

STATE OF MINNESOTA

Office of the State Auditor



Rebecca Otto
State Auditor

PARTNERSHIP4HEALTH
COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA

YEAR ENDED DECEMBER 31, 2016

Description of the Office of the State Auditor

The mission of the Office of the State Auditor is to oversee local government finances for Minnesota taxpayers by helping to ensure financial integrity and accountability in local governmental financial activities.

Through financial, compliance, and special audits, the State Auditor oversees and ensures that local government funds are used for the purposes intended by law and that local governments hold themselves to the highest standards of financial accountability.

The State Auditor performs approximately 150 financial and compliance audits per year and has oversight responsibilities for over 3,300 local units of government throughout the state. The office currently maintains five divisions:

Audit Practice - conducts financial and legal compliance audits of local governments;

Government Information - collects and analyzes financial information for cities, towns, counties, and special districts;

Legal/Special Investigations - provides legal analysis and counsel to the Office and responds to outside inquiries about Minnesota local government law; as well as investigates allegations of misfeasance, malfeasance, and nonfeasance in local government;

Pension - monitors investment, financial, and actuarial reporting for approximately 650 public pension funds; and

Tax Increment Financing - promotes compliance and accountability in local governments' use of tax increment financing through financial and compliance audits.

The State Auditor serves on the State Executive Council, State Board of Investment, Land Exchange Board, Public Employees Retirement Association Board, Minnesota Housing Finance Agency, and the Rural Finance Authority Board.

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**PARTNERSHIP4HEALTH
COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

Year Ended December 31, 2016



**Audit Practice Division
Office of the State Auditor
State of Minnesota**

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

ORGANIZATION
DECEMBER 31, 2016

Community Health Board	Position	Entity
Commissioner Representatives		
John Blaufuss*	Chair	Wilkin County
Don Skarie	Vice Chair	Becker County
Frank Gross	Member	Clay County
Doug Huebsch	Member	Otter Tail County
Celine Brudvik	Member	Wilkin County
CHS Administrator/Otter Tail County Public Health Director Diane Thorson		
Clay County Public Health Director Kathy McKay		
Clay County Public Health Administration & Finance Director Mary Frahm		

*Replaced by Neal Folstad effective January 1, 2017.

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REBECCA OTTO
STATE AUDITOR

STATE OF MINNESOTA

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INDEPENDENT AUDITOR'S REPORT

Community Health Board
Partnership4Health Community Health Board
Fergus Falls, Minnesota

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the General Fund of Partnership4Health Community Health Board (Partnership4Health), Fergus Falls, Minnesota, as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise Partnership4Health'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 Partnership4Health'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 Partnership4Health'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 General Fund of Partnership4Health Community Health Board as of December 31, 2016, and the respective changes in financial position thereof and the budgetary comparison of the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis be presented to supplement the basic financial statements. Such information, although not 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.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Partnership4Health's basic financial statements. The supplementary information as listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. 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 information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 8, 2017, on our consideration of Partnership4Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is 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 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 Partnership4Health's internal control over financial reporting and compliance.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Partnership4Health's basic financial statements. The accompanying Schedule of Expenditures of Federal Awards (SEFA) as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) is presented for purposes of additional analysis and is not a required part of the basic financial statements. The SEFA is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. 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 SEFA is fairly stated in all material respects in relation to the basic financial statements as a whole.

/s/Rebecca Otto

REBECCA OTTO
STATE AUDITOR

/s/Greg Hierlinger

GREG HIERLINGER, CPA
DEPUTY STATE AUDITOR

May 8, 2017

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MANAGEMENT'S DISCUSSION AND ANALYSIS

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

**MANAGEMENT’S DISCUSSION AND ANALYSIS
DECEMBER 31, 2016
(Unaudited)**

INTRODUCTION

Partnership4Health Community Health Board’s (Partnership4Health) Management’s Discussion and Analysis (MD&A) provides an overview of Partnership4Health’s financial activities for the fiscal year ended December 31, 2016. Since this information is designed to focus on the current year’s activities, resulting changes, and currently known facts, it should be read in conjunction with the financial statements.

