

**FIRST DISTRICT HEALTH UNIT
MINOT, NORTH DAKOTA**

AUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2018

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FIRST DISTRICT HEALTH UNIT
SCHEDULE OF DISTRICT BOARD OF HEALTH OFFICERS
DECEMBER 31, 2018

Mae Streich	Bottineau
Teri J. Brewster	Burke
Nikki Medalen	McHenry
Ron Krebsbach	McLean
Robert Marmon	Renville
Walter M. Lipp	Sheridan
Bob Wetzler	Ward
Shelly Wepler	Ward
Dr. Dawn Mattern	Ward
Dr. C. Nwaigwe	Ward
Marvin Wierenga	Ward

Executive Officer - Lisa Clute

INDEPENDENT AUDITOR'S REPORT

To the District Board of Health
First District Health Unit
Minot, North Dakota

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the major fund of First District Health Unit, as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise First District Health Unit'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 and the major fund of First District Health Unit as of December 31, 2018, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matters

As discussed in notes 1 and 11 to the financial statements, First District Health Unit adopted new accounting guidance, GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits other than Pensions*. Our opinions are not modified with respect to this matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the budgetary comparison information, Schedule of Employer's Share of Net Pension Liability, Schedule of Employer's Share of OPEB Liability, Schedule of Employer's Contributions - Pension, Schedule of Employer's Contributions - OPEB, and Notes to the Required Supplementary Information, as listed in the table of contents 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 required supplementary information 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.

Management has omitted the Management's Discussion and Analysis that accounting principles generally accepted in the United States of America requires to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Government 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. Our opinion on the basic financial statements is not affected by the missing information.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise First District Health Unit's basic financial statements. The Schedule of Salaries and Wages is presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal awards and related notes are presented for purposes of additional analysis, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and are also not required part of the basic financial statements.

The Schedule of Salaries and Wages, Schedule of Expenditures of Federal Awards, and Notes to 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 Schedule of Salaries and Wages, Schedule of Expenditures of Federal Awards, and Notes are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

The Schedule of District Board of Health Officers has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 18, 2019 on our consideration of First District Health Unit'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 First District Health Unit'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 First District Health Unit's internal control over financial reporting and compliance.



BRADY, MARTZ & ASSOCIATES, P. C.
BISMARCK, NORTH DAKOTA

June 18, 2019

**FIRST DISTRICT HEALTH UNIT
STATEMENT OF NET POSITION
DECEMBER 31, 2018**

ASSETS

Current assets:

Cash and cash equivalents	\$ 3,077,638
Accounts receivable	494,458
Inventories	428,864
Total current assets	<u>4,000,960</u>

Capital assets, net of accumulated depreciation	<u>1,536,149</u>
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Total assets	<u>5,537,109</u>
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DEFERRED OUTFLOWS OF RESOURCES

Deferred outflow - pension	1,608,851
Deferred outflow - OPEB	<u>32,063</u>
Total deferred outflows of resources	<u>1,640,914</u>

LIABILITIES

Current liabilities:

Accounts payable	80,335
Accrued liabilities	99,827
Accrued compensated absences - due within one year	119,501
Total current liabilities	<u>299,663</u>

Non-current liabilities:

Accrued compensated absences - due in more than one year	44,758
Net pension liability	3,810,756
Net OPEB liability	166,967
Total non-current liabilities	<u>4,022,481</u>
Total liabilities	<u>4,322,144</u>

DEFERRED INFLOWS OF RESOURCES

Deferred inflow - pension	240,762
Deferred inflow - OPEB	<u>10,334</u>
Total deferred inflows of resources	<u>251,096</u>

NET POSITION

Net investment in capital assets	1,536,149
Unrestricted	<u>1,068,634</u>
Total net position	<u>\$ 2,604,783</u>

**FIRST DISTRICT HEALTH UNIT
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2018**

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenue and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	Governmental Activities
Accreditation	\$ 7,667	\$ -	\$ -	\$ (7,667)
Adult health promotion	429,466	89,275	3,405	(336,786)
AIDS	9,635	-	14,175	4,540
Children and youth	29,570	687	-	(28,883)
Environmental protection	815,386	361,977	3,200	(450,209)
Emergency preparedness and response	233,416	-	218,941	(14,475)
Family planning	384,942	96,894	93,718	(194,330)
FDA	45,578	-	70,251	24,673
High priority infant	91,046	-	12,891	(78,155)
Health tracks	159,833	66,049	-	(93,784)
Immunizations	1,918,156	1,159,492	309,187	(449,477)
Injury prevention	93,670	1,535	-	(92,135)
Jail health	12,410	20	14,174	1,784
NACCHO	10,941	-	9,727	(1,213)
Opioid	84,369	196,300	-	111,931
Optimal pregnancy outcome	74,467	-	9,670	(64,797)
Ryan White	41,988	-	43,200	1,212
School health	400,958	196,551	7,812	(196,595)
Strategic prevention framework	23	-	-	(23)
Substance abuse	7,299	9,900	-	2,601
Tobacco	360,046	-	310,620	(49,426)
Tobacco - Baby and me	10,788	-	-	(10,788)
Tobacco - Special initiative	-	-	800	800
Tuberculosis	14,804	6,394	2,612	(5,798)
Women, infants and children	656,003	-	421,795	(234,208)
Miscellaneous	31,739	-	133	(31,606)
Unallocable depreciation	81,412	-	-	(81,412)
Total governmental activities	<u>\$6,005,612</u>	<u>\$ 2,185,074</u>	<u>\$ 1,546,311</u>	<u>(2,274,226)</u>
General Revenues				
State aid not restricted				342,592
Local aid not restricted				
Payment from City of Mnot				345,000
Payment from the counties				1,289,425
Miscellaneous income				20,653
Total general revenue				<u>1,997,670</u>
Change in net position				(276,556)
Net position - beginning of year, originally stated				3,031,230
GASB 75 implementation - see Note 11				(149,891)
Net position - beginning of year, restated				<u>2,881,339</u>
Net position - end of year				<u>\$ 2,604,783</u>

See Notes to the Financial Statements

FIRST DISTRICT HEALTH UNIT
BALANCE SHEET
DECEMBER 31, 2018

	<u>General Fund</u>
ASSETS	
Cash and cash equivalents	\$ 3,077,638
Accounts receivable	383,394
Inventories	<u>428,864</u>
Total assets	<u>\$ 3,889,896</u>
LIABILITIES	
Accounts payable	\$ 80,335
Accrued liabilities	<u>99,827</u>
Total liabilities	<u>180,162</u>
DEFERRED INFLOWS OF RESOURCES	
Delinquent property taxes	<u>28,061</u>
FUND BALANCES	
Nonspendable	428,864
Unassigned	<u>3,252,809</u>
Total fund balances	<u>3,681,673</u>
Total liabilities, deferred inflows of resources, and fund balances	<u>\$ 3,889,896</u>

See Notes to the Financial Statements

FIRST DISTRICT HEALTH UNIT
RECONCILIATION OF GOVERNMENTAL FUND BALANCE SHEET
TO THE GOVERNMENT-WIDE STATEMENT OF NET POSITION
DECEMBER 31, 2018

Total fund balance - governmental funds	\$ 3,681,673
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Amounts reported for governmental activities in the Statement of Net Position are different because:

Revenues in the Statement of Activities that do not provide current financial resources are not reported as revenue in the funds

Property taxes	28,061	
Consumer fees	111,064	
Total		139,125

Capital assets used in governmental activities are not current financial resources and therefore not reported in the fund	1,536,149
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Net deferred outflows (inflows) of resources relating to the cost sharing of defined benefit plans in the governmental activities that are not financial resources, and therefore are not reported as deferred outflows (inflows) of resources in the governmental funds	1,389,818
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Long-term liabilities not due and payable in the current period and therefore are not included in the fund:

Net pension liability	(3,810,756)	
Net OPEB liability	(166,967)	
Compensated absences	(164,259)	
Total		(4,141,982)

