	2,718,437	2,978,177	-	259,740
Total governmental activities	77,016,725	39,131,587	17,082,630	(20,802,508)
Total function/program	$ 77,016,725	$ 39,131,587	$ 17,082,630	(20,802,508)
General Revenues				
Property tax allocation				22,334,163
Other income				1,203,646
Unrestricted investment income				1,405,315
Total general revenues and transfers				24,943,124
Change in Net Position				4,140,616
Net Position, Beginning of Year				(49,541,235)
Net Position, End of Year				$ (45,400,619)

See Notes to Financial Statements

Fund Financial Statements

Southern Nevada Health District
Governmental Funds – Balance Sheet
June 30, 2019

	General Fund	Special Revenue Fund	Capital Projects Funds		Total Governmental Funds
			Bond Reserve	Capital Projects	
Assets					
Cash and cash equivalents	$ 26,732,789	$ -	$ 1,844,459	$ 2,765,107	$ 31,342,355
Grants receivable	-	3,968,609	-	-	3,968,609
Accounts receivable, net	1,982,410	264	-	-	1,982,674
Other receivables	285,801	-	-	-	285,801
Interest receivable	147,797	-	10,226	15,331	173,354
Unbilled receivable	213,000	-	-	-	213,000
Due from other funds	3,245,202	-	1,350,000	-	4,595,202
Inventories	720,503	-	-	-	720,503
Prepaid items	271,700	45,221	-	-	316,921
Total assets	$ 33,599,202	$ 4,014,094	$ 3,204,685	$ 2,780,438	$ 43,598,419
Liabilities					
Accounts payable	$ 2,124,778	$ 494,453	$ -	$ 76,233	$ 2,695,464
Accrued payroll and related items	1,931,361	-	-	-	1,931,361
Unearned revenue	10,825	186,977	-	-	197,802
Due to other funds	1,350,000	3,245,202	-	-	4,595,202
Total liabilities	5,416,964	3,926,632	-	76,233	9,419,829
Deferred Inflows of Resources					
Deferred amounts related to unbilled revenue	213,000	-	-	-	213,000
Fund balances					
Nonspendable					
Inventories	720,503	-	-	-	720,503
Prepaid items	271,700	45,221	-	-	316,921
Restricted for					
Grants	-	42,241	-	-	42,241
Assigned to					
Capital improvements	-	-	3,204,685	2,704,205	5,908,890
Prescription program	319,362	-	-	-	319,362
Administration	383,389	-	-	-	383,389
Unassigned	26,274,284	-	-	-	26,274,284
Total fund balances	27,969,238	87,462	3,204,685	2,704,205	33,965,590
Total liabilities and fund balances	$ 33,599,202	$ 4,014,094	$ 3,204,685	$ 2,780,438	$ 43,598,419

Total fund balance - governmental funds		$ 33,965,590
Amounts reported in the statement of net position are different because:		
Capital assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds		
Capital assets, net of accumulated depreciation	25,592,254	
		25,592,254
Long-term liabilities are not due and payable in the current period, and therefore, are not reported in governmental funds:		
Postemployment benefits other than pensions	(20,529,631)	
Deferred outflows related to postemployment benefits other than pensions	556,265	
Deferred inflows related to postemployment benefits other than pensions	(11,481,592)	
Compensated absences	(6,583,290)	
Net pension liability	(69,546,020)	
Deferred outflows related to pensions	11,157,042	
Deferred inflows related to pensions	(8,609,045)	
		(105,036,271)
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	77,808	
		77,808
Total net position - governmental activities		$ (45,400,619)

Southern Nevada Health District

Governmental Funds Statement of Revenues, Expenditures and Changes in Fund Balances

For the Fiscal Year Ended June 30, 2019

	General Fund	Special Revenue Fund	Capital Projects Funds		Total Governmental Funds
			Bond Reserve	Capital Projects	
Revenues					
Charges for services					
Fees for service	$ 18,118,732	$ -	$ -	$ -	$ 18,118,732
Regulatory revenue	20,629,431	-	-	-	20,629,431
Title XIX & other	383,424	-	-	-	383,424
Intergovernmental revenues					
Property tax	22,334,163	-	-	-	22,334,163
Direct federal grants	-	4,047,644	-	-	4,047,644
Indirect federal grants	-	12,930,951	-	-	12,930,951
State funding	-	80,105	-	-	80,105
General receipts					
Contributions and donations	23,930	-	-	-	23,930
Interest income	1,199,099	-	74,831	122,860	1,396,790
Other	146,885	1,053,721	-	-	1,200,606
Total revenues	62,835,664	18,112,421	74,831	122,860	81,145,776
Expenditures					
Current					
Public health					
Clinical & nursing services	21,828,976	7,303,656	-	-	29,132,632
Environmental health	20,655,575	800,372	-	1,019	21,456,966
Community health	10,833,653	13,189,474	-	-	24,023,127
Administration	535,972	259,410	-	83,268	878,650
Total current	53,854,176	21,552,912	-	84,287	75,491,375
Capital outlay	235,583	153,387	-	327,058	716,028
Total expenditures	54,089,759	21,706,299	-	411,345	76,207,403
Excess (Deficiency) of Revenues Over (Under) Expenditures	8,745,905	(3,593,878)	74,831	(288,485)	4,938,373
Other financing sources (uses)					
Transfers in	-	3,590,574	1,350,000	-	4,940,574
Transfers out	(5,003,574)	-	-	-	(5,003,574)
Proceeds from capital asset disposal	3,040	-	-	-	3,040
Total other financing sources (uses)	(5,000,534)	3,590,574	1,350,000	-	(59,960)
Change in fund balance	3,745,371	(3,304)	1,424,831	(288,485)	4,878,413
Fund balance, beginning of year	24,223,867	90,766	1,779,854	2,992,690	29,087,177
Fund balance, end of year	$ 27,969,238	$ 87,462	$ 3,204,685	$ 2,704,205	$ 33,965,590

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, 2019

Change in fund balances, governmental funds		$ 4,878,413
Amounts reported in the statement of activities are different because:		
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of capital assets is capitalized and depreciated over their estimated useful lives:		
Expenditures for capital assets	716,028	
Less current year depreciation	(2,180,019)	
Less loss on disposal capital assets	(70,080)	
		(1,534,071)
Some expenses reported in the statement of activities do not require the use of current financial resources, and therefore, are not reported as expenditures in governmental funds:		
Change in postemployment benefits other than pensions	7,789,933	
Change in deferred outflows related to postemployment benefits other than pensions	30,689	
Change in deferred inflows related to postemployment benefits other than pensions	(8,737,298)	
Change in compensated absences	(346,165)	
Change in deferred outflows related to pensions	1,501,694	
Change in deferred inflows related to pensions	2,538,390	
Change in net pension liability	(1,841,551)	
		935,692
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	(139,418)	
		(139,418)
Change in net position of governmental activities		$ 4,140,616

	Governmental Activities
	Insurance Liability Reserve
Assets	
Current assets	
Cash and cash equivalents	$ 61,500
Restricted cash	89,000
Interest receivable	529
Total current assets	151,029
Liabilities	
Current Liabilities	
Accounts payable	53,221
Workers compensation self-insurance claims	20,000
Total current liabilities	73,221
Net position	
Restricted	89,000
Unrestricted	(11,192)
Total net position	$ 77,808