Partnership4Health is a joint powers governmental operation of Becker, Clay, Otter Tail, and Wilkin Counties, created with the intention to establish and maintain an integrated and cooperative system of community health services under local administration and within a system of state guidelines and standards, for the mutual benefit of the joint participants. Partnership4Health serves as the conduit to distribute grants received by other governments to the public health programs of the counties in the joint powers.

OVERVIEW OF THE FINANCIAL STATEMENTS

This MD&A is intended to serve as an introduction to the basic financial statements. Partnership4Health’s basic financial statements consist of two statements that combine government-wide financial statements and fund financial statements, a budgetary comparison statement, and notes to the financial statements. The MD&A (this section) is required to accompany the basic financial statements and, therefore, is included as required supplementary information.

FINANCIAL ANALYSIS

	Net Position			
	<u>2016</u>	<u>2015</u>	<u>Increase (Decrease)</u>	<u>Percent Change (%)</u>
Assets				
Current and other assets	\$ 834,625	\$ 1,118,853	\$ (284,228)	(25.40)
Liabilities				
Current liabilities	<u>834,625</u>	<u>1,118,853</u>	<u>(284,228)</u>	<u>(25.40)</u>
Net Position				
Unrestricted	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	

Changes in Net Position

	2016	2015	Increase (Decrease)	Percent Change (%)
Revenues				
Intergovernmental				
Reimbursement for services	\$ 474,112	\$ 434,676	\$ 39,436	9.07
State	1,194,618	1,394,487	(199,869)	(14.33)
Federal	2,212,283	2,331,602	(119,319)	5.11
Local	9,000	-	9,000	100.00
Total Revenues	\$ 3,890,013	\$ 4,160,765	\$ (270,752)	(6.51)
Expenditures				
Intergovernmental				
Intergovernmental payments	3,890,013	4,160,765	(270,752)	(6.51)
Change in Net Position	\$ -	\$ -	\$ -	

Revenues decreased in 2016 due to a decrease in the State SHIP grant, a decrease in the federal Temporary Assistance for Needy Families grant, a decrease in the federal ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance, offset by an increase in federal funding for State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (PPHF).

Budgetary Highlights

Partnership4Health’s Board did not make any budgetary amendments/revisions in 2016.

Actual revenues were less than budgeted revenues by \$172,240; expenditures were also lower than budgeted. Factors contributing included grant changes and variations of grant revenues for grants that span more than one calendar year along with increased expenses related to the transition to Partnership4Health.

Partnership4Health budgets only grants that are known to be funded at the time the budget is developed. Revenues came in lower than expected (budgeted) due to variations in grant revenues budgeted during the budget cycle and grant revenues received during the year.

ECONOMIC FACTORS AND NEXT YEAR’S BUDGETS

Partnership4Health Community Health Board will continue to utilize a member county as a fiscal agent. The funding for Partnership4Health will include dollars from state, federal, and local grants. The year-to-year uncertainty of these funds, particularly the state and federal grant dollars, creates planning challenges. Partnership4Health will continue to focus on efficiency and effectiveness in service delivery to provide for meeting the needs of the population served within the allocated resources.

CONTACTING PARTNERSHIP4HEALTH'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, customers, and creditors with a general overview of Partnership4Health's finances and to show Partnership4Health's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Partnership4Health CHS Administrator, Diane Thorson, c/o Otter Tail County Public Health, 560 Fir Avenue West, Fergus Falls, Minnesota 56537; phone 218-998-8333 or email dthorson@co.ottertail.mn.us.

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BASIC FINANCIAL STATEMENTS

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

EXHIBIT 1

**GENERAL FUND BALANCE SHEET AND
GOVERNMENTAL ACTIVITIES STATEMENT OF NET POSITION
DECEMBER 31, 2016**

	General Fund	Reconciliation	Governmental Activities
<u>Assets</u>			
Cash and cash equivalents	\$ 117,560	\$ -	\$ 117,560
Due from other governments	717,065	-	717,065
Total Assets	\$ 834,625	\$ -	\$ 834,625
 <u>Liabilities, Deferred Inflows of Resources, and Fund Balance/Net Position</u>			
Liabilities			
Due to other governments	\$ 657,015	\$ 177,610	\$ 834,625
Deferred Inflows of Resources			
Unavailable revenue	177,610	(177,610)	-
Fund Balance/Net Position	-	-	-
Total Liabilities, Deferred Inflows of Resources, and Fund Balance/Net Position	\$ 834,625	\$ -	\$ 834,625