Total net position - governmental activities	<u>\$ 2,604,783</u>
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FIRST DISTRICT HEALTH UNIT
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>General Fund</u>
Revenues:	
County mill levy allocation	\$ 1,284,100
City assessment	345,000
Federal grants	898,562
State grants	8,090
State aid	653,212
Medicare/Medicaid	311,554
Other non-governmental grants	22,000
Consumer fees	1,582,296
Donations	3,305
Contract for services	496,783
Other revenue	8,953
Total revenues	<u>5,613,855</u>
Expenditures:	
Current:	
Accreditation	7,357
Adult health promotion	392,243
AIDS	8,973
Children and youth	27,297
Environmental protection	749,284
Emergency preparedness and response	217,232
Family planning	352,575
FDA	45,631
High priority infant	83,749
Health tracks	145,703
Immunizations	1,839,752
Injury prevention	86,291
Jail health	11,789
NACCHO	10,864
Opioid	84,476
Optimal pregnancy outcome	67,982
Ryan White	41,407
School health	383,006
Strategic prevention framework state incentive grant	23
Substance abuse	7,299
Tobacco	332,354
Tobacco - Baby and me	10,051
Tuberculosis	13,603
Women, infants and children	590,851
Miscellaneous	31,627
Capital outlays	17,413
Total expenditures	<u>5,558,832</u>
Net change in fund balances	55,023
Fund balance - beginning of year	<u>3,626,650</u>
Fund balance - end of year	<u>\$ 3,681,673</u>

See Notes to the Financial Statements

FIRST DISTRICT HEALTH UNIT
RECONCILIATION OF GOVERNMENTAL FUND STATEMENT OF REVENUES,
EXPENDITURES, AND CHANGES IN FUND BALANCE OF GOVERNMENTAL FUNDS TO
THE GOVERNMENT-WIDE STATEMENT OF ACTIVITIES
FOR THE YEAR-ENDED DECEMBER 31, 2018

Net change in fund balances - total governmental funds \$ 55,023

Amounts reported for governmental activities in the Statement of Activities are different because:

Governmental funds report capital outlays as expenditures. However, in the Statement of Activities, the cost of these assets is allocated over their estimated useful lives as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period.

Capital outlay	17,413	
Depreciation expense	(81,412)	
Excess of depreciation over capital outlay		(63,999)

Revenues in the Statement of Activities that do not provide current financial resources are not reported as revenues in the funds. This represents the net effect of prior year unavailable revenue being recognized in the current year, and the current year unavailable revenue not being recognized on the fund level in the current year.

114,726

Changes in deferred outflows and inflows relating to net pension liability	(194,311)
Changes in deferred outflows and inflows relating to net OPEB liability	3,850

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:

Net decrease in accrued compensated absences	5,332	
Net increase in net pension liability	(197,980)	
Net decrease in net OPEB liability	803	
Total		(191,845)

Net change in net position of government activities	\$ (276,556)
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**FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of First District Health Unit is presented to assist in understanding the Health Unit's financial statements.

The financial statements of First District Health Unit have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to government units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the government's accounting policies are described below.

Nature of Operations

The purpose of First District Health Unit is to provide a variety of services and programs that maintain and/or improve the health status of the general population and their government. The principal area served is seven counties in north central North Dakota. The District accounts for all of the following programs in the Health Unit's general fund.

General Health

The Health Unit's most significant programs are as follows:

ADULT HEALTH PROMOTION – Program primarily targets the senior population regarding health maintenance, disease prevention, and mobility, to improve an individual's health. Services include medication review, blood pressure and pulse assessment, foot care and other services and referrals as determined.

EMERGENCY PREPAREDNESS AND RESPONSE - A program focused on training staff and community leaders to prepare for a public health-related emergency such as pandemic illness, terrorism, and natural disasters. Also provides educational information to the public on emergency preparedness.

ENVIRONMENTAL PROTECTION – The Environmental Protection Division provides training, information, and/or guidance to the general public regarding: indoor air quality, vector-borne diseases, private and commercial food safety, hazardous waste, nuisances, rabies, radon, and solid waste. Environmental Protection is responsible for the enforcement of food, lodging, body art, and swimming pool regulations.

FAMILY PLANNING - Reproductive health services including most contraceptive methods, safe sex and abstinence education, paps, nutrition counseling, urine pregnancy testing and counseling, and STD testing, counseling and treatment.

GENERAL NURSING SERVICES - Offering blood pressure checks, medication injections, head lice-checks, and other services.

HIGH PRIORITY INFANT (HPI) - HPI program offers education, support, and guidance to families of infants during the first year of life. Screenings, nutritional assessments, weight and growth monitoring help identify health concerns and developmental delays during baby's first year of life.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

HEALTH PROMOTIONS - This division educates and advocates for prevention strategies that are supported by scientific evidence. Monitor the activities of the tobacco, alcohol, and opioid-based industries, and share tactics with community members. Manage and facilitate several local coalitions and assist in steering the balance of the community needs with what is proven to be effective in prevention issues. Other services include beverage server training, tobacco cessation, and resources to combat the opioid epidemic.

NORTH DAKOTA HEALTH TRACKS - Screenings focusing on developmental, mental health, speech, vision, hearing. And nutritional needs. Services also include dental fluoride application, orthodontic evaluations, physicals, immunizations, and lead testing for individuals who are under 21 and enrolled in Medicaid.

IMMUNIZATIONS - Immunizations for all ages. Vaccines are by appointment during regular business hours. School, community, and worksite flu vaccination clinics are offered seasonally.

INJURY PREVENTION - Program offers education to help reduce accident-related death and disability among children, fall prevention classes for seniors, and the Car Seat Safety program. Car seat checks, ensuring proper installation, are available year-round and child safety seats are available for rent.

OPTIMAL PREGNANCY OUTCOME PROGRAM - A program to help pregnant women make informed choices that result in healthy babies. Nursing, social, and nutritional services are available to supplement care received from their private provider.

SCHOOL HEALTH - Services provided at the school include health education programs, disease monitoring, vision and hearing screenings, and immunization assessments.

WOMEN, INFANTS AND CHILDREN (WIC) – WIC is a federal nutrition program for qualifying pregnant and breastfeeding women, infants, and children younger than five. WIC offers healthy food for proper growth and development and helps families choose healthier ways of eating. WIC offers nutrition information, counseling and support, breastfeeding information and support, nutritious foods, health screenings, and referrals to other services.

Reporting Entity

The accompanying financial statement present the activities of the First District Health Unit. The Health Unit has also considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Health Unit are such that exclusion would cause the Health Unit's financial statements to be misleading or incomplete. The Governmental Accounting Standards Board has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the Health Unit to impose its will on that organization or (2) the potential for the organization to provide specific financial benefits to, or impose specific financial burdens on the Health Unit. Based upon the application of these criteria, the Health Unit is not includable as a component unit within another reporting entity and the Health Unit does not have a component unit.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Basis of Presentation

The Health Unit's basic financial statements consist of government-wide statements, including a statement of net position and a statement of activities, and fund financial statements which provide a more detailed level of financial information.

Government-wide Financial Statements

The statement of net position and the statement of activities display information about the Health Unit as a whole. These statements include the financial activities of the reporting entity, except for fiduciary activities. Governmental activities generally are financed through taxes, intergovernmental revenues, and other non-exchange transactions. The statement of activities presents a comparison between direct expenses and program revenues for each program or function of the Health Unit's governmental activities. Direct expenses are those that are specifically associated with a program or function and, therefore, are clearly identifiable to a particular function. Program revenues include (a) fees and charges paid by the recipients of goods or services offered by the program and (b) grants and contributions that are restricted to meet the operational or capital requirements of a particular program. Revenues, that are not classified as program revenues, including all taxes, are presented as general revenues.

Fund Financial Statements

During the year, the Health Unit segregates transactions related to certain functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The focus of the governmental fund financial statements is on major funds. The Health Unit's sole major fund is presented as a separate column in the fund financial statements.

The Health Unit reports the following major governmental fund:

General Fund: The general fund is the government's primary operating fund. It accounts for all financial resources of the general government, except those required to be accounted for in another fund.

Measurement Focus/Basis of Accounting

The government-wide 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 at the time liabilities are incurred, regardless of the timing of related cash flows. Non-exchange transactions, in which the Health Unit gives (or receives) value without directly receiving (or giving) equal value in exchange, include property taxes, grants, entitlements, and donations. On an accrual basis, revenue from property taxes is recognized in the fiscal year for which the taxes are levied. Revenues from grants, entitlements, and donations are recognized in the fiscal year in which all eligibility requirements have been satisfied.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Governmental fund financial statements are reported using a flow of current financial resources measurement focus and the modified accrual basis of accounting. Under this method, revenues are recognized when measurable and available. Revenues are considered to be available if they are collected within 60 days after year-end. All revenues are considered to be susceptible to accrual. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt, claims and judgments, and compensated absences, which are recognized as expenditures to the extent they have matured. General capital asset acquisitions are reported as expenditures in governmental funds.