	Governmental Activities
	Insurance Liability Reserve
Operating expense	
Services and supplies	$ 210,943
Total operating expenses	210,943
Operating loss	(210,943)
Nonoperating revenues	
Investment income	8,525
Total nonoperating revenues	8,525
Loss before transfers	(202,418)
Transfers	
Transfers in	63,000
Total transfers	63,000
Change in net position	(139,418)
Net position, beginning of year	217,226
Net position, end of year	$ 77,808

	Governmental Activities
	Insurance Liability Reserve
Cashflows from operating activities	
Cash payments for goods and services	$ (262,148)
Net cash used in operating activities	(262,148)
Cash flows from noncapital financing activities	
Transfers (to)/from other funds	63,000
Net cash provided by noncapital financing activities	63,000
Cash flows from investing activities	
Investment income	8,818
Net decrease in cash and cash equivalents	(190,330)
Cash and cash equivalents, beginning of year	340,830
Cash and cash equivalents, end of year	$ 150,500
Reconciliation of operating loss to net cash used in operating activities	
Operating loss	$ (210,943)
Change in accounts payable	53,221
Change in workers compensation self-insurance claims	(105,000)
Change in prepaid items	574
Net cash used in operating activities	$ (262,148)
Reconciliation of cash balances at end of year:	
Unrestricted	$ 61,500
Restricted	89,000
	$ 150,500

	Employee Events Fund
Assets	
Cash and cash equivalents	$ 10,572
Liabilities	
Accounts payable	249
Amounts held for others	10,323
Total liabilities	$ 10,572

Notes to Financial Statements

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 (the Health District). The Health District is governed by a 14 member policymaking board (the Board of Health) comprised of two representatives from each of six entities, as well as a physician member at-large 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 and proprietary 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, deferred outflows of resources, liabilities, deferred inflows of resources, 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 are considered to be major funds and they are reported as separate columns in the fund financial statements.

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 Bond Reserve Capital Projects Fund. Accounts for resources that have been committed to renovations of the new administration building.

Capital Projects Fund. Accounts for resources committed or assigned to the acquisition or construction of capital assets.

Proprietary fund (internal service fund) distinguish operating revenues and expenses from non-operating 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 non-operating revenues and expenses.

The Health District reports the following internal service fund:

The 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 and proprietary 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 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. All other revenue sources are considered to be measurable and available only when cash is received by the Health District. 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.

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 (the 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, 2019, the estimated value of such vaccines in the Health District's possession was $1,170,011.

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 Assets

Capital 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 estimated fair 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 are not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

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

	Years
Buildings	50
Improvements other than buildings	5-25
Furniture, fixtures and equipment	5-20
Vehicles	6

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.

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

Years of Service	Vacation Benefits (Days)
Less than one	10
One to eight	15
Eight to thirteen	18
More than thirteen	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, an employee with at least three years of service will receive 100 percent of the sick pay benefits accrual for accrued days up to 100 days, 50% of the accrued days between 101 and 200 days, and 25% of the accrued days greater than 200 days. Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

All 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.

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 and resources, deferred inflows of resources, and OPEB expense.

For the purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense have been determined on the same basis as they are reported by PEPB. 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) CAFR 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. 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 represents a consumption of net position 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 proportion and differences between 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 in the total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Deferred inflows of resources represent an acquisition of net position 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 differences between expected and actual pension plan experience and changes of pension plan actuarial assumptions, which are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits, 2) the net difference between projected and actual earnings on pension plan investments, which are deferred and amortized over five years, and 3) changes in assumptions or other inputs 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.

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 change 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 Health District's Director of Administration. 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), or 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.

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, 2019, 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 tentative 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 tentative 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, program, or function classifications and the transfers are recorded in the official Board of Health minutes.

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 individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations. At June 30, 2019, the Health District reported no expenditures over 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, 2019, 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, 2019, 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 certificates of deposit issued by commercial banks or insured savings and loan associations (those over $100,000 must be fully collateralized) not to exceed 1 year maturity from date of purchase with minimum ratings by at least two rating services of "B" by Thomson Bank Watch or "A-1" by Standard & Poor's or "P-1" by Moody's.

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 5 years, are rated by a nationally recognized rating service as "A" or its equivalent, or better and cannot exceed 20% of the investment portfolio.

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 5 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 (the 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.

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, 2019, 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, 355.170, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2019, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was $31,403,238.

Combined Cash and Cash Equivalents

At June 30, 2019, the Health District's cash and cash equivalents were as follows:

Cash on hand	$ 11,189
Restricted cash	89,000
Clark County Investment Pool	31,403,238
Total cash and investments	$ 31,503,427

At June 30, 2019, the Health District's cash and cash equivalents were presented in the District's financial statements as follows:

Governmental funds	$ 31,342,355
Proprietary funds	150,500
Fiduciary fund	10,572
Total cash and investments	$ 31,503,427

Note 4 - Capital Assets

Changes in capital assets for the year ended June 30, 2019, were as follows:

	Balance June 30, 2018	Increases	Decreases	Transfers	Balance June 30, 2019
Governmental activities					
Capital assets not being depreciated or amortized					
Construction in progress	$ 156,177	$ 333,897	$ (39,000)	$ -	$ 451,074
Land	3,447,236	-	-	-	3,447,236
Total capital assets not being depreciated	3,603,413	333,897	(39,000)	-	3,898,310
Capital assets being depreciated or amortized					
Buildings	18,395,743	-	-	-	18,395,743
Improvements other than buildings	4,744,786	-	-	-	4,744,786
Furniture, fixtures and equipment	14,033,395	365,277	(538,022)	-	13,860,650
Vehicles	986,236	16,854	(49,645)	-	953,445
Total capital assets being depreciated or amortized	38,160,160	382,131	(587,667)	-	37,954,624
Accumulated depreciation and amortization					
Buildings	(1,969,746)	(621,418)	-	-	(2,591,164)
Improvements other than buildings	(2,564,368)	(243,661)	-	-	(2,808,029)
Furniture, fixtures and equipment	(9,550,034)	(1,204,025)	506,942	-	(10,247,117)
Vehicles	(553,100)	(110,915)	49,645	-	(614,370)
Total accumulated depreciation and amortization	(14,637,248)	(2,180,019)	556,587	-	(16,260,680)
Total capital assets being depreciated or amortized, net	23,522,912	(1,797,888)	(31,080)	-	21,693,944
Total governmental activities	$ 27,126,325	$ (1,463,991)	$ (70,080)	$ -	$ 25,592,254

For the year ended June 30, 2019, depreciation expense was charged to the following functions and programs:

Governmental activities	
Clinical services	$ 69,571
Environmental health	15,043
Community health	391,413
Administration	1,703,992
Total depreciation expense, governmental activities	$ 2,180,019

Note 5 - Leases

Operating Leases

The Health District has certain non-cancelable operating lease agreements (subject to the requirements of NRS 244.230 and 354.626) for its facilities. Such leases expire at various times through December 15, 2021. For the year ended June 30, 2019, rent expense and expenditures totaled $605,960. At year end, the Health District's future minimum lease payments under these non-cancelable operating leases were as follows:

For the Year Ending June 30,	
2020	$ 598,686
2021	527,468
2022	225,400
	$ 1,351,554

Note 6 - Changes In Long-Term Liabilities

Long-term liabilities activity for the year ended June 30, 2019, was as follows:

	Balance June 30, 2018	Increases	Decreases	Balance June 30, 2019	Due Within One Year
Governmental Activities					
Compensated absences	$ 6,237,125	$ 5,289,445	$ (4,943,280)	$ 6,583,290	$ 4,042,322

Compensated absences typically have been liquidated by the general fund.

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.