Reconciliation of the General Fund Balance Sheet to the Statement of Net Position

Other long-term assets are not available to pay for current period expenditures and, therefore, are reported as deferred inflows of resources in the governmental fund.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

EXHIBIT 2

**GENERAL FUND REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
AND GOVERNMENTAL ACTIVITIES STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2016**

	General Fund	Reconciliation	Governmental Activities
Revenues			
Intergovernmental			
Reimbursement for services	\$ 474,112	\$ -	\$ 474,112
State	1,161,433	33,185	1,194,618
Federal	2,363,894	(151,611)	2,212,283
Local	9,000	-	9,000
Total Revenues	\$ 4,008,439	\$ (118,426)	\$ 3,890,013
Expenditures			
Intergovernmental			
Intergovernmental payments	4,008,439	(118,426)	3,890,013
Net Change in Fund Balance/Net Position	\$ -	\$ -	\$ -
Fund Balance/Net Position - January 1	-	-	-
Fund Balance/Net Position - December 31	\$ -	\$ -	\$ -

**Reconciliation of the General Fund's Revenues, Expenditures, and Changes
in Fund Balance to the Statement of Activities**

In the fund, under the modified accrual basis, receivables not available for expenditure are deferred. In the statement of activities, those revenues are recognized along with an equal amount of expenses when earned. The adjustment to revenues between the General Fund and the statement of activities is the change in unavailable revenue.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

EXHIBIT 3

**BUDGETARY COMPARISON STATEMENT
GENERAL FUND
FOR THE YEAR ENDED DECEMBER 31, 2016**

	<u>Budgeted Amounts</u>		<u>Actual Amounts</u>	<u>Variance with Final Budget</u>
	<u>Original</u>	<u>Final</u>		
Revenues				
Intergovernmental				
Reimbursement for services	\$ 435,686	\$ 435,686	\$ 474,112	\$ 38,426
State	1,326,629	1,326,629	1,161,433	(165,196)
Federal	2,418,364	2,418,364	2,363,894	(54,470)
Local	-	-	9,000	9,000
Total Revenues	\$ 4,180,679	\$ 4,180,679	\$ 4,008,439	\$ (172,240)
Expenditures				
Intergovernmental				
Local Public Health Agency	\$ 932,957	\$ 932,957	\$ 741,956	\$ 191,001
Public Health Emergency Preparedness	121,070	121,070	125,425	(4,355)
Immunization Cooperative Agreements	-	-	8,710	(8,710)
Cancer Research Institute Grant - CRI	12,000	12,000	8,596	3,404
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)				
Aligned Cooperative Agreements	6,800	6,800	4,841	1,959
Communities that Care Grant - CTC	435,686	435,686	474,111	(38,425)
Maternal and Child Health	205,335	205,335	196,985	8,350
Temporary Assistance for Needy Families	235,345	235,345	203,639	31,706
Special Supplemental Nutrition Program for Women, Infants, and Children	630,504	630,504	805,339	(174,835)
Statewide Health Improvement Grant	390,770	390,770	324,355	66,415
Community Wellness Grant	436,360	436,360	376,915	59,445
Eliminating Health Disparities Initiative	-	-	25,760	(25,760)
Family Planning Special Projects	32,940	32,940	73,500	(40,560)
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93,650	93,650	399,735	(306,085)
Health Information Exchange Grant - HIE	168,918	168,918	75,260	93,658
Accountable Communities for Health Grant - ACH	475,442	475,442	150,460	324,982
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	-	-	9,950	(9,950)
Refugee Health	2,902	2,902	2,902	-
Total Expenditures	\$ 4,180,679	\$ 4,180,679	\$ 4,008,439	\$ 172,240
Net Change in Fund Balance	\$ -	\$ -	\$ -	\$ -
Fund Balance - January 1	-	-	-	-
Fund Balance - December 31	\$ -	\$ -	\$ -	\$ -

The notes to the financial statements are an integral part of this statement.