Cash and Cash Equivalents

The Health Unit considers highly liquid investments with an original maturity of three months or less to be cash equivalents, except for certificates of deposit, which are considered cash equivalents regardless of their term since there is no loss of principal for early withdrawal.

Accounts Receivable

Accounts receivables consist of grants and reimbursements due from governmental social programs, property tax receivables, and consumer and miscellaneous receivables. Accounts receivable are carried at original invoice amount less an estimate made for doubtful receivables. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. A receivable is considered past due if any portion of the receivable is outstanding more than 30 days. Management considers all receivables collectible and there is no allowance as of December 31, 2018.

Inventories

Inventories in governmental funds consist of expendable supplies held for consumption. They are stated at cost determined on a first-in, first-out basis. They are recorded as an expense at the time individual inventory items are consumed rather than when purchased.

Capital Assets

General capital assets result from expenditures in the governmental funds. These assets are reported in the governmental activities column of the government-wide statement of net position but are not reported as assets in the fund financial statements. All capital assets are recorded at cost (or estimated historical cost). The assets are updated for additions and retirements during the Health Unit's fiscal year. The Health Unit's policy is to capitalize all property with a cost greater than \$2,000.

Donated fixed assets are recorded at their estimated acquisition values at the date received. The Health Unit does not have any infrastructure assets. Improvements that significantly extend the useful life of the asset are also capitalized.

The Health Unit's policy on land and construction in progress costs is that they are capitalized but not depreciated.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

All the remaining capital assets are depreciated over their estimated useful lives on a straight-line basis. The Health Unit has established the following useful lives:

Buildings and Improvements	10 to 50 years
Equipment and Furniture	5 to 20 years

Compensated Absences

The Health Unit reports compensated absences in accordance with GASB provisions. Vacation benefits are accrued as a liability as the benefits are earned if the employees' rights to receive compensation are attributable to services already rendered and it is probable that the Health Unit will compensate the employees for the benefits through paid time off or some other means. Sick leave benefits are accrued at a rate of 8 hours per month for each full-time employee. An employee who accepts a retirement allowance under NDCC Chapter 54-52 is entitled at the time of retirement to a lump sum payment equal to one-tenth (10%) of the pay attributed to the employees unused sick leave.

Grant Revenue Recognition

The governmental grants received by the Health Unit are recognized as revenue at the time eligible expenditures are incurred. The grants are accounted for as exchange transactions due to the government's solicitation of proposals, approval of allowable expenditures and eligibility requirements. Grant funds received prior to expenditure are recorded as refundable advances on the statement of net position. These funds are to be repaid to the grantor if they are not used on eligible expenditures.

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *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 resource (expense/expenditure) until then. The Health Unit has two items reported on the statement of net position as deferred outflows, one which represents the actuarial differences within the NDPERS pension plan, and another that represents the actuarial differences within the NDPERS OPEB liability. See notes 6 and 7 for further details.

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents 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 Health Unit has two items reported on the statement of net position as deferred inflows, one which represents actuarial differences within NDPERS pension plan, and another that represents the actuarial differences within the NDPERS OPEB liability. See notes 6 and 7 for further details. The Health Unit has one item reported as a deferred inflow on the governmental funds balance sheet, *delinquent property taxes*, which represents property taxes that are unavailable as of the balance sheet date. These amounts are deferred and recognized as an inflow of resources in the period that the amounts become available.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Pensions

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the North Dakota Public Employee Retirement System (NDPERS) and additions to/deductions from NDPERS' fiduciary net position have been determined on the same basis as they are reported by NDPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Other Post Employment Benefits (OPEB)

For purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expenses, information about the fiduciary net position of the North Dakota Public Employee Retirement System (NDPERS) and additions to/deductions from NDPERS' fiduciary net position have been determined on the same basis as they are reported by NDPERS. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Equity Classifications

Government-wide Financial Statements

Equity is classified as net position and displayed in three components:

- 1) Net investment in capital assets - Consists of capital assets including restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvements of those assets.
- 2) Restricted net position - Consists of net position with constraints placed on the use either by a) external groups such as creditors, grantors, contributors, or laws and regulations of other governments; or b) law through constitutional provisions or enabling legislation.
- 3) Unrestricted net position - All other net position that do not meet the definition of net investment in capital assets or restricted.

It is the Health Unit's policy to first use restricted net position prior to the use of unrestricted net position when an expense is incurred for purposes for which both restricted and unrestricted net position are available.

Fund Financial Statements

In the fund financial statements, governmental funds report fund balance in classifications that disclose constraints for which amounts in those funds can be spent. These classifications are as follows:

Nonspendable - consists of amounts that are not in spendable form, such as inventory and prepaid items.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
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The spendable portion of the fund balance comprises the remaining four classifications: restricted, committed, assigned and unassigned.

Restricted - consists of amounts related to externally imposed constraints established by creditors, grantors, or contributors; or constraints imposed by state statutory provisions.

Committed - consists of internally imposed constraints. These constraints are established by Resolution of the District Board of Health.

Assigned - consists of internally imposed constraints. These constraints reflect the specific purpose for which it is the Health Unit's intended use. These constraints are established by the District Board of Health.

Unassigned - is the residual classification for the general fund and also reflects negative residual amounts in other funds.

When committed, assigned, or unassigned resources are available for use, it is the Health Unit's policy to use resources in the following order: 1) committed, 2) assigned and 3) unassigned.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

Implementation of New Accounting Principle

The Health Unit implemented GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits other than Pensions* during the year ended December 31, 2018. GASB Statement No. 75 addresses accounting and financial reporting for OPEB that is provided to state and local government employers. This statement established standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expense related to OPEB. In addition, for defined benefit plans, this statement identifies the methods and assumptions that should be used to project benefit payments, discounted projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service.

NOTE 2 DEPOSITS

In accordance with North Dakota statutes, the Health Unit maintains deposits at depository banks designated by the governing board. All depositories are members of the Federal Reserve System.

Deposits must either be deposited with the Bank of North Dakota or in other financial institutions situated and doing business within the state. Deposits other than with the Bank of North Dakota must be fully insured or bonded. In lieu of a bond, a financial institution may provide a pledge of securities equal to 110% of the deposits not covered by insurance or bonds.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Credit Risk:

The Health Unit may invest idle funds as authorized in North Dakota statutes, as follows:

- (a) Bonds, treasury bills and notes, or other securities that are a direct obligation insured or guaranteed by, the treasury of the United States, or its agencies, instrumentalities, or organizations created by an act of Congress
- (b) Securities sold under agreement to repurchase written by a financial institution in which the underlying securities for the agreement to repurchase are the type above
- (c) Certificates of deposits fully insured by the federal deposit insurance corporation
- (d) Obligations of the state
- (e) Commercial paper issued by a United States corporation rated in the highest quality category by at least two nationally recognized rating agencies and matures in two hundred seventy days or less

As of December 31, 2018, the Health Unit had no investments.

Custodial Credit Risk

This is the risk that, in the event a financial institution fails, a government is unable to recover the value of its deposits, investments, or collateralized securities in the possession of the institution.

The Health Unit maintains cash on deposit at a financial institution. The amount on deposit was insured by the FDIC up to \$250,000. At December 31, 2018, none of the Health Unit's deposits were exposed to custodial credit risk, as all deposits were covered by FDIC coverage and pledged collateral through local financial institutions. \$2,870,950 of the Health Unit's deposits are covered by pledged securities held in the Health Unit's name. These pledged securities exceed 110% of the uninsured balance.

Concentration of Credit Risk:

The Health Unit does not have a limit on the amount the Health Unit may invest in any one issuer. The Health Unit has no formal investment policy.