The Health District has joined together with similar public agencies (cities, counties and special districts) throughout the State of Nevada to create a pool under the Nevada Interlocal Cooperation Act. The Nevada Public Agency Pool Insurance (Pool) is a public entity risk pool currently operating as a common risk management and insurance program for its members.

The Health District pays an annual premium and specific deductibles, as necessary, to the Pool for its general insurance coverage. The Pool is considered a self-sustaining risk pool that will provide coverage for its members for up to $10,000,000 per insured event with a $10,000,000 annual aggregate per member. Additionally, coverage includes data security events up to a maximum of $2,000,000 per event. Property, crime and equipment breakdown coverage is provided to its members up to $300,000,000 per loss with various sublimits established for earthquake, flood, equipment breakdown, and money and securities.

The Health District is also exposed to risks of loss related to injuries of employees. The Health District has joined together with similar public agencies (cities, counties and special districts) throughout the State of Nevada to create a pool under the Nevada Interlocal Cooperation Act.

The Health District pays premiums based on payroll costs to the pool, commonly referred to as the PACT, for its workers compensation insurance coverage. The PACT is considered a self-sustaining risk pool that will provide coverage for its members based on established statutory limits. The PACT obtains independent coverage for insured events in excess of the aforementioned limits.

The Health District continues to carry commercial insurance for other risks of loss not covered by the Pool (bonding and boiler coverage) and employee health and accident insurance. Amounts in excess of insurance coverage for settled claims resulting from these risks were minimal over 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, the ultimate resolution of these matters is not ascertainable at this time 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 - Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District's employees are covered by the Public Employees' Retirement System of Nevada (PERS), which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (the 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 his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 - .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 on or after January 1, 2010, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with 5 years of service, at age 60 with 10 years of service, or at 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 5 years of service, or 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 5 years of service, or at age 62 with 10 years of service or at 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.

Effective July 1, 2015, the required contribution rates for regular members was 14.5% and 28% for employer/employee matching and EPC, respectively. The Health District's portion of contributions was $5,215,070 for the year ended June 30, 2019.

PERS collective net pension liability was measured as of June 30, 2018, 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 review completed in 2017), applied to all periods included in the measurement:

Inflation rate	2.75%
Payroll growth	5.00%, including inflation
Investment rate of return	7.50%
Productivity pay increase	0.50%
Consumer price index	2.75%
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.25% to 9.15%, depending on service Police/Fire: 4.55% to 13.90%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2018 funding actuarial valuation

Mortality rates (Regular and Police/Fire) – For healthy members it is the Headcount-Weighted RP-2014 Healthy Annuitant Table projected to 2020 with Scale MP-2016, set forward one year for spouses and beneficiaries. For ages less than 50, mortality rates are based on the Headcount – Weighted RP-2014 Employee Mortality Tables. Those mortality rates are adjusted by the ratio of the mortality rate for healthy annuitants at age 50 to the mortality rate for employees at age 50. The mortality rates are then projected to 2020 with Scale MP-2016.

The mortality table used in the actuarial valuation to project mortality rates for all disabled regular members is the Headcount – Weighted RP-2014 Disabled Retiree Table, set forward four years.

For pre-retirement members it is the Headcount – Weighted RP-2014 Employee Table, projected to 2020 with Scale MP-2016.

The RP-2014 Headcount-Weighted Mortality Tables, set forward one year for spouses and beneficiaries, reasonably reflect the projected mortality experience of the Plan as of the measurement date. The additional projection of 6 years is a provision made for future mortality improvement.

PERS's 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 Board adopted policy target asset allocation as of June 30, 2018:

Asset Class	Target Allocation	Long-term Geometric Expected Real Rate of Return *
Domestic stocks	42%	5.50%
International stocks	18%	5.75%
U.S. bonds	30%	0.25%
Private markets	10%	6.80%

* These geometric return rates are combined to produce the long-term expected rate of return by adding the long-term expected inflation rate of 2.75%

The discount rate used to measure the total pension liability was 7.50% as of June 30, 2018. 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's fiduciary net position at June 30, 2018, 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 (7.50%) was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2018.

At June 30, 2019, the Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.50%. 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:

	1% Decrease in Discount Rate (6.50%)	Discount Rate (7.50%)	1% Increase in Discount Rate (8.50%)
Net Pension Liability	$ 106,054,866	$ 69,546,020	$ 39,209,295

Detailed information about PERS fiduciary net position is available in the PERS CAFR, 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 $69,546,020, which represents 0.50995% of the collective net pension liability, which is an increase from the previous year's proportionate share of 0.50906%. Contributions for employer pay dates within the fiscal year ending June 30, 2018, were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2019, the Health District's pension expense was $3,023,139 and its reported deferred outflows and inflows of resources related to pensions as of June 30, 2019, were as follows:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	$ 3,228,129
Net difference between projected and actual earnings on investments	2,178,662	331,106
Changes in proportion and differences between actual contributions and proportionate share of contributions	98,675	5,049,810
Change in assumptions	3,664,635	-
Contributions made subsequent to the measurement date	5,215,070	-
	$ 11,157,042	$ 8,609,045

Average expected remaining service life is 6.22 years.

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling $5,215,070 will be recognized as a reduction of the net pension liability in the year ending June 30, 2020. 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,	
2020	$ 270,377
2021	(1,162,676)
2022	(2,222,330)
2023	266,234
2024	178,349
2025	2,973
	$ (2,667,073)

Note 9 - Postemployment Benefits Other Than Pensions (OPEB)

General Information about the Other Post Employment Benefit (OPEB) 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 a health maintenance organization (HMO) plan.

Benefits Provided

PEBP plan 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.

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

At June 30, 2018, the following employees were covered by the benefit terms:

	PEBP	RHPP	Total all Plans
Inactive employees or beneficiaries currently receiving benefit payments	77	69	146
Active employees	-	476	476
Covered spouses	-	17	17
Total	77	562	639

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

Total OPEB Liability

The Health District's total OPEB liability of $20,529,631 was measured as of June 30, 2018, 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, 2019 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Actuarial cost method	Entry age normal - Level % of Salary Method
Valuation date & census data date	6/30/2018
Salary increases	3.0% per annum
Discount rate	3.58% per annum (BOY) 3.87% per annum (EOY)
Medical consumer price index	Chained-CPI of 2.0% per annum
Retirees' share of benefit-related costs	0% to 100% of premium amounts based on years of service
Marriage Rate	20% of future female retirees and 50% of future male retirees are assumed married with a spouse at retirement, eligible for plan benefits.
Spouse Age	Male spouses are assumed to be three years older than female spouses.
Medicare Eligibility	All future retirees are assumed to be eligible for Medicare at age 65, unless specified in the census data provided by the County. Indicators were provided for retirees not eligible for Medicare.
Mortality Rates	RP-2014 generational table, back-projected to 2006, then scaled using MP-2018, applied on a gender-specific basis.

Rationale for Assumptions:

The demographic assumptions are based on the Nevada PERS Actuarial Experience Study for the period from July 1, 2006 through June 30, 2012. Salary scale and inflation assumptions are based on the Nevada PERS Actuarial Experience Study for the period from July 1, 2012 through June 30, 2018.