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

**NOTES TO THE FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2016**

1. Summary of Significant Accounting Policies

Partnership4Health Community Health Board's (Partnership4Health) financial statements are prepared in accordance with generally accepted accounting principles (GAAP) for the year ended December 31, 2016. The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). The more significant accounting policies established in GAAP and used by Partnership4Health are discussed below.

A. Financial Reporting Entity

Partnership4Health was originally established July 1, 2014, by a joint powers agreement among Becker, Clay, Otter Tail, and Wilkin Counties, pursuant to Minn. Stat. ch. 145A, and pursuant to Minn. Stat. § 471.59, for the purpose of transitioning grant contracts. Partnership4Health became operational as of January 1, 2015. The joint powers agreement remains in force until any single county provides a resolution of withdrawal, duly passed by its governing board, to the County Boards and the auditor of the other counties participating in the agreement, and the Commissioner of Health for the State of Minnesota, at least one year before the beginning of the calendar year in which it takes effect.

Partnership4Health's purpose is to engage in activities designed to protect and promote the health of the general population within a community health service area by emphasizing the prevention of disease, injury, disability, and preventable death through the promotion of effective coordination and use of community resources, and by extending health services into the community.

Control is vested in Partnership4Health's Board, which consists of five members comprising four County Commissioners and one community member. Members of the Board serve an annual term, with no term limit.

The financial activities of Partnership4Health are accounted for in an agency fund by Clay County. The individuals who administer the activities of Partnership4Health are considered to be employees of Clay County Public Health.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

1. Summary of Significant Accounting Policies

A. Financial Reporting Entity (Continued)

Partnership4Health is a joint venture independent of the counties that formed it. Each county has an ongoing responsibility to provide funding for the operating costs of the Board. The funding is allocated in accordance with the actual expenses incurred by representatives of the respective counties on the Board. In addition, administrative operating costs are allocated proportionately, with total subsidy funds available to each member county.

B. Basic Financial Statements

The basic financial statements display information about Partnership4Health's activities as a whole and information on the individual fund. These separate presentations are reported in different columns on Exhibits 1 and 2. Each exhibit starts with a column of information based on activities of the General Fund and reconciles it to a column that reports the governmental activities of Partnership4Health as a whole.

The governmental activities statement of net position column is reported on a full accrual, economic resources basis, which recognizes all long-term assets and receivables as well as long-term debt and obligations. Partnership4Health's net position is reported as unrestricted net position. The statement of activities demonstrates the degree to which the expenses of Partnership4Health are offset by revenues.

Partnership4Health reports one governmental fund. The General Fund is Partnership4Health's primary operating fund and accounts for all financial resources of the organization.

C. Measurement Focus and Basis of Accounting

The governmental activities financial statement columns are reported using the economic resources measurement focus and the full accrual basis of accounting. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

1. Summary of Significant Accounting Policies

C. Measurement Focus and Basis of Accounting (Continued)

The governmental funds financial statement columns (the General Fund) are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Partnership4Health considers all revenues to be available if collected within 60 days after the end of the current period. Expenditures are recorded when the related fund liability is incurred, except for claims and judgments, which are recognized as expenditures to the extent that they have matured. When both restricted and unrestricted resources are available for use, it is Partnership4Health's policy to use restricted resources first and then unrestricted resources as needed.

D. Budgetary Information

Partnership4Health adopts an annual budget for the General Fund on a basis consistent with generally accepted accounting principles. The legal level of control (the level at which expenditures may not legally exceed appropriations) is the activity level.

E. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

1. Assets

Due From/To Other Governments

Amounts represent receivables and payables related to grants from federal, state, and local governments for program administration.

2. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of financial 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 will not be recognized as an outflow of resources (expenditure/expense) until then. No deferred outflows of resources affect the governmental funds or governmental activities financial statements in the current year.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

1. Summary of Significant Accounting Policies

E. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

2. Deferred Outflows/Inflows of Resources (Continued)

In addition to liabilities, the statement of financial position reports 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. Partnership4Health has only one type of item which arises only under the modified accrual basis of accounting that qualifies for reporting in this category. Accordingly, the item, unavailable revenue, is reported only in the General Fund balance sheet. These amounts are deferred and recognized as an inflow of resources in the period that the amounts become available.