NOTE 3 INVENTORIES

Inventories at December 31, 2018, consist of the following:

Medical and contraceptive supplies	\$ 359,050
Office supplies	14,250
Medical lab supplies	55,564
	<u>\$ 428,864</u>

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

NOTE 4 CAPITAL ASSETS

Capital asset activity for the fiscal year ended December 31, 2018 was as follows:

	Balance 1/1/18	Additions	Deductions	Balance 12/31/18
Governmental Activities:				
Capital assets not being depreciated:				
Land	\$ 9,418	\$ -	\$ -	\$ 9,418
Total capital assets not being depreciated	9,418	-	-	9,418
Capital assets being depreciated:				
Buildings and improvements	2,270,246	-	-	2,270,246
Equipment and furniture	325,929	17,413	-	343,342
Total capital assets at historical cost	2,596,175	17,413	-	2,613,588
Less accumulated depreciation:				
Buildings and improvements	826,108	56,689	-	882,797
Equipment and furniture	179,337	24,723	-	204,060
Total accumulated depreciation	1,005,445	81,412	-	1,086,857
Total capital assets being depreciated, net	1,590,730	(63,999)	-	1,526,731
Net capital assets	<u>\$ 1,600,148</u>	<u>\$ (63,999)</u>	<u>\$ -</u>	<u>\$ 1,536,149</u>

In the governmental activities section of the statement of activities, depreciation was charged to expense in the following governmental functions:

Unallocable	<u>\$ 81,412</u>
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NOTE 5 LONG TERM LIABILITIES

During the year ended December 31, 2018, the following changes occurred in liabilities reported as long-term in the Statement of Net Position:

	Compensated Absences	Net Pension Liability	Net OPEB Liability
Balance January 1, 2018 (Restated)	\$ 169,591	\$ 3,612,776	\$ 167,770
Additions	171,832	1,263,734	45,505
Reductions	(177,164)	(1,065,754)	(46,308)
Balance December 31, 2018	<u>\$ 164,259</u>	<u>\$ 3,810,756</u>	<u>\$ 166,967</u>

See note 6 for more information on the net pension liability and note 7 for more information on the net OPEB liability.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

NOTE 6 PENSION PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM (MAIN SYSTEM)

The following brief description of NDPERS is provided for general information purposes only. Participants should refer to NDCC Chapter 54-52 for more complete information.

NDPERS is a cost-sharing, multiple-employer defined benefit plan that covers substantially all employees of the state of North Dakota, its agencies and various participating political subdivisions. NDPERS provides for pension, death and disability benefits. The cost to administer the plan is financed through contributions and investment earnings of the plan.

Responsibility for administration of the NDPERS defined benefit pension plan is assigned to a Board comprised of nine members. The Board consists of a Chairman, who is appointed by the Governor; one member appointed by the Attorney General; one member appointed by the State Health Officer; three members elected by the active membership of the NDPERS system, one member elected by the retired public employees and two members of the legislative assembly appointed by the chairman of the legislative management.

Pension Benefits

Benefits are set by statute. NDPERS has no provision or policies with respect to automatic and ad hoc post-retirement benefit increases. Members of the Main System are entitled to unreduced monthly pension benefits beginning when the sum of age and years of credited service equals or exceeds 85 (Rule of 85), or at normal retirement age (65). For members hired on or after January 1, 2016 the Rule of 85 will be replaced with the Rule of 90 with a minimum age of 60. The monthly pension benefit is equal to 2.00% of their average monthly salary, using the highest 36 months out of the last 180 months of service, for each year of service. The plan permits early retirement at ages 55-64 with three or more years of service.

Members may elect to receive the pension benefits in the form of a single life, joint and survivor, term-certain annuity, or partial lump sum with ongoing annuity. Members may elect to receive the value of their accumulated contributions, plus interest, as a lump sum distribution upon retirement or termination, or they may elect to receive their benefits in the form of an annuity. For each member electing an annuity, total payment will not be less than the members' accumulated contributions plus interest.

Death and Disability Benefits

Death and disability benefits are set by statute. If an active member dies with less than three years of service for the Main System, a death benefit equal to the value of the member's accumulated contributions, plus interest, is paid to the member's beneficiary. If the member has earned more than three years of credited service for the Main System, the surviving spouse will be entitled to a single payment refund, life-time monthly payments in an amount equal to 50% of the member's accrued normal retirement benefit, or monthly payments in an amount equal to the member's accrued 100% Joint and Survivor retirement benefit if the member had reached normal retirement age prior to date of death. If the surviving spouse dies before the member's accumulated pension benefits are paid, the balance will be payable to the surviving spouse's designated beneficiary.

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NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
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Eligible members who become totally disabled after a minimum of 180 days of service, receive monthly disability benefits equal to 25% of their final average salary with a minimum benefit of \$100. To qualify under this section, the member has to become disabled during the period of eligible employment and apply for benefits within one year of termination. The definition of disabled is set by NDPERS in the North Dakota Administrative Code.

Refunds of Member Account Balance

Upon termination, if a member of the Main System is not vested (is not 65 or does not have three years of service), they will receive the accumulated member contributions and vested employer contributions, plus interest, or may elect to receive this amount at a later date. If the member has vested, they have the option of applying for a refund or can remain as a terminated vested participant. If a member terminated and withdrew their accumulated member contribution and is subsequently reemployed, they have the option of repurchasing their previous service.

Member and Employer Contributions

Member and employer contributions paid to NDPERS are set by statute and are established as a percent of covered compensation. Member contribution rates are 7% and employer contribution rates are 7.12% of covered compensation.

The member's account balance includes the vested employer contributions equal to the member's contributions to an eligible deferred compensation plan. The minimum member contribution is \$25 and the maximum may not exceed the following:

- 1 to 12 months of service – Greater of one percent of monthly salary or \$25
- 13 to 24 months of service – Greater of two percent of monthly salary or \$25
- 25 to 36 months of service – Greater of three percent of monthly salary or \$25
- Longer than 36 months of service – Greater of four percent of monthly salary or \$25

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At December 31, 2018, the Health Unit reported a liability of \$3,810,756 for its proportionate share of the net pension liability. The 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. The Health Unit's share of covered payroll in the Main System pension plan relative to the covered payroll of all participating Main System employers. At June 30, 2018, the Health Unit's proportion was 0.225808 percent, which was an increase of 0.001039 percent from its proportion measured at June 30, 2017.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

For the year ended December 31, 2018, the Health Unit recognized pension expense of \$628,920. At December 31, 2018, the Health Unit reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ 10,087	\$ (129,649)
Changes of assumptions	1,375,604	(54,391)
Net difference between projected and actual earnings on pension plan investments	-	(18,540)
Changes in proportion and differences between employer contributions and proportionate share	57,629	(38,182)
Employer contributions subsequent to the measurement date	<u>165,531</u>	<u>-</u>
Total	<u>\$ 1,608,851</u>	<u>\$ (240,762)</u>

There is \$165,531 reported as deferred outflows of resources related to pensions resulting from the Health Unit's contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ended December 31, 2019.

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Year ended December 31:

2019	\$ 392,474
2020	342,024
2021	297,532
2022	161,325
2023	9,203

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Actuarial Assumptions

The total pension liability in the July 1, 2018 actuarial valuation was determined using the following assumptions, applied to all periods included in the measurement:

Inflation	2.50%		
Salary increases	Service At Beginning of Year	State Employee	Non-State Employee
	0	12.00%	15.00%
	1	9.50%	10.00%
	2	7.25%	8.00%
	Age		
	Under 30	7.25%	10.00%
	30-39	6.50%	7.50%
	40-49	6.25%	6.75%
	50-59	5.75%	6.50%
	60+	5.00%	5.25%

*Age-based salary increase rates apply for employees with three or more years of service

Investment rate of return 7.75%, net of investment expenses
 Cost-of-living adjustments None

For active members, inactive members and healthy retirees, mortality rates were based on the RP-2000 Combined Healthy Mortality Table set back two years for males and three years for females, projected generationally using the SSA 2014 Intermediate Cost scale from 2014. For disabled retirees, mortality rates were based on the RP-2000 Disabled Mortality Table set back one year for males (no setback for females) multiplied by 125%.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class included in the Fund's target asset allocation are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Domestic Equity	30%	6.05%
International Equity	21%	6.71%
Private Equity	7%	10.20%
Domestic Fixed Income	23%	1.45%
Global Real Assets	19%	5.11%
Cash Equivalents	0%	0.00%

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Discount rate

For PERS, GASB Statement No. 67 includes a specific requirement for the discount rate that is used for the purpose of the measurement of the Total Pension Liability. This rate considers the ability of the System to meet benefit obligations in the future. To make this determination, employer contributions, employee contributions, benefit payments, expenses and investment returns are projected into the future. The current employer and employee fixed rate contributions are assumed to be made in each future year. The Plan Net Position (assets) in future years can then be determined and compared to its obligation to make benefit payments in those years. In years where assets are not projected to be sufficient to meet benefit payments, which is the case for the PERS plan, the use of a municipal bond rate is required.

