



**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

SINGLE AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2006



Mary Taylor, CPA
Auditor of State

**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

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**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

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Mary Taylor, CPA

Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT

Lake County General Health District
Lake County
33 Mill Street
Painesville, Ohio 44077

To the Board of Trustees:

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Lake County General Health District, Lake County, Ohio, (the District) as of and for the year ended December 31, 2006, which collectively comprise the District's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the District's management. 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 the Comptroller General of the United States' *Government Auditing Standards*. Those standards require that we plan and perform the audit to reasonably assure whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe our audit provides a reasonable basis for our opinions.

As discussed in Note 2, the accompanying financial statements and notes follow the cash accounting basis. This is a comprehensive accounting basis other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Lake County General Health District, Lake County, Ohio, as of December 31, 2006, and the respective changes in cash financial position and the respective budgetary comparison for the General, Women, Infants, and Children, Home Care Nursing, Help Me Grow, and Public Health Nursing funds thereof for the year then ended in conformity with the basis of accounting Note 2 describes.

For the year ended December 31, 2006, the District revised its financial presentation comparable to the requirements of Governmental Accounting Standard No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*.

In accordance with *Government Auditing Standards*, we have also issued our report dated May 21, 2008, on our consideration of the District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. While we did not opine on the internal control over financial reporting or on compliance, that report describes the scope of our testing of internal control over financial reporting and compliance, and the results of that testing. That report is an integral part of an audit performed in accordance with *Government Auditing Standards*. You should read it in conjunction with this report in assessing the results of our audit.

Management's discussion and analysis is not a required part of the basic financial statements but is supplementary information the Governmental Accounting Standards Board requires. We have applied certain limited procedures, consisting principally of inquiries of management regarding the methods of measuring and presenting the required supplementary information. However, we did not audit the information and express no opinion on it.

We conducted our audit to opine on the financial statements that collectively comprise the District's basic financial statements. The schedule of federal awards receipts and expenditures is required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is also not a required part of the basic financial statements. We subjected the schedule of federal awards receipts and expenditures to the auditing procedures applied in the audit of the basic financial statements. In our opinion, this information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Mary Taylor, CPA
Auditor of State

May 21, 2008

Lake County General Health District
Management's Discussion and Analysis
For the Year Ended December 31, 2006
Unaudited

The discussion and analysis of the Lake County General Health District's financial performance provides an overall review of the Health District's financial activities for the year ended December 31, 2006, within the limitations of the Health District's cash basis of accounting. The intent of this discussion and analysis is to look at the Health District's financial performance as a whole. Readers should also review the basic financial statements and notes to the basic financial statements to enhance their understanding of the Health District's financial performance.

Financial Highlights

Key financial highlights for the year 2006 are as follows:

- Net assets decreased by \$302,079. Net assets consist of the cash balance of the twenty two District funds.
- Program specific receipts in the form of charges for services and operating grants and contributions comprise the largest percentage of the Health District's receipts, making up almost two thirds of all the dollars coming into the District. General receipts in the form of property taxes make up the other third.
- In 2006 the Health District purchased from the Lake County Commissioners the building from which it operates. The amount paid for the building was \$700,000.
- State Subsidy, Employees contributions to insurance, and reimbursement from the Federal Emergency Management Agency (FEMA) for expenses incurred due to the Lake County Flood in July of 2006 made up 3% of all dollars received.
- Total cash receipts for the Health District in 2006 were \$6,307,957.
- The Health District had \$6,610,036 in disbursements during 2006.

Using the Basic Financial Statements

This annual report is presented in a format consistent with the presentation requirements of Governmental Accounting Standards Board Statement No. 34, as applicable to the Health District's cash basis of accounting.

This annual report consists of a series of financial statements and notes to those statements. These statements are organized so the reader can understand the District Board of Health as a financial whole, an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities and conditions on a cash basis of accounting.

The Statement of Net Assets –Cash Basis and Statement of Activities – Cash Basis provide information about the activities of the whole Health District, presenting both an aggregate view of the Health District's finances and a longer-term view of those finances. Fund financial statements provide a greater level of detail. Funds are created and maintained on the financial records of the Health District as a way to segregate money whose use is restricted to a particular specified purpose. These statements present financial information by fund, presenting funds with the largest balances or most activity in separate columns.

Lake County General Health District
Management's Discussion and Analysis
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The notes to the financial statements are an integral part of the government-wide and fund financial statements and provide expanded explanation and detail regarding the information reported in the statements.

Basis of Accounting

The basis of accounting is a set of guidelines that determine when financial events are recorded. The Health District has elected to present its financial statements on a cash basis of accounting. This basis of accounting is a basis of accounting other than generally accepted accounting principles. Under the Health District's cash basis of accounting, receipts and disbursements are recorded when cash is received or paid.

As a result of using the cash basis of accounting, certain assets and their related revenues (such as accounts receivable) and certain liabilities and their related expenses (such as accounts payable) are not recorded in the financial statements. Therefore, when reviewing the financial information and discussion within this report, the reader must keep in mind the limitations resulting from the use of the cash basis of accounting.

Reporting the Health District as a Whole

The statement of net assets and the statement of activities reflect how the Health District did financially during 2006, within the limitations of the cash basis of accounting. The Statement of Net Assets – Cash Basis presents the cash balances of the governmental activities of the Health District at year end. The Statement of Activities – Cash Basis compares disbursements with program receipts for each governmental activity. Program receipts include charges paid by the recipient of the program's goods or services and grants and contributions restricted to meeting the operational or capital requirements of a particular program. General receipts are all receipts not classified as program receipts. The comparison of disbursements with program receipts identifies how each governmental function draws from the Health District's general receipts.

These statements report the Health District's cash position and the changes in cash position. Keeping in mind the limitations of the cash basis of accounting, you can think of these changes as one way to measure the Health District's financial health. Over time, increases or decreases in the Health District's cash position is one indicator of whether the Health District's financial health is improving or deteriorating. When evaluating the Health District's financial condition, you should also consider other non-financial factors as well such as the Health District's property tax base, the condition of the Health District's capital assets, the reliance on non-local financial resources for operations and the need for continued growth.

In the Statement of Net Assets – Cash Basis and the Statement of Activities – Cash Basis, the Health District's major funds are reported. Charges for services and state and federal grants finance most of these activities. To a significant extent, benefits provided through the governmental activities are being paid for by the people receiving them.

Lake County General Health District
Management's Discussion and Analysis
For the Year Ended December 31, 2006
Unaudited

Reporting the Health District's Most Significant Funds

Fund