3. Classification of Net Position

Net position in the governmental activities statement of net position is classified in the following categories:

Net investment in capital assets - the amount of net position representing capital assets, net of accumulated depreciation, and reduced by outstanding debt attributed to the acquisition, construction, or improvement of the assets.

Restricted net position - the amount of net position for which external restrictions have been imposed by creditors, grantors, contributors, or laws or regulations of other governments and restrictions imposed by law through constitutional provisions or enabling legislation.

Unrestricted net position - the amount of net position that does not meet the definition of restricted or net investment in capital assets.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

1. Summary of Significant Accounting Policies

E. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity
(Continued)

4. Classification of Fund Balances

Fund balance is divided into five classifications based primarily on the extent to which Partnership4Health is bound to observe constraints imposed upon the use of the resources in the General Fund. The classifications are as follows:

Nonspendable - amounts that cannot be spent because they are not in spendable form, or are legally or contractually required to be maintained intact. The “not in spendable form” criterion includes items that are not expected to be converted to cash.

Restricted - amounts subject to external constraints imposed by creditors (such as through debt covenants), grantors, contributors, laws or regulations of other governments, or is imposed by law through constitutional provisions or enabling legislation.

Committed - amounts that can be used only for the specific purposes imposed by formal action (ordinance or resolution) of Partnership4Health. Those committed amounts cannot be used for any other purpose unless Partnership4Health removes or changes the specified use by taking the same type of action (ordinance or resolution) it employed to previously commit these amounts.

Assigned - amounts Partnership4Health intends to use for specific purposes that do not meet the criteria to be classified as “restricted” or “committed.”

Unassigned - the residual classification for the General Fund which includes all spendable amounts not contained in the other fund balance classifications.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

1. Summary of Significant Accounting Policies

E. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

4. Classification of Fund Balances (Continued)

Partnership4Health applies restricted resources first when expenditures are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first, followed by assigned, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

At December 31, 2016, the General Fund had no unassigned fund balance.

2. Detailed Notes

A. Assets

Cash Deposits

As of December 31, 2016, Partnership4Health had \$117,560 on deposit with Clay County. Cash transactions are administered by the Clay County Auditor/Treasurer, who is authorized by Minn. Stat. §§ 118A.02 and 118A.04 to deposit cash in financial institutions designated by the County Board. All funds of Clay County are pooled.

Custodial credit risk is the risk that in the event of a financial institution failure, the County's deposits may not be returned to it. Minnesota statutes require that all county deposits be covered by insurance, surety bond, or collateral. As of December 31, 2016, Clay County's deposits were not exposed to custodial credit risk.

Receivables

Receivables as of December 31, 2016, are as follows:

Due from other governments	\$ 717,065
----------------------------	------------

Partnership4Health had no receivables scheduled to be collected beyond one year.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

2. Detailed Notes (Continued)

B. Deferred Inflows of Resources

Deferred inflows of resources consists of state and federal grant receivables that are not collected soon enough after year-end to pay liabilities of the current period. Deferred inflows of resources at December 31, 2016, are summarized below:

	<u>General Fund</u>
Deferred Inflows of Resources	
Unavailable revenue	<u>\$ 177,610</u>

3. Summary of Significant Contingencies and Other Items

A. Claims and Litigation

The attorney for Partnership4Health estimates that potential claims against Partnership4Health resulting from litigation would not materially affect the financial statements.

B. Risk Management

Partnership4Health is exposed to various risks of loss related to torts and errors and omissions or natural disasters. To cover these risks, Partnership4Health is a member of the Minnesota Counties Intergovernmental Trust (MCIT), a public entity risk pool. Partnership4Health retains the risk for the deductible portions of its insurance policies. The amounts of these deductibles are considered immaterial to the financial statements.