The Single Discount Rate (SDR) is equivalent to applying these two rates to the benefits that are projected to be paid during the different time periods. The SDR reflects (1) the long-term expected rate of return on pension plan investments (during the period in which the fiduciary net position is projected to be sufficient to pay benefits) and (2) a tax-exempt municipal bond rate based on an index of 20-year general obligation bonds with an average AA credit rating as of the measurement date (to the extent that the contributions for use with the long-term expected rate of return are not met).

For the purpose of this valuation, the expected rate of return on pension plan investments is 7.75%; the municipal bond rate is 3.62%; and the resulting Single Discount Rate is 6.32%.

Sensitivity of the Employer's proportionate share of the net pension liability to changes in the discount rate.

The following presents the Employer's proportionate share of the net pension liability calculated using the discount rate of 6.32 percent, as well as what the Employer's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.32 percent) or 1-percentage-point higher (7.32 percent) than the current rate:

	1% Decrease 5.32%	Current Discount Rate 6.32%	1% Increase 7.32%
Employer's proportionate share of the net pension liability	<u>\$ 5,178,109</u>	<u>\$ 3,810,756</u>	<u>\$ 2,669,744</u>

Pension plan fiduciary net position

Detailed information about the pension plan's fiduciary net position is available in the separately issued NDPERS financial report. Requests to obtain or review this report should be addressed to the Executive Director – NDPERS, P.O. Box 1657, Bismarck, North Dakota 58502-1657.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

NOTE 7 OTHER POST EMPLOYMENT BENEFITS

The following brief description of NDPERS is provided for general information purposes only. Participants should refer to NDAC Chapter 71-06 for more complete information.

NDPERS OPEB plan is a cost-sharing multiple-employer defined benefit OPEB plan that covers members receiving retirement benefits from the PERS, the HPRS, and Judges retired under Chapter 27-17 of the North Dakota Century Code a credit toward their monthly health insurance premium under the state health plan based upon the member's years of credited service. Effective July 1, 2015, the credit is also available to apply towards monthly premiums under the state dental, vision and long-term care plan and any other health insurance plan. The Retiree Health Insurance Credit Fund is advance-funded on an actuarially determined basis.

Responsibility for administration of the NDPERS defined benefit OPEB plan is assigned to a Board comprised of nine members. The Board consists of a Chairman, who is appointed by the Governor; one member appointed by the Attorney General; one member appointed by the State Health Officer; three members elected by the active membership of the NDPERS system, one member elected by the retired public employees and two members of the legislative assembly appointed by the chairman of the legislative management.

OPEB Benefits

The employer contribution for the PERS, the HPRS and the Defined Contribution Plan is set by statute at 1.14% of covered compensation. The employer contribution for employees of the state board of career and technical education is 2.99% of covered compensation for a period of eight years ending October 1, 2015. Employees participating in the retirement plan as part-time/temporary members are required to contribute 1.14% of their covered compensation to the Retiree Health Insurance Credit Fund. Employees purchasing previous service credit are also required to make an employee contribution to the Fund. The benefit amount applied each year is shown as "*prefunded credit applied*" on the Statement of Changes in Plan Net Position for the OPEB trust funds.

Retiree health insurance credit benefits and death and disability benefits are set by statute. There are no provisions or policies with respect to automatic and ad hoc post-retirement benefit increases. Employees who are receiving monthly retirement benefits from the PERS, the HPRS, the Defined Contribution Plan, the Chapter 27-17 judges or an employee receiving disability benefits, or the spouse of a deceased annuitant receiving a surviving spouse benefit or if the member selected a joint and survivor option are eligible to receive a credit toward their monthly health insurance premium under the state health plan.

Effective July 1, 2015, the credit is also available to apply towards monthly premiums under the state dental, vision and long-term care plan and any other health insurance plan. The benefits are equal to \$5.00 for each of the employee's, or deceased employee's years of credited service not to exceed the premium in effect for selected coverage. The retiree health insurance credit is also available for early retirement with reduced benefits.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

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

At December 31, 2018, the Health Unit reported a liability of \$166,967 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2018, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of that date. The Health Unit's proportion of the net OPEB liability was based on the Health Unit's share of covered payroll in the OPEB plan relative to the covered payroll of all participating OPEB employers. At June 30, 2018 the Health Unit's proportion was 0.212003 percent.

For the year ended December 31, 2018, the Health Unit recognized OPEB expense of \$20,095. At December 31, 2018, the Health Unit 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
Differences between expected and actual experience	\$ 4,999	\$ (3,450)
Changes of assumptions	13,700	-
Net difference between projected and actual earnings on OPEB plan investments	-	(3,592)
Changes in proportion and differences between employer contributions and proportionate share of contributions	-	(3,292)
Employer contributions subsequent to the measurement date	13,364	-
Total	<u>\$ 32,063</u>	<u>\$ (10,334)</u>

There is \$13,364 reported as deferred outflows of resources related to OPEB resulting from the Health Unit's contributions subsequent to the measurement date will be recognized as a reduction of the net OPEB liability in the year ended December 31, 2019.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEBs will be recognized in OPEB expense as follows:

Year ended December 31:		
2019	\$	861
2020		861
2021		861
2022		2,446
2023		2,155
Thereafter		1,181

Actuarial assumptions.

The total OPEB liability in the July 1, 2018 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.50%
Salary increases	Not applicable
Investment rate of return	7.50%, net of investment expenses
Cost-of-living adjustments	None

For active members, inactive members and healthy retirees, mortality rates were based on the RP-2000 Combined Healthy Mortality Table set back two years for males and three years for females, projected generationally using the SSA 2014 Intermediate Cost scale from 2014. For disabled retirees, mortality rates were based on the RP-2000 Disabled Mortality Table set back one year for males (no setback for females) multiplied by 125%.

The long-term expected investment rate of return assumption for the RHIC fund was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of RHIC investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Estimates of arithmetic real rates of return, for each major asset class included in the RHIC's target asset allocation as of July 1, 2018 are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Large Cap Domestic Equities	37%	7.15%
Small Cap Domestic Equities	9%	14.42%
International Equities	14%	8.83%
Core-Plus Fixed Income	40%	0.10%

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

Discount rate.

The discount rate used to measure the total OPEB liability was 7.5%. The projection of cash flows used to determine the discount rate assumed plan member and statutory/Board approved employer contributions will be made at rates equal to those based on the July 1, 2018, and July 1, 2017, HPRS actuarial valuation reports. For this purpose, only employer contributions that are intended to fund benefits of current RHIC members and their beneficiaries are included. Projected employer contributions that are intended to fund the service costs of future plan members and their beneficiaries are not included. Based on those assumptions, the RHIC fiduciary net position was projected to be sufficient to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on RHIC investments was applied to all periods of projected benefit payments to determine the total OPEB liability.

Sensitivity of the Employer's proportionate share of the net OPEB liability to changes in the discount rate.

The following presents the net OPEB liability of the Plans as of June 30, 2018, calculated using the discount rate of 7.50%, as well as what the RHIC net OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.5 percent) or 1-percentage-point higher (8.5 percent) than the current rate:

	1% Decrease 6.50%	Current Discount Rate 7.50%	1% Increase 8.50%
Employer's proportionate share of the net OPEB liability	\$ 211,253	\$ 166,967	\$ 129,002

OPEB plan fiduciary net position

Detailed information about the OPEB plan's fiduciary net position is available in the separately issued NDPERS financial report. Requests to obtain or review this report should be addressed to the Executive Director – NDPERS, P.O. Box 1657, Bismarck, North Dakota 58502-1657.

NOTE 8 RISK MANAGEMENT

First District Health Unit is exposed to various risks of loss relating to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters.

In 1986 state agencies and political subdivisions of the state of North Dakota joined together to form the North Dakota Insurance Reserve Fund (NDIRF), a public entity risk pool currently operating as a common risk management and insurance program for the state and over 2,000 political subdivisions. The First District Health Unit pays an annual premium to NDIRF for its general liability coverage. The coverage by NDIRF is limited to losses of two million dollars per occurrence. In the past three years, no settled claims have exceeded insurance coverage.