Changes in the Total OPEB Liability

	PEBP	RHPP	Total OPEB Liability
Balance recognized at June 30, 2018	$ 4,416,528	$ 23,903,035	$ 28,319,563
Changes Recognized for the Fiscal Year			
Service Cost	-	1,984,185	1,984,185
Interest	158,929	922,521	1,081,450
Differences between expected and actual experience	(935)	(8,138,338)	(8,139,273)
Changes in assumptions	(582,796)	(1,686,349)	(2,269,145)
Benefit payments	(210,183)	(236,966)	(447,149)
Net Changes	(634,985)	(7,154,947)	(7,789,932)
Balance Recognized at June 30, 2019	$ 3,781,543	$ 16,748,088	$ 20,529,631

Changes in Assumptions and Experience:

In the current year, the Health District changed actuaries. Upon transitioning the valuation from the prior actuary, the new actuary performed an independent valuation using the prior actuary's key assumptions, but with updated census data and different interpretations of the plan provisions.

The liability recorded at beginning of the year are the prior actuary's results. The liability change from differences between expected and actual experience contain both the census data updates, including new per capital claims experience and the effect of the change in actuary and valuation systems. Those changes are summarized below:

- The discount rate was updated based on the municipal bond rate as of June 30, 2018
- The termination rates and retirement rates were updated based on the 2018 Nevada PERS Actuarial Valuation results.
- The marriage assumption was updated to reflect the most recent participant experience.
- Aging factors were updated based on the 2013 Society of Actuaries study.
- The mortality tables were updated to utilize the RP 2014 with the MP-2018 improvement scales (previously the RP 2000 with AA scaling static improvements was utilized).
- The salary scale assumption was updated to 3.0%

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 (2.87 percent) or 1-percentage point higher (4.87 percent) than the current discount rate:

	1% Decrease 2.87%	Discount Rate 3.87%	1% Increase 4.87%
PEBP	$ 4,328,000	$ 3,781,543	$ 3,336,000
RHPP	20,336,000	16,748,088	13,970,000
Total OPEB Liability	$ 24,664,000	$ 20,529,631	$ 17,306,000

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	$ 3,352,000	$ 3,781,543	$ 4,297,000
RHPP	13,629,000	16,748,088	20,922,000
Total OPEB Liability	$ 16,981,000	$ 20,529,631	$ 25,219,000

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

For the year ended June 30, 2019, the Health District recognized OPEB expense of $1,397,329. The breakdown by plan is as follows:

	PEBP	RHPP	Total All Plans
OPEB Expense	$ (424,801)	$ 1,822,130	$ 1,397,329

At June 30, 2019, the Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
PEBP		
Contributions made in fiscal year ending 2019 after July 1, 2018 measurement date	$ 213,733	$ -
Total PEBP	$ 213,733	$ -
RHPP		
Differences between expected and actual experience	$ 20,439	$ 7,548,604
Changes of assumptions or other inputs	-	3,932,988
Contributions made in fiscal year ending 2019 after July 1, 2018 measurement date	322,093	-
Total RHPP	$ 342,532	$ 11,481,592
Total All Plans		
Differences between expected and actual experience	$ 20,439	$ 7,548,604
Changes of assumptions or other inputs	-	3,932,988
Contributions made in fiscal year ending 2019 after July 1, 2018 measurement date	535,826	-
Total All Plans	$ 556,265	$ 11,481,592

The amount of $535,826 was 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, 2019. 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
2020	$ (1,084,381)
2021	(1,084,381)
2022	(1,084,381)
2023	(1,084,381)
2024	(1,084,381)
Thereafter	(6,039,249)
	$ (11,461,154)

Note 10 - 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	$ 702,751

In the general fund, $383,389 of the total encumbrance balance was assigned to purchase administrative services and the remaining $319,362 was assigned for pharmacy operations.

FINANCIAL SECTION

Required Supplementary Information

Southern Nevada Health District
Schedule of Revenues, Expenditures and Changes in Fund Balance -
Budget to Actual - General Fund
For the Fiscal Year Ended June 30, 2019

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Fees for service	$ 14,965,446	$ 14,965,446	$ 18,118,732	$ 3,153,286
General receipts	277,750	277,750	170,815	(106,935)
Property tax	22,334,163	22,334,163	22,334,163	-
Regulatory revenue	19,095,000	19,095,000	20,629,431	1,534,431
Title XIX & other	-	-	383,424	383,424
Investment earnings	268,000	268,000	1,199,099	931,099
Total revenues	56,940,359	56,940,359	62,835,664	5,895,305
Expenditures				
Public health				
Clinical & nursing services				
Salaries and wages	7,151,061	7,151,061	6,351,276	(799,785)
Employee benefits	2,703,529	2,703,529	2,638,660	(64,869)
Services and supplies	10,454,081	10,454,081	12,839,040	2,384,959
Capital outlay	-	-	27,638	27,638
Total clinical & nursing services	20,308,671	20,308,671	21,856,614	1,547,943
Environmental health				
Salaries and wages	11,089,437	11,089,437	10,720,460	(368,977)
Employee benefits	4,193,385	4,193,385	4,600,204	406,819
Services and supplies	5,347,516	5,347,516	5,334,911	(12,605)
Capital outlay	-	-	-	-
Total environmental health	20,630,338	20,630,338	20,655,575	25,237
Community health				
Salaries and wages	5,594,693	5,594,693	4,432,151	(1,162,542)
Employee benefits	2,089,463	2,089,463	1,959,882	(129,581)
Services and supplies	4,724,005	4,724,005	4,441,620	(282,385)
Capital outlay	18,000	18,000	-	(18,000)
Total community health	12,426,161	12,426,161	10,833,653	(1,592,508)
Administration				
Salaries and wages	8,271,784	8,271,784	7,895,922	(375,862)
Employee benefits	3,427,722	3,427,722	3,962,703	534,981
Services and supplies	(11,012,538)	(11,012,538)	(11,322,653)	(310,115)
Capital outlay	17,750	17,750	207,945	190,195
Total administration	704,718	704,718	743,917	39,199
Total public health	54,069,888	54,069,888	54,089,759	19,871
Total expenditures	54,069,888	54,069,888	54,089,759	19,871
Excess (Deficiency) of Revenues Over (Under) Expenditures	2,870,471	2,870,471	8,745,905	5,875,434
Other Financing Sources (Uses)				
Transfers in	-	-	-	-
Transfers out	(4,531,813)	(4,531,813)	(5,003,574)	(471,761)
Proceeds from capital asset disposal	-	-	3,040	3,040
Total other financing sources (uses)	(4,531,813)	(4,531,813)	(5,000,534)	(468,721)
Change in Fund Balance	(1,661,342)	(1,661,342)	3,745,371	5,406,713
Fund Balance, Beginning of Year	24,223,867	24,223,867	24,223,867	-
Fund Balance, End of Year	$ 22,562,525	$ 22,562,525	$ 27,969,238	$ 5,406,713

See notes to required supplementary information.