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SUPPLEMENTARY INFORMATION

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

EXHIBIT A-1

**SCHEDULE OF INTERGOVERNMENTAL REVENUE
FOR THE YEAR ENDED DECEMBER 31, 2016**

Reimbursement for Services

State

Minnesota Department of Human Services	<u>\$ 474,112</u>
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Grants

Local

Kansas Health	\$ 7,000
Health Homes	<u>2,000</u>

Total local	<u>\$ 9,000</u>
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State

Minnesota Department of Health	<u>\$ 1,161,433</u>
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Federal

Department of	
Agriculture	\$ 805,339
Education	5,799
Health and Human Services	<u>1,552,756</u>

Total federal	<u>\$ 2,363,894</u>
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Total state, local, and federal grants	<u>\$ 3,534,327</u>
---	---------------------

Total Intergovernmental Revenue	<u><u>\$ 4,008,439</u></u>
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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

EXHIBIT A-2

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2016**

Federal Grantor Pass-Through Agency Grant Program Title	Federal CFDA Number	Pass-Through Grant Number	Expenditures	Passed Through to Subrecipients
U.S. Department of Agriculture				
Passed Through Minnesota Department of Health Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	32573	<u>\$ 805,339</u>	<u>\$ 805,339</u>
U.S. Department of Education				
Passed Through Minnesota Department of Health Special Education - Grants for Infants and Families	84.181	87630	<u>\$ 5,799</u>	<u>\$ 5,799</u>
U.S. Department of Health and Human Services				
Passed Through Minnesota Department of Health Public Health Emergency Preparedness	93.069	90858	\$ 134,020	\$ 134,020
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	Not Provided	4,841	4,841
Universal Newborn Hearing Screening	93.251	6 HC61MC00035-14-01	1,500	1,500
Immunization Cooperative Agreements	93.268	58583	8,150	8,150
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	93.314	Not Provided	150	150
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505	87929	122,862	122,862
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program (Total Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program 93.505 \$399,734)	93.505	102307	276,872	276,872
PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds	93.539	58583	560	560
Temporary Assistance for Needy Families	93.558	95995	98,201	98,201
Temporary Assistance for Needy Families (Total Temporary Assistance for Needy Families 93.558 \$106,475)	93.558	87006	8,274	8,274
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	3000028340	145,104	145,104
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (PPHF)	93.757	1 U58DP005452-01	403,626	403,626
Maternal and Child Health Services Block Grant to the States	93.994	Not Provided	<u>196,985</u>	<u>196,985</u>
Total U.S. Department of Health and Human Services			<u>\$ 1,401,145</u>	<u>\$ 1,401,145</u>
Total Federal Awards			<u>\$ 2,212,283</u>	<u>\$ 2,212,283</u>

The notes to the Schedule of Expenditures of Federal Awards are an integral part of this schedule.

**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2016

1. Reporting Entity

The Schedule of Expenditures of Federal Awards presents the activities of federal award programs expended by Partnership4Health Community Health Board (Partnership4Health). Partnership4Health's reporting entity is defined in Note 1 to the financial statements.

2. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Partnership4Health under programs of the federal government for the year ended December 31, 2016. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of Partnership4Health, it is not intended to and does not present the financial position or changes in net position of Partnership4Health.

3. Summary of Significant Accounting Policies

Expenditures reported on the schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Partnership4Health has elected to not use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

4. Reconciliation to Schedule of Intergovernmental Revenue

Federal grant revenue per Schedule of Intergovernmental Revenue	\$ 2,363,894
Grants received more than 60 days after year-end, deferred in 2016	
Temporary Assistance for Needy Families	5,152
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	74,386
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (PPHF)	64,887
Grant deferred in 2015, recognized as revenue in 2016	
Temporary Assistance for Needy Families	(102,858)
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	(155,002)
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (PPHF)	(38,176)
	(38,176)
Expenditures Per Schedule of Expenditures of Federal Awards	\$ 2,212,283

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REBECCA OTTO
STATE AUDITOR

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REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Independent Auditor's Report

Community Health Board
Partnership4Health Community Health Board
Fergus Falls, Minnesota

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the General Fund of Partnership4Health Community Health Board (Partnership4Health), Fergus Falls, Minnesota, as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise Partnership4Health's basic financial statements, and have issued our report thereon dated May 8, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Partnership4Health's internal control over financial reporting 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 Partnership4Health's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Partnership4Health's internal control over financial reporting.