The State Bonding Fund currently provides the Health Unit with blanket fidelity bond coverage in the amount of \$1,981,000 for its employees. The State Bonding Fund does not currently charge any premium for this coverage. First District Health Unit participates in the North Dakota Workforce Safety and Insurance and purchases commercial insurance for employee health and accident insurance.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

NOTE 9 CONTINGENCIES

The Health Unit received financial assistance from federal and state agencies in the form of grants. The expenditure of funds received under these programs generally requires compliance with items and conditions specified in the grant agreements and are subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability of the general fund or other applicable funds. The Health Unit's management believes it has complied with all applicable grant provisions. In the opinion of management, any possible disallowed claim would not have a material adverse effect on the overall financial position of the Health Unit as of December 31, 2018.

NOTE 10 FUTURE PRONOUNCEMENTS

GASB Statement No. 83, *Certain Asset Retirement Obligations*, addresses accounting and financial reporting for certain asset retirement obligations (AROs). This Statement establishes criteria for determining the timing and pattern of recognition of a liability and corresponding deferred outflow of resources for AROs. It also establishes disclosure of information about the nature of a government's AROs, the methods and assumptions used for the estimates of the liabilities, and the estimated remaining useful life of the associated tangible capital assets. The requirements of this Statement are effective for reporting periods beginning after June 15, 2018. Earlier application is encouraged.

GASB Statement No. 84, *Fiduciary Activities*, provides guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. This Statement establishes criteria for identifying fiduciary activities of all state and local governments. The focus of the criteria generally is on (1) whether a government is controlling the assets of the fiduciary activity and (2) the beneficiaries with whom a fiduciary relationship exists. Separate criteria are included to identify fiduciary component units and postemployment benefit arrangements that are fiduciary activities. The requirements of this Statement are effective for reporting periods beginning after December 15, 2018. Earlier application is encouraged.

GASB Statement No. 87, *Leases*, establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. This Statement requires recognition of certain lease assets and liabilities for leases that were previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. This Statement is effective for reporting periods beginning after December 15, 2019. Earlier application is encouraged.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

GASB Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*, improve the information that is disclosed in notes to government financial statements related to debt, including direct borrowings and direct placements. It also clarifies which liabilities governments should include when disclosing information related to debt. This Statement requires that additional essential information related to debt be disclosed in notes to financial statements, including unused lines of credit; assets pledged as collateral for the debt; and terms specified in debt agreements related to significant events of default with finance-related consequences, significant termination events with finance-related consequences, and significant subjective acceleration clauses. This Statement is effective for reporting periods beginning after June 15, 2018. Earlier application is encouraged.

GASB Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*, establishes accounting requirements for interest cost incurred before the end of a construction period. This Statement requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost is incurred for financial statements prepared using the economic resources measurement focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019. Earlier application is encouraged.

GASB Statement No. 90, *Majority Equity Interests*, provides guidance for reporting when a government has majority equity interest in legally separate organizations. An equity interest is explicit and measureable if the government has a present or future claim to the net resources of the entity and the method for measuring the government's share of the entity's net resources is determinable. If government's holding of that equity interest meets the definition of an investment, as defined by GASB No. 72, the equity interest should be reported as an investment and measured using the equity method and not as a component unit of the government. If a government's holding of a majority interest in a legally separate organization does not meet the definition of an investment, the holding of the majority equity interest results in the government being financially accountable for the organization and therefore, the government should report the legally separate organization as a component unit. The requirements of this Statement are effective for reporting periods beginning after December 15, 2018. Earlier application is encouraged.

Management has not yet determined what effect these statements will have on the entity's financial statements.

NOTE 11 PRIOR PERIOD ADJUSTMENT

The Health Unit has recorded a prior period adjustment to its December 31, 2017 government wide financial statements due to the implementation of GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits other than Pensions*, which required a prior period adjustment to net OPEB liability and related deferred outflows as of January 1, 2018. The cumulative effect of implementing this GASB statement was an increase in net OPEB liability of \$167,770, an increase of deferred outflows – OPEB of \$29,126, and an increase of deferred inflows – OPEB of \$11,247, on the Statement of Net Position. The adjustments resulted in a decrease of \$149,891 in net position.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2018

NOTE 12 SUBSEQUENT EVENTS

In April 2019, the Health Unit purchased a building for a purchase price of \$325,365.

No other significant events occurred subsequent to the Health Unit's year end. Subsequent events were evaluated through June 18, 2019, which is the date these financial statements were available to be issued.

FIRST DISTRICT HEALTH UNIT
REQUIRED SUPPLEMENTARY INFORMATION
BUDGETARY COMPARISON SCHEDULE – GENERAL FUND
FOR THE YEAR ENDED DECEMBER 31, 2018

	Original and Final Budget	Actual	Variance Final to Actual
Revenues:			
County mill levy allocation	\$ 1,313,101	\$ 1,284,100	\$ (29,001)
City assessment	345,000	345,000	-
Federal grants	818,060	898,562	80,502
State grants	-	8,090	8,090
State aid	673,568	653,212	(20,356)
Medicare/Medicaid	308,000	311,554	3,554
Other non-governmental grants	10,000	22,000	12,000
Consumer fees	1,200,000	1,582,296	382,296
Donations	8,000	3,305	(4,695)
Contract for services	250,000	496,783	246,783
Other revenue	3,000	8,953	5,953
Total revenues	4,928,729	5,613,855	685,126
Expenditures:			
Current:			
Salaries	2,326,506	2,386,728	(60,222)
Payroll taxes and other	182,314	183,912	(1,598)
Retirement	355,025	361,138	(6,113)
Travel	70,000	71,858	(1,858)
Clinic supplies	673,000	1,049,347	(376,347)
Contract personnel	209,425	218,290	(8,865)
Laboratory expense	10,000	12,765	(2,765)
Professional development	30,000	68,420	(38,420)
Health promotion	45,000	69,642	(24,642)
Premises and liability insurance	13,000	13,214	(214)
Group insurance	726,000	721,993	4,007
Office expense	10,000	25,796	(15,796)
Postage	15,000	19,557	(4,557)
Dues and subscriptions	4,000	8,187	(4,187)
Utilities	35,000	39,041	(4,041)
Telephone	45,000	36,374	8,626
Health Alert Network	25,000	24,097	903
Maintenance, repairs, janitorial	33,000	52,514	(19,514)
Equipment space and usage	9,000	9,900	(900)
Contract services	25,000	31,536	(6,536)
Data processing	58,000	65,037	(7,037)
Professional audit fees	20,000	20,450	(450)
Board of health fees	5,000	3,854	1,146
Other expenses	5,000	47,769	(42,769)
Capital outlays	-	17,413	(17,413)
Total expenditures	4,929,270	5,558,832	(629,562)
Net change in fund balances	(541)	55,023	55,564
Fund balance - beginning of year	3,626,650	3,626,650	-
Fund balance - end of year	\$ 3,626,109	\$ 3,681,673	\$ 55,564

See Notes to Required Supplementary Information

FIRST DISTRICT HEALTH UNIT
REQUIRED SUPPLEMENTARY INFORMATION
SCHEDULE OF EMPLOYER'S SHARE OF NET PENSION LIABILITY
LAST 10 FISCAL YEARS*

	Employer's proportion of the net pension liability (asset)	Employer's proportionate share of the net pension liability (asset)	Employer's covered- employee payroll	Employer's proportionate share of the net pension liability (asset) as a percentage of its covered-employee payroll	Plan fiduciary net position as a percentage of the total pension liability
2018	0.225808%	\$3,810,756	\$2,319,767	164.27%	62.80%
2017	0.224769%	3,612,776	2,294,541	157.45%	61.98%
2016	0.217040%	2,115,247	2,187,235	96.71%	70.46%
2015	0.212330%	1,443,808	1,891,601	76.33%	77.15%

* The Health Unit implemented GASB Statements No. 68 and 71 for its fiscal year ending December 31, 2015. Information for the prior years is not available.

See Notes to Required Supplementary Information

FIRST DISTRICT HEALTH UNIT
REQUIRED SUPPLEMENTARY INFORMATION
SCHEDULE OF EMPLOYER'S SHARE OF NET OPEB LIABILITY
LAST 10 FISCAL YEARS*

	Employer's proportion of the net OPEB liability (asset)	Employer's proportionate share of the net OPEB liability (asset)	Employer's covered- employee payroll	Employer's proportionate share of the net OPEB liability (asset) as a percentage of its covered- employee payroll	Plan fiduciary net position as a percentage of the total OPEB liability
2018	0.212003%	\$ 166,967	\$ 2,319,767	7.20%	61.89%

* The Health Unit implemented GASB Statement No. 75 for its fiscal year ending December 31, 2018. Information for prior periods is not available.