Southern Nevada Health District
Schedule of Revenues, Expenditures and Changes in Fund Balance -
Budget to Actual - Special Revenue Fund
For the Fiscal Year Ended June 30, 2019

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Direct federal grants	$ 3,272,473	$ 4,047,644	$ 4,047,644	$ -
Indirect federal grants	11,871,376	12,930,951	12,930,951	-
State grant funds	453,133	80,105	80,105	-
Other grant funds	187,393	1,053,721	1,053,721	-
Total revenues	15,784,375	18,112,421	18,112,421	-
Expenditures				
Public health				
Clinical & nursing services				
Salaries and wages	3,134,433	3,050,620	3,050,620	-
Employee benefits	1,251,970	1,290,586	1,290,586	-
Services and supplies	2,443,111	2,962,450	2,962,450	-
Capital outlay	-	34,217	34,217	-
Total clinical & nursing services	6,829,514	7,337,873	7,337,873	-
Environmental health				
Salaries and wages	306,739	372,907	372,907	-
Employee benefits	121,486	149,993	149,993	-
Services and supplies	249,123	277,472	277,472	-
Total environmental health	677,348	800,372	800,372	-
Community health				
Salaries and wages	4,094,405	4,618,872	4,618,872	-
Employee benefits	1,667,693	1,879,990	1,879,990	-
Services and supplies	5,168,240	6,690,612	6,690,612	-
Capital outlay	241,200	119,170	119,170	-
Total community health	11,171,538	13,308,644	13,308,644	-
Administration				
Salaries and wages	162,216	135,612	135,612	-
Employee benefits	62,572	51,231	51,231	-
Services and supplies	-	72,567	72,567	-
Total administration expenditures	224,788	259,410	259,410	-
Total expenditures	18,903,188	21,706,299	21,706,299	-
Excess (Deficiency) of Revenues Over (Under) Expenditures	(3,118,813)	(3,593,878)	(3,593,878)	-
Other Financing Sources (Uses)				
Transfers in	3,118,813	3,118,813	3,590,574	471,761
Transfers out	-	-	-	-
Total other financing sources (uses)	3,118,813	3,118,813	3,590,574	471,761
Change in Fund Balance	-	(475,065)	(3,304)	471,761
Fund Balance, Beginning of Year	1,830	1,830	90,766	88,936
Fund Balance, End of Year	$ 1,830	$ (473,235)	$ 87,462	$ 560,697

See notes to required supplementary information.

PEBP Plan

Total OPEB Liability	2019	2018
Service cost	$ -	$ -
Interest	158,929	136,641
Changes of benefit terms	-	-
Difference between actual and expected experience	(935)	(2,407)
Changes of assumptions or other inputs	(582,796)	(408,034)
Benefit payments	(210,183)	(201,454)
Net Change in Total OPEB Liability	(634,985)	(475,254)
Total OPEB Liability - Beginning	4,416,528	4,891,782
Total OPEB Liabilitiy - Ending	$ 3,781,543	$ 4,416,528
Covered Payroll	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A

RHPP

Total OPEB Liability	2019	2018
Service cost	$ 1,984,184	$ 2,037,506
Interest	922,521	753,304
Changes of benefit terms	-	-
Difference between actual and expected experience	(8,138,337)	26,065
Changes of assumptions or other inputs	(1,686,349)	(3,119,749)
Benefit payments	(236,966)	(339,476)
Net Change in Total OPEB Liability	(7,154,947)	(642,350)
Total OPEB Liability - Beginning	23,903,035	24,545,385
Total OPEB Liabilitiy - Ending	$ 16,748,088	$ 23,903,035
Covered Payroll	$ 34,918,861	$ 34,126,701
Total OPEB Liability as a Percentage of Covered Payroll	47.96%	70.04%

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

See notes to required supplementary information.

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of the Collective Net Pension Liability Information[2]
for the Year Ended June 30, 2019

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
2014	0.59147%	$ 61,643,357	$ 34,707,255	177.61000%	76.30000%
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	186.69891%	75.20000%

[2] Information for the multiple employer cost sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2014. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

See notes to required supplementary information.

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of Statutorily Required Contribution Information
for the Year Ended June 30, 2019 and Last Nine Fiscal Years[3]

For the Year Ended June 30	Statutorily Required Contribution	Contributions in relation to the Statutorily Required Contribution	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	$ 4,174,514	$ 4,174,514	$ -	$ 32,508,190	12.84%
2016	4,421,639	4,421,639	-	32,917,342	13.43%
2017	4,565,587	4,565,587	-	33,079,430	13.80%
2018	4,724,209	4,724,209	-	33,744,349	14.00%
2019	5,215,051	5,215,051	-	37,250,362	14.00%

[3] Information for the multiple-employer cost-sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2015. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

See notes to required supplementary information.

Note 1 - Postemployment Benefits Other Than Pensions

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

Changes of Assumptions and Experience
In the current year, the Health District changed actuaries. Upon transitioning the valuation from the prior actuary, the new actuary performed an independent valuation using the prior actuary's key assumptions, but with updated census data and different interpretations of the plan provisions.

The liability recorded at beginning of the year are the prior actuary's results. The liability change from differences between expected and actual experience contain both the census data updates, including new per capital claims experience and the effect of the change in actuary and valuation systems. Those changes are summarized below:

- The discount rate was updated based on the municipal bond rate as of June 30, 2018
- The termination rates and retirement rates were updated based on the 2018 Nevada PERS Actuarial Valuation results.
- The marriage assumption was updated to reflect the most recent participant experience.
- Aging factors were updated based on the 2013 Society of Actuaries study.
- The mortality tables were updated to utilize the RP 2014 with the MP-2018 improvement scales (previously the RP 2000 with AA scaling static improvements was utilized).
- The salary scale assumption was updated to 3.0%

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

For the year ended June 30, 2019, 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, 2018.

The actuarial valuation reports became available beginning June 30, 2014. As additional actuarial valuations are obtained these schedules will ultimately present information from the ten most recent valuations.

Additional pension plan information can be found at Note 8 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.

FINANCIAL SECTION

Other Supplementary Information

Major Governmental Funds

Capital projects 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
Schedule of Revenues, Expenditures and Changes in Fund Balance -
Budget to Actual - Bond Reserve Fund
For the Fiscal Year Ended June 30, 2019

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Interest income	$ 10,000	$ 10,000	$ 74,831	$ 64,831
Total revenues	10,000	10,000	74,831	64,831
Public health				
Capital outlay	3,155,596	3,155,596	-	(3,155,596)
Total Expenditures	3,155,596	3,155,596	-	(3,155,596)
Deficiency of Revenues Under Expenditures	(3,145,596)	(3,145,596)	74,831	3,220,427
Other Financing Sources				
Transfers in	1,350,000	1,350,000	1,350,000	-
Change in Fund Balance	(1,795,596)	(1,795,596)	1,424,831	3,220,427
Fund Balance, Beginning of Year	1,795,596	1,795,596	1,779,854	(15,742)
Fund Balance, End of Year	$ -	$ -	$ 3,204,685	$ 3,204,685

Southern Nevada Health District
Schedule of Revenues, Expenditures and Changes in Fund Balance -
Budget to Actual - Capital Projects Fund
For the Fiscal Year Ended June 30, 2019

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Interest income	$ 50,000	$ 50,000	$ 122,860	$ 72,860
Total revenues	50,000	50,000	122,860	72,860
Expenditures				
Public health				
Clinical Services	-	-	1,019	1,019
Administration	-	-	83,268	83,268
Capital outlay	2,931,161	2,931,161	327,058	(2,604,103)
Total expenditures	2,931,161	2,931,161	411,345	(2,519,816)
Change in Fund Balance	(2,881,161)	(2,881,161)	(288,485)	2,592,676
Fund Balance, Beginning of Year	2,881,161	2,881,161	2,992,690	111,529
Fund Balance, End of Year	$ -	$ -	$ 2,704,205	$ 2,704,205

Internal Service Funds

Southern Nevada Health District
Schedule of Revenues, Expenses and Changes in Net Position - Budget to Actual -
Insurance Liability Reserve Fund
For the Fiscal Year Ended June 30, 2019

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Operating expenses				
Services and supplies	$ 240,600	$ 240,600	$ 210,943	$ (29,657)
Nonoperating revenues				
Interest earnings	2,500	2,500	8,525	6,025
Loss before transfers	(238,100)	(238,100)	(202,418)	35,682
Transfers in	63,000	63,000	63,000	-
Change in net position	$ (175,100)	$ (175,100)	(139,418)	35,682
Net position, beginning of year	222,103	222,103	217,226	(4,877)
Net position, end of year	$ 47,003	$ 47,003	$ 77,808	$ 30,805