A deficiency in internal control over financial reporting 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 combination of deficiencies, in internal control over financial reporting such that there is a reasonable possibility that a material misstatement of Partnership4Health's financial statements will not be prevented, or detected and corrected, on a

timely basis. A significant deficiency is a deficiency, or combination of deficiencies, in internal control over financial reporting that is less severe than a material weakness, yet important enough to merit the attention of those charged with governance.

Our consideration of internal control over financial reporting 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 financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses or significant deficiencies. However, material weaknesses or significant deficiencies may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Partnership4Health'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*.

Minnesota Legal Compliance

The *Minnesota Legal Compliance Audit Guide for Counties*, promulgated by the State Auditor pursuant to Minn. Stat. § 6.65, contains seven categories of compliance to be tested in connection with the audit of Partnership4Health's financial statements: contracting and bidding, deposits and investments, conflicts of interest, public indebtedness, claims and disbursements, miscellaneous provisions, and tax increment financing. Our audit considered all of the listed categories, except that we did not test for compliance with the provisions for contracting and bidding, public indebtedness, and tax increment financing because Partnership4Health did no contracting in 2016, had no debt in 2016, and does not use tax increment financing. Additionally, compliance with the provisions for deposits and investments was tested in conjunction with the audit of Clay County.

In connection with our audit, nothing came to our attention that caused us to believe that Partnership4Health failed to comply with the provisions of the *Minnesota Legal Compliance Audit Guide for Counties*. However, our audit was not directed primarily toward obtaining knowledge of such noncompliance. Accordingly, had we performed additional procedures, other matters may have come to our attention regarding Partnership4Health's noncompliance with the above referenced provisions.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting, compliance, and the provisions of the *Minnesota Legal Compliance Audit Guide for Counties* and the results of that testing, and not to provide an opinion on the effectiveness of Partnership4Health's internal control over financial reporting or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Partnership4Health's internal control over financial reporting and compliance. Accordingly, this communication is not suitable for any other purpose.

/s/Rebecca Otto

REBECCA OTTO
STATE AUDITOR

/s/Greg Hierlinger

GREG HIERLINGER, CPA
DEPUTY STATE AUDITOR

May 8, 2017

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REBECCA OTTO
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REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE

Independent Auditor's Report

Community Health Board
Partnership4Health Community Health Board
Fergus Falls, Minnesota

Report on Compliance for Each Major Federal Program

We have audited Partnership4Health Community Health Board's (Partnership4Health) compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of Partnership4Health's major federal programs for the year ended December 31, 2016. Partnership4Health's major federal programs are identified in the Summary of Auditor's Results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Partnership4Health'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 Partnership4Health'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 Partnership4Health's compliance with those requirements.

Opinion on Each Major Federal Program

In our opinion, Partnership4Health complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2016.

Report on Internal Control Over Compliance

Management of Partnership4Health 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 Partnership4Health's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Partnership4Health'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 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 the attention of 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.

Purpose of This Report

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

/s/Rebecca Otto

REBECCA OTTO
STATE AUDITOR

/s/Greg Hierlinger

GREG HIERLINGER, CPA
DEPUTY STATE AUDITOR

May 8, 2017

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**PARTNERSHIP4HEALTH COMMUNITY HEALTH BOARD
FERGUS FALLS, MINNESOTA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2016**

I. SUMMARY OF AUDITOR'S RESULTS

Financial Statements

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

Internal control over financial reporting:

- Material weaknesses identified? **No**
- Significant deficiencies identified? **None reported**

Noncompliance material to the financial statements noted? **No**

Federal Awards

Internal control over major programs:

- Material weaknesses identified? **No**
- Significant deficiencies identified? **None reported**

Type of auditor's report issued on compliance for major federal programs: **Unmodified**

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? **No**

The major federal programs are:

Special Supplemental Nutrition Program for Women, Infants, and Children	CFDA No. 10.557
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (PPHF)	CFDA No. 93.757

The threshold for distinguishing between Types A and B programs was \$750,000.

Partnership4Health Community Health Board qualified as a low-risk auditee? **No**

II. FINDINGS RELATED TO FINANCIAL STATEMENTS AUDITED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

None.

III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARD PROGRAMS

None.