See Notes to Required Supplementary Information

FIRST DISTRICT HEALTH UNIT
REQUIRED SUPPLEMENTARY INFORMATION
SCHEDULE OF EMPLOYER CONTRIBUTIONS - PENSION
LAST 10 FISCAL YEARS*

	Statutorily required contribution	Contributions in relation to the statutorily required contribution	Contribution deficiency (excess)	Employer's covered- employee payroll	Contributions as a percentage of covered- employee payroll
2018	\$ 169,173	\$ (169,173)	\$ -	\$2,376,028	7.12%
2017	163,130	(163,130)	-	2,291,146	7.12%
2016	159,785	(159,785)	-	2,244,176	7.12%
2015	154,970	(154,970)	-	2,176,542	7.12%

* The Health Unit implemented GASB Statements No. 68 and 71 for its fiscal year ending December 31, 2015. Information for the prior years is not available.

See Notes to Required Supplementary Information

FIRST DISTRICT HEALTH UNIT
REQUIRED SUPPLEMENTARY INFORMATION
SCHEDULE OF EMPLOYER CONTRIBUTIONS - OPEB
LAST 10 FISCAL YEARS*

	Statutorily required contribution	Contributions in relation to the statutorily required contribution	Contribution deficiency (excess)	Employer's covered- employee payroll	Contributions as a percentage of covered-employee payroll
2018	\$ 27,087	\$ (27,087)	\$ -	\$ 2,376,028	1.14%

* The Health Unit implemented GASB Statement No. 75 for its fiscal year ending December 31, 2018. Information for prior periods is not available.

See Notes to Required Supplementary Information

FIRST DISTRICT HEALTH UNIT
NOTES TO THE REQUIRED SUPPLEMENTARY INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2018

NOTE 1 BUDGET INFORMATION

Budgets and Budgetary Accounting

The Health Unit's board follows the procedures established by North Dakota law for the budgetary process. The operating budget includes proposed expenditures and the means of financing them for the upcoming year, along with estimates for the current year and actual data for the preceding year. Formal budgetary integration is employed as a management control device during the year. The governing board reviews the preliminary budget at the hearing, and may make revisions that do not increase the total budget and prepares the final budget. The governing board adopts an ordinance approving the tax levy requested in the final budget. The final budget must be filed with the county auditor by October 10.

The budget may be amended during the year for any revenues and appropriations not anticipated at the time the budget was prepared, except no amendment changing the taxes levied can be made after October 10. The budget was not amended in fiscal year 2018.

Except as provided by North Dakota Century Code, the balance of each appropriation becomes a part of the unappropriated fund balance at year-end.

The Health Unit prepares its budget and reports its governmental funds on the same basis of accounting.

Legal Compliance

On or before the first of May of each year, First District Health Unit submits requests for appropriation to each county auditor so that a budget may be prepared. It includes information on the past year, current year estimates and requested appropriations for the next year.

The budget meeting is set at the May District Board of Health meeting and the proposed budget is presented to the District Board of Health for review. The proposed budget is then presented to the Joint Boards of County Commissioners for approval. The County Commissioners hold public hearings and may add to, subtract from or change appropriations, but may not change the form of the budget.

The Health Unit's general fund had expenditures that exceeded budget appropriations by \$629,562 for the year ended December 31, 2018.

No remedial action is anticipated or required by the Health Unit regarding these excess expenditures.

NOTE 2 CHANGE OF ASSUMPTIONS

NDPERS Pension Plan

Amounts reported in 2018 reflect actuarial assumption changes effective July 1, 2018 based on the results of an actuarial experience study completed in 2015. This includes changes to the mortality tables, disability incidence rates, retirement rates, administrative expenses, salary scale, and percent married assumption.

FIRST DISTRICT HEALTH UNIT
NOTES TO THE REQUIRED SUPPLEMENTARY INFORMATION – CONTINUED
FOR THE YEAR ENDED DECEMBER 31, 2018

NDPERS OPEB

Amounts reported in 2018 reflect actuarial assumption changes effective July 1, 2018 based on the results of an actuarial experience study completed in 2015. This includes changes to the mortality tables, disability incidence rates, retirement rates, administrative expenses, salary scale, and percent married assumption.

FIRST DISTRICT HEALTH UNIT
SCHEDULE OF SALARIES AND WAGES
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>Title</u>	<u>Amount</u>
ADMINISTRATION		
Lisa Clute	Executive Officer	\$ 88,536
Lois Mackey	Business Manager	65,436
Lori Brierley	Director of Communications	66,112
Holly Brekhus	Executive Assistant	55,953
		<u>276,037</u>
ADMINISTRATIVE SUPPORT DIVISION		
Linda Hoff	Billing Specialist	26,821
Dawn Benzmilller	Administrative Assistant	37,740
Yvonne Drader	Administrative Assistant	38,240
Becky Fred	Administrative Assistant	37,041
Barbara Wolf	Administrative Assistant	31,848
Melissa Gilseth	Administrative Assistant	29,974
Linda Liebelt	Administrative Assistant	29,964
Victoria Jones	Administrative Assistant	31,860
Brandy Lee	Communications Assistant	31,896
Ginny Boyle-Clark	Administrative Assistant	12,724
		<u>308,108</u>
NURSING DIVISION		
Roxanne Vendsel	Director of Nursing	66,996
Karla Fannik	City Public Health Nurse	61,668
Danell Eklund	County Nurse Coordinator	62,940
Susan Brandvold	Bottineau County Public Health Nurse	59,568
Paula Kummer	City Public Health Nurse	54,199
Nancy Bryn	McHenry County Public Health Nurse	51,972
Lacey McNichols	City Public Health Nurse	49,639
Pam Fischer	McLean County Public Health Nurse	47,576
Beth Weidler	City Public Health Nurse	43,206
Amy Heer	McLean County Public Health Nurse	41,177
Tami Aberle	Renville County Public Health Nurse	41,790
Melissa Burud	Kenmare Area Public Health Nurse	41,883
Stacey Schoemer	Burke County Public Health Nurse	39,078
Ami Yale	City Public Health Nurse	33,747
Kristi Jensen	Sheridan County Public Health Nurse	36,586
Melissa Meigs	City Public Health Nurse	45,478
Elizabeth Kosel-Tilton	City Public Health Nurse	38,628
Kerry Raghib	Mid Level Practitioner	69,253
		<u>885,384</u>

FIRST DISTRICT HEALTH UNIT
SCHEDULE OF SALARIES AND WAGES - CONTINUED
FOR THE YEAR ENDED DECEMBER 31, 2018

	<u>Title</u>	<u>Amount</u>
EMERGENCY RESPONSE DIVISION		
Jose Estrada	Emergency Response Coordinator	\$ 61,667
MAINTENANCE		
Terry Sebo	Building & Grounds Supervisor	26,677
HEALTH PROMOTION		
Renae Byre	Director of Health Promotion	53,805
Bonnie Riely	Tobacco Cessation Coordinator	41,696
Mary Hanretty	Outreach Prevention Coordinator	41,088
Kira Lampton	Outreach Prevention Coordinator	38,136
		<u>174,725</u>
ENVIRONMENTAL HEALTH DIVISION		
Jim Heckman	Director of Environmental Health	72,624
Jayne Calavera	Environmental Health Practitioner	55,200
Jacob Windsor	Environmental Health Practitioner	55,200
Elisabeth Westman	Environmental Health Practitioner	53,772
Carolyn Linster	Environmental Health Practitioner	33,606
Jo Gourneau	Environmental Health Practitioner	32,180
Larry Knight	Environmental Health Practitioner	39,535
		<u>342,117</u>
NUTRITION DIVISION		
Jim Snyder	Director of Nutrition	75,012
Loa Orvik	High Risk Dietician	57,564
Diane Thorne	WIC Nutritionist - Minot	48,939
Katie Huettl	WIC Nutritionist - Minot	43,524
Jacqueline Cenis	WIC Nutritionist - MAFB	42,576
Bobbi Dickinson	Injury Prevention	33,698
Shelly Wilmot	WIC Nutritionist - Bottineau	10,700
		<u>312,013</u>
Total Wages		<u>\$2,386,728</u>

FIRST DISTRICT HEALTH UNIT
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2018