FINANCIAL SECTION >
OTHER SUPPLEMENTARY STATEMENTS

Agency Funds

Southern Nevada Health District

Schedule of Changes in Assets and Liabilities - Employee Events Fund

For the Fiscal Year Ended June 30, 2019

	Balance July 1, 2018	Additions	Deletions	Balance June 30, 2019
Assets				
Cash and cash equivalents	$ 4,180	$ 15,667	$ (9,275)	10,572
Liabilities				
Amounts held for others	$ 4,180	$ 15,667	$ (9,275)	$ 10,572

FISCAL YEAR 2019 FINANCIAL STATEMENT

Compliance and Controls

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's 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*

To the Board of Health and
Director of Administration
Southern Nevada Health District

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (the District) as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise Southern Nevada Health District's basic financial statements, and have issued our report thereon dated December 16, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Southern Nevada Health District's internal control over financial reporting (internal control) to determine the 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 Southern Nevada Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of Southern Nevada 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 over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did identify a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2019-001 that we consider to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Southern Nevada 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 determination of financial statement amounts. 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*.

Southern Nevada Health District's Response to Finding

Southern Nevada Health District's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. Southern Nevada Health District's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

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

Eide Bailly LLP

Las Vegas, Nevada
December 16, 2019

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance Required by the Uniform Guidance

To the Board of Health and
Director of Administration
Southern Nevada Health District

Report on Compliance for Each Major Federal Program

We have audited Southern Nevada Health District's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Southern Nevada Health District's major federal programs for the year ended June 30, 2019. Southern Nevada 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.

Management's Responsibility
Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility
Our responsibility is to express an opinion on the compliance for each of Southern Nevada Health District's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; 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). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Southern Nevada Health District's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Southern Nevada Health District's compliance.

Opinion on Each Major Federal Program
In our opinion, Southern Nevada Health District complied, in all material respects, with the types of 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, 2019.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as item 2019-002. Our opinion on each federal program is not modified with respect to this matter.

Southern Nevada Health District's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. Southern Nevada Health District's corrective action plan is also included in a separately issued letter. Southern Nevada Health District's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control over Compliance

Management of Southern Nevada Health District is responsible for establishing and maintaining effective internal control over compliance with the compliance requirements referred to above. In planning and performing our audit of compliance, we considered Southern Nevada Health District's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program 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 internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Southern Nevada Health District's 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 compliance requirement 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 first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses and significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified certain deficiencies in internal control over compliance, described in the accompanying schedule of findings and questioned costs as item 2019-002 that we consider to be a significant deficiency.

Southern Nevada Health District's response to the internal control over compliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. Southern Nevada Health District's corrective action plan is also included in a separately issued letter. Southern Nevada Health District's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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.

Eide Bailly LLP

Las Vegas, Nevada
December 16, 2019

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Department of Health and Human Services				
Passed through Nevada Department of Health and Human Services, Nevada State Health Division				
	93.008	6MRC5SG061001-03	$ 162	$ -
Passed through Nevada Department of Health and Human Services, Center for disease Control and Prevention				
Public Health Emergency Preparedness: CRI HD 16592	93.069	NU90TP921907-02	500,779	
Public Health Emergency Preparedness: CRI HD 16923	93.069	NU90TP921907-01	90,192	
Public Health Emergency Preparedness: PHEP HD16591	93.069	NU90TP921907-02	1,996,453	
Public Health Emergency Preparedness: PHEP HD16981	93.069	NU90TP921907-01	52,450	
			2,639,874	-
Direct Program				
Environmental Public Health and Emergency Response	93.070		38,687	
Environmental Public Health and Emergency Response	93.070		128,023	
			166,710	-
Direct Program				
Birth Defects and Developmental Disabilities	93.073		87,533	-
Passed through Department of Health and Human Services, Food and Drug Administration				
Food and Drug Administration Research, AFDSM	93.103	G-SP-1709-05743	3,000	
Food and Drug Administration Research, AFDSM	93.103	G-SP-1809-06169	3,000	
Food and Drug Administration Research, AFDTF	93.103	G-FPTF-1810-06224	2,948	
Food and Drug Administration Research, AFDTRN	93.103	G-T-1810-06227	2,332	
Food and Drug Administration Research, AFTN2	93.103	G-T-1709-05751	3,000	
Food and Drug Administration Research, MENTOR	93.103	U50FD005933-02	2,549	
Food and Drug Administration Research, MENTOR	93.103	U50FD005933-03	4,383	
			21,212	-
Direct Program				
Food and Drug Administration Research	93.103		70,000	-
Total Food and Drug Administration Research			91,212	-
Passed through Department of Health and Human Services, Health Resources and Services Administration				
Maternal and Child Health Federal Consolidated Programs, COIIN	93.110	UF3MC31237	5,840	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBOUT HD16361	93.116	NU52PS004681-04	98,132	
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBOUT HD16935	93.116	NU52PS004681-05	91,752	1,148
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBOUT HD16361	93.116	NU52PS004681-04	55,765	
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBOUT HD16935	93.116	NU52PS004681-05	57,214	
			302,863	1,148

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Injury Prevention and Control Research and State and Community Based Programs, FOPOV HD16706 63%	93.136	NU17CE24901-02	93,423	70,519
Injury Prevention and Control Research and State and Community Based Programs, FOPOV HD16706 37%	93.136	NU17CE924856-03	54,868	
Injury Prevention and Control Research and State and Community Based Programs, RXDRUG HD16557	93.136	NU17CE002737-03	12,244	
			160,535	70,519
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Childhood Lead Poisoning Project, NCLPP GR06433	93.197	NUE2EH001366-01	58,375	
Childhood Lead Poisoning Project, NCLPP GR06433	93.197	NUE2EH001366-01	26,847	
			85,222	-
Direct Program				
Family Planning Services	93.217		198,149	
Family Planning Services	93.217		903,000	
Family Planning Services	93.217		284,111	
			1,385,260	-
Direct Program				
Substance Abuse and Mental Health Services	93.243		56,233	
Substance Abuse and Mental Health Services	93.243		406,759	
			462,992	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Immunization Cooperative Agreements, IMM HD15958	93.268	NH23IP000727-05	549,189	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Adult Viral Hepatitis Prevention and Control, ADUHEP HD16215	93.270	NU51PS005120-02	29,616	7,922
Adult Viral Hepatitis Prevention and Control, ADUHEP HD16913	93.270	NU51PS005120-02	23,236	10,297
			52,852	18,219
Passed through Department of Health and Human Services, National Institutes of Health				
Drug Abuse and Addiction Research Programs	93.279	R15DA047606-01	33,864	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Centers for Disease Control and Prevention Investigations and Technical Assistance, SYNDRM HD16458	93.283	NU50OE000097-03	24,396	
Centers for Disease Control and Prevention Investigations and Technical Assistance, SYNDRM HD17029	93.283	NU50OE000097-04	15,500	
			39,896	-