<u>U.S. Department of Agriculture</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Grant Number</u>	<u>Expenditures</u>
Passed through the ND Department of Health: Special Supplemental Nutrition Program for Women, Infant and Children	10.557	HLH3158/HLH3159	\$ 421,795
<u>U.S. Environmental Protection Agency</u>			
Passed through the ND Department of Health: Performance Partnership Grants	66.605	HLH0991	3,200
<u>U.S. Department of Health and Human Services</u>			
Food and Drug Administration Research	93.103 *		70,251
Passed through National Association of County and City Health Officials: Food and Drug Administration Research	93.103 *	2017-120804	9,727
Passed through the ND Department of Health: Public Health Emergency Preparedness Project Grants and Cooperative Agreements for Tuberculosis Control Programs Family Planning Services Immunization Cooperative Agreements HIV Care Formula Grants HIV Prevention Activities, Health Department Based	93.069 93.116 93.217 93.268 93.917 93.940	HLH3278/HLH3279 HLH3398 HLH3118/HLH3119 HLH3318 HLH3438/HLH3439 HLH3377/HLH3378/HLH3379	218,941 2,625 75,225 39,423 43,200 14,175
Total U.S. Department of Health and Human Services			473,567
Total Federal Expenditures			\$ 898,562

* Total for CFDA 93.103 = \$79,978

See Notes to the Schedule of Expenditures of Federal Awards

FIRST DISTRICT HEALTH UNIT
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2018

NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the "schedule") includes the federal award activity of the First District Health Unit under programs of the federal government for the year ended December 31, 2018. The information in this schedule is presented in accordance with 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 First District Health Unit, it is not intended to and does not present the financial position, change in net position, or cash flows of the First District Health Unit.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or limited as to reimbursement. First District Health Unit has not elected to use the 10-percent de minimis cost rate as allowed under the Uniform Guidance.

**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 District Board of Health
First District Health Unit
Minot, North Dakota

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of First District Health Unit, as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise First District Health Unit's basic financial statements and have issued our report thereon dated June 18, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered First District Health Unit'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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of First District Health Unit's internal control. Accordingly, we do not express an opinion on the effectiveness of First District Health Unit's internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as 2018-001 that we consider to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether First District Health Unit'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*.

First District Health Unit's Response to Finding

First District Health Unit's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. First District Health Unit'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 entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



BRADY, MARTZ & ASSOCIATES, P.C.
BISMARCK, NORTH DAKOTA

June 18, 2019

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the District Board of Health
First District Health Unit
Minot, North Dakota

Report on Compliance for Each Major Program

We have audited the First District Health Unit's compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, that could have a direct and material effect on the First District Health Unit's major federal program for the year ended December 31, 2018. First District Health Unit's major federal program is 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 compliance for each of First District Health Unit'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 types of 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 First District Health Unit'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 First District Health Unit's compliance.

Opinion on Each Federal Major Program

In our opinion, First District Health Unit 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 program for the year ended December 31, 2018.

Report on Internal Control over Compliance

Management of First District Health Unit is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered First District Health Unit's internal control over compliance with the types of requirements that could have a direct and material effect on a major federal program in order to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our 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 First District Health Unit'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 combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

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

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 requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



BRADY, MARTZ & ASSOCIATES, P.C.
BISMARCK, NORTH DAKOTA

June 18, 2019

FIRST DISTRICT HEALTH UNIT
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2018

Section 1 – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

x yes no

Significant deficiency(ies) identified?

 yes x none reported

Noncompliance material to financial statements noted?

 yes x no

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

 yes x no

Significant deficiency(ies) identified?

 yes x none reported

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 2 CFR 200.516(a)?

 yes x no

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
-----------------------	---

10.557	Special Supplemental Nutrition Program for Women, Infants, and Children
--------	---

Dollar threshold used to distinguish between Type A and Type B programs:

\$750,000

Auditee qualified as a low-risk auditee?

 yes x no

FIRST DISTRICT HEALTH UNIT
SCHEDULE OF FINDINGS AND RESPONSES - CONTINUED
DECEMBER 31, 2018

Section II – Financial Statement Findings

2018-001: Material Weakness

Criteria

An appropriate system of internal controls requires that the Health Unit must make a determination that financial statements are properly stated in compliance with accounting principles generally accepted in the United States of America. This also requires the entity's personnel to maintain knowledge of current accounting principles and required financial statement disclosures.

Condition

The Health Unit's auditors prepared the financial statements as of December 31, 2018. In addition, material adjusting entries were proposed to bring the financial statements into compliance with generally accepted accounting principles (GAAP). An appropriate system of internal control requires that the entity make a determination that financial statements and the underlying general ledger accounts are properly stated in compliance with generally accepted accounting principles. The entity does not have the controls necessary to assess whether all relevant disclosures have been included in the financial statements as required by GAAP. The lack of appropriate disclosures may affect the user's judgment related to financial condition, results of operations and cash flows of First District Health Unit.

Cause

The entity's internal controls have not been designed to address the specific training needs that are required of its personnel to obtain and maintain knowledge of current accounting principles and required financial statement disclosures.

Effect

An appropriate system of internal controls is not present to make a determination that financial statements and the related disclosures are fairly stated in compliance with accounting principles generally accepted in the United States of America. However, the entity is aware of the deficiency and addresses it by reviewing and approving the completed statements prior to distribution to the end users.

Recommendation

We recommend that the entity reviews its current training system to determine if it is cost effective for the entity to obtain this knowledge internally. As a compensating control the entity should establish an internal control policy to document the annual review of the financial statements and schedules and to review a financial statement disclosure checklist.

Views of Responsible Officials and Planned Corrective Actions

Due to the small size of the Health Unit, it is not cost effective for the Health Unit to properly address this control deficiency.

Indication of Repeat Finding

This is a repeat finding of finding 2017-001 from the prior year.

Section III – Federal Award Findings and Questioned Costs

There are no findings which are required to be reported under this section.

**FIRST DISTRICT HEALTH UNIT
SCHEDULE OF PRIOR YEAR FINDINGS
FOR THE YEAR ENDED DECEMBER 31, 2018**

2017-001: Material Weakness

Criteria

An appropriate system of internal controls requires that the Health Unit must make a determination that financial statements are properly stated in compliance with accounting principles generally accepted in the United States of America. This requires the entity's personnel to maintain knowledge of current accounting principles and required financial statement disclosures.

Condition

The Health Unit's auditors prepared the financial statements as of December 31, 2018. In addition, adjusting entries were proposed to bring the financial statements into compliance with generally accepted accounting principles (GAAP). An appropriate system of internal control requires that the entity make a determination that financial statements and the underlying general ledger accounts are properly stated in compliance with generally accepted accounting principles. The entity does not have the controls necessary to assess whether all relevant disclosures have been included in the financial statements as required by GAAP. The lack of appropriate disclosures may affect the user's judgment related to financial condition, results of operations and cash flows of First District Health Unit.

Cause

The entity's internal controls have not been designed to address the specific training needs that are required of its personnel to obtain and maintain knowledge of current accounting principles and required financial statement disclosures.

Effect

An appropriate system of internal controls is not present to make a determination that financial statements and the related disclosures are fairly stated in compliance with accounting principles generally accepted in the United States of America. However, the entity is aware of the deficiency and addresses it by reviewing and approving the completed statements prior to distribution to the end users.

Recommendation

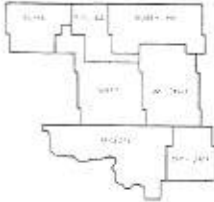
We recommend that the entity reviews its current training system to determine if it is cost effective for the entity to obtain this knowledge internally. As a compensating control the entity should establish an internal control policy to document the annual review of the financial statements and schedules and to review a financial statement disclosure checklist.

Views of Responsible Officials and Planned Corrective Actions

Due to the small size of the Health Unit, it is not cost effective for the Health Unit to properly address this control deficiency.

Current Status

This finding is repeated in the current year as 2018-001.



OFFICES IN:
Mont. DeWitt, Rushville, Tipton,
Kennett, McClusky, Miami AFB,
Michoud, Tipton & Washburn

FIRST DISTRICT HEALTH UNIT

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Public Health
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2018-001

Contact Person

Lisa Clute, Executive Officer

Corrective Action Plan

Due to the small size of the Health Unit, it is not cost effective for the Health Unit to properly address this control deficiency.

Completion Date

N/A