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Direct Program				
Teenage Pregnancy Prevention Program	93.297		511,705	129,539
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
National State Based Tobacco Control Programs, TOB16427	93.305	NU58DP006009-04	151,145	76,312
National State Based Tobacco Control Programs, TOB HD17048	93.305	NU58DP006009-05	20,821	-
			171,966	76,312
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Epidemiology & Lab Capacity, ELCONT HD16629	93.323	NU50CK000419-05	452,883	
Epidemiology & Lab Capacity, ELCONT HD15900	93.323	NU50CK000419-03	241	
Epidemiology & Lab Capacity, ELCONT HD16085 82%	93.323	NU50CK000419-04	139,266	
			592,390	-
Passed through Department of Health and Human Services, Center for Disease Control and Prevention				
Imptoving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, HDS15 HD16755	93.426	NU58DP006538-01	41,763	2,355
Passed through Department of Health and Human Services, Center for Disease Control and Prevention				
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke, HDS17 HD16904	93.435	NU58DP006624-01	40,519	-
Passed through Department of Health and Human Services, Center for Disease Control and Prevention				
Center for Disease Control and Prevention Epidemiology & Lab Capacity, ELCONT HD16085 18%	93.521	NU50CK000419-04	30,571	-
Passed through Department of Health and Human Services, Administration for Children and Families				
Refugee and Entrant Assistance State Administered Programs, RHP	93.566	1802NVRCMA	10,761	
Refugee and Entrant Assistance State Administered Programs, RHP	93.566	1902NVRCMA	43,895	
			54,656	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Social Services Block Grant, SRVENH	93.667	G-170INVSOSR	3,651	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance - financed in part by the Prevention and Public Health Fund (PPHF), ADIZ HD15323	93.733	H23IP000989-01	13,164	-

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Direct Program				
Racial and Ethnic Approaches to Community Health Program Finances solely by Public Prevention Health Funds (PPHF)	93.738		380,500	118,385
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF), HDSPP HD16646	93.757	NU58DP004820-05	2,448	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Preventive Health and Health Services Block Grant (PPHF), PHHSBG HD16287	93.758	NB01OT0009158-01	17,472	6,792
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), ELCEB HD16517	93.815	U50CK000419-01S2	15,677	-
Passed through Department of Health and Human Services, Office of the Secretary				
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities, HPP_EBL HD15115	93.817	U3REP150510-01	218,887	26,800
Passed through Department of Health and Human Services, Office of the Secretary				
Early Child Home Visiting, NFP2 HD16195	93.870	X10MC29489	43,662	
Early Child Home Visiting, NFP2 HD16735	93.870	X10MC32205	192,002	
			235,664	-
Passed through Department of Health and Human Services, Office of the Secretary				
National Bioterrorism Hospital Preparedness Program, HPP HD16576	93.889	NU90TP921907-02	1,076,230	
National Bioterrorism Hospital Preparedness Program Program, HPPEAC HD16921	93.889	NU90TP921907-01	4,424	
			1,080,654	-
Passed through Department of Health and Human Services, Health Resources and Services Administration				
HIV Emergency Relief Project Grants, PNBBC	93.914	U69HA30462-03	49,937	
HIV Emergency Relief Project Grants, PNBC2	93.914	U69HA30462-02	20,873	
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-13	786,089	4,134
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-14	340,696	2,820
			1,197,595	6,954

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Passed through Department of Health and Human Services, Health Resources and Services Administration				
HIV Care Formula Grants, RWBCM HD16297	93.917	X07HA00001-27	110,728	
HIV Care Formula Grants, RWBEIS HD16445	93.917	X07HA00001-28	229,932	
HIV Care Formula Grants, RWBEIS HD17021	93.917	X07HA00001-29	13,468	
HIV Care Formula Grants, RWBM2 HD17023	93.917	X07HA00001-29	6,433	
HIV Care Formula Grants, RWBNM HD17022	93.917	X07HA00001-29	2,967	
HIV Care Formula Grants, RWBP2 HD17024	93.917	X07HA00001-29	5,106	
HIV Care Formula Grants, RWBPH HD 16298	93.917	X07HA00001-27	60,099	
HIV Care Formula Grants, RWBPH HD 16860	93.917	X07HA00001-28	128,215	
HIV Care Formula Grants, RWBRHS HD16446	93.917	X07HA00001-28	78,604	
			635,552	-
Direct Program				
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		116,150	
Direct Program				
Healthy Start Initiative	93.926		608,744	117,606
Passed through Department of Health and Human Services, Health Resources and Services Administration				
Special Projects of National Significance, DEII	93.928	U90HA29237	45,201	
Special Projects of National Significance	93.928	U90HA29237	236,381	
			281,582	-
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
HIV Prevention Activities Health Department Based, HIVPRV HD16347	93.940	NU62PS924579-01	1,125,190	291,194
HIV Prevention Activities Health Department Based, HIVPRV HD16928	93.940	NU62PS924579-02	873,201	159,579
HIV Prevention Activities Health Department Based, HIVPRV HD16356	93.940	NU62PS924579-01	74,731	
HIV Prevention Activities Health Department Based, HIVPRV HD17114	93.940	NU62PS924579-02	89,600	
			2,162,722	450,773

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Passed through Department of Health and Human Services, Substance Abuse and Mental Health Services Administration				
Block Grants for Prevention and Treatment of Substance Abuse, IDUHIV HD16229	93.959	2B08TI010039-17	15,744	8,049
Block Grants for Prevention and Treatment of Substance Abuse, IDUHIV HD16846	93.959	2B08TI010039-18	42,596	37,247
Block Grants for Prevention and Treatment of Substance Abuse, IDUHIV HD16411	93.959	2B08TI010039-17	33,618	
Block Grants for Prevention and Treatment of Substance Abuse, OCIN	93.959	2B08TI010039-14	15,503	
Block Grants for Prevention and Treatment of Substance Abuse, SAPTA HD16228	93.959	2B08TI010039-17	49,804	
Block Grants for Prevention and Treatment of Substance Abuse, SAPTA HD16845	93.959	2B08TI010039-18	241,945	
Block Grants for Prevention and Treatment of Substance Abuse, SAPTA HD16243	93.959	2B08TI010039-17	8,395	
Block Grants for Prevention and Treatment of Substance Abuse, SAPTA HD16864	93.959	2B08TI010039-18	27,861	
Block Grants for Prevention and Treatment of Substance Abuse, TOBRTL HD16364	93.959	2B08TI010039-17	75,555	31,521
Block Grants for Prevention and Treatment of Substance Abuse, TOBRTL HD16810	93.959	2B08TI010039-18	193,633	152,593
			704,654	229,410
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
Preventive Health Services Sexually Transmitted Diseases Control Grants	93.977	NH25PS004376-05	238,338	
Preventive Health Services Sexually Transmitted Diseases Control Grants	93.977	NH25PS005179-05	215,084	
			453,422	-
Passed through Department of Health and Human Services, Center for Disease Control and Prevention				
Preventive Health and Health Services Block Grant	93.991	NB01OT009235-01	26,027	884
Passed through Department of Health and Human Services, Health Resources and Services Administration				
Maternal and Child Health Services Block Grant to the States, MCH HD16535 15%	93.994	B04MC30626	12,619	
Maternal and Child Health Services Block Grant to the States, MCH HD16535 43%	93.994	B04MC31501	36,988	
Maternal and Child Health Services Block Grant to the States, NFP HD16264	93.994	B04MC30626	8,350	-
			57,957	-
Total Department of Health and Human Services			15,720,096	1,255,696

Southern Nevada Health District, Nevada
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2019

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed-Through to Subrecipients
Department of Agriculture				
Passed through Department of Agriculture				
Agriculture Food & Nutrition, SNAPCE UNR	10.561	7NV400NV5	6,935	
Agriculture Food & Nutrition, SNAPCE ED1806	10.561	7NV400NV5	44,228	11,766
Agriculture Food & Nutrition, SNAPCE HDED1906	10.561	7NV400NV5	94,752	23,018
			145,915	34,784
Total Department of Agriculture			145,915	34,784
Department of Justice				
Passed through Department of Justice				
Antiterrorism Emergency Reserve	16.321	2019-V7-GX-001	1,797	-
Total Department of Justice			1,797	-
Environmental Protection Agency				
Passed through Environmental Protection Agency Office of Water				
State Public Water System Supervision, SDW 27%	66.432	F-00910518	32,500	-
Passed through Environmental Protection Agency Office of Water				
Capitalization Grants for Drinking Water State Revolving Funds, SDW 73%	66.468	FS99996016	92,500	-
Passed through Environmental Protection Agency Office of Solid Waste and Emergency Response				
Underground Storage Tank Prevention, Detection and Compliance Program, UST 70%	66.804	L-99T1050-1	131,446	-
Passed through Environmental Protection Agency Office of Solid Waste and Emergency Response				
Leaking Underground Storage Tank Trust Fund Corrective Action Program, UST 30%	66.805	LS-99T10401	56,334	-
Total Environmental Protection Agency			312,780	-
Department of Homeland Security				
Passed through Department of Homeland Security				
Homeland Security Grant Program	97.067	EMW-2017-SS-00006	37,649	
Homeland Security Grant Program	97.067	EMW-2017-SS-00066	12,444	
			50,093	-
Passed through Department of Homeland Security				
Homeland Security Biowatch Program	97.091	OHBIO00025-02	18,000	-
Total Department of Homeland Security			68,093	-
Total Federal Financial Assistance			$ 16,248,681	$ 1,290,480

See notes to the schedule of expenditures of federal awards.

Note A – Basis of Presentation

The accompanying schedule of expenditures of federal awards (the schedule) includes the federal award activity of Southern Nevada Health District (the "District") under programs of the federal government for the year ended June 30, 2019. The information 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 District, it is not intended to and does not present the financial position, changes in fund balance, or cash flows, of the District.

Note B – Significant Accounting Policies

Expenditures reported in the schedule are reported on the modified accrual basis of accounting. 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. The District's summary of significant accounting policies is presented in Note 1 in the District's basic financial statements.

Note C – Indirect Cost Rate

Southern Nevada Health District did not elect to use the 10% De Minimis indirect cost rate.

Note D – Relationship to Basic Financial Statements

Expenditures of federal awards have been included in the individual funds of the District as follows:

Special Revenue Fund	$ 16,248,681

Section I – Summary of Auditor's Results

FINANCIAL STATEMENTS

Type of auditor's report issued	Unmodified
Internal control over financial reporting:	
Material weaknesses identified	Yes
Significant deficiencies identified not considered to be material weaknesses	None Reported
Noncompliance material to financial statements noted?	No

FEDERAL AWARDS

Internal control over major program:	
Material weaknesses identified	No
Significant deficiencies identified not considered to be material weaknesses	Yes
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance 2 CFR 200.516(a):	Yes

Identification of major programs:

Name of Federal Program	CFDA Number
Public Health Emergency Preparedness	93.069
Family Planning - Services	93.889
National Bioterrorism HPP	93.914
HIV Prevention Program	93.940

Dollar threshold used to distinguish between type A and type B programs:	$ 750,000
Auditee qualified as low-risk auditee?	No

Section II – Financial Statement Findings

2019-001 Material Weakness in Clinical Medical Revenue and Receivables Recognition

Criteria: Governmental entities should have sufficient internal controls in place over all of their billing and reconciliation processes to ensure that revenues are billed and recorded timely.

Condition: The District's process for recording clinical revenue and receivables was not performed in a timely manner for the year ended June 30, 2019. In our testing of clinical revenue and receivables we noted that a significant amount of clinical charges were not reconciled and billed until periods subsequent to year-end, with final reconciliations not taking place until November 2019.

Cause: The District implemented a new electronic health record software for their clinics during the year ended June 30, 2019. Additionally, the District changed the clearinghouse used to process charges with insurance providers. Difficulties encountered with the implementation of these two significant changes led to the issues encountered in the recording and billing of clinical charges.

Effect: A breakdown in controls of this magnitude could lead to a material misstatement of revenue or accounts receivable that the District would not detect or correct in a timely manner.

Recommendation: We recommend that management review and modify the policies and procedures used in the implementation of new systems to ensure that critical control functions are not compromised during the implementation process.

Views of Responsible Officials: Management agrees with the finding

Section III – Federal Award Findings and Questioned Costs

2019-002
Direct Program(s)

Department of Health and Human Services
Public Health Emergency Preparedness, 93.069
National Bioterrorism HPP, 93.889
HIV Prevention Activities, 93.940

Procurement, Suspension, and Debarment
Significant Deficiency in Internal Control over Compliance

Grant Award Number: Affects all grant awards included under CFDA 93.069, 93.889, and 93.940.

Criteria: 2 CFR Part 200 (Uniform Guidance) requires price or rate quotations from an adequate number of qualified sources for all purchases over the micro-purchase threshold.

Condition: The District's policies do not require quotations, or RFP procedures be implemented, for certain purchases including professional services, additions to and repairs and maintenance of equipment which may be more efficiently added to, repaired or maintained by a certain person, equipment which (by reason of the training of personnel or of an inventory of replacement parts maintained by the local government) is compatible with existing equipment, perishable goods, insurance, hardware and associated peripheral equipment and devices for computers, software for computers, books, library materials, and subscriptions.

Cause: Under the Nevada Revised Statutes (NRS) 332, certain exceptions to the State's procurement standards are allowed for local governments. These exceptions are not allowed under Uniform Guidance. The District's policies comply with the standards set by NRS 332 but are not compliant with Uniform Guidance.

Effect: The best price for a purchase under a Federal program may not have been obtained.

Questioned Costs: None

Context/Sampling: Nonstatistical samples of 60 transactions for the Public Health Emergency Preparedness program, 26 transactions for the National Bioterrorism HPP program, and 43 transactions for the HIV Prevention Activities program were tested where it was noted that the District's policies were not in compliance with Uniform Guidance for each transaction.

Repeat Finding from Prior Year(s): Yes. This was identified as 2018-002 in the prior year.

Recommendation: We are aware that Southern Nevada Health District is in the process of updating the District's procurement policies. We recommend that this update be completed, and new compliant policies be adopted.

Views of Responsible Officials: Management agrees with the finding

EideBailly

CPAs & BUSINESS ADVISORS

Auditor's Comments

To the Honorable Members of the Board of Health and
Citizens of the Southern Nevada Health District

In connection with our audit of the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (the "District") as of and for the year ended June 30, 2019, and the related notes to the financial statements, except as noted below, nothing came to our attention that caused us to believe that the Health District, failed to comply with the specific requirements of Nevada Revised Statutes. However, our audit was not directed primarily toward obtaining knowledge of such noncompliance. Accordingly, had we performed additional procedures, other matters may have come to our attention regarding the Health District's noncompliance with the requirements of Nevada Revised Statutes cited below, insofar as they relate to accounting matters.

CURRENT YEAR STATUTE COMPLIANCE

The Health District conformed to all significant statutory constraints on its financial administration during the year.

PROGRESS ON PRIOR YEAR STATUTE COMPLIANCE

The Health District monitored all significant constraints on its financial administration during the year ended June 30, 2019.

PRIOR YEAR RECOMMENDATIONS

The status of prior year recommendations is included in the Summary Schedule of Prior Year Findings accompanying the financial statements.

CURRENT YEAR RECOMMENDATIONS

Current year recommendations are included in the schedule of findings and questioned costs.

Eide Bailly LLP

Las Vegas, Nevada
December 16, 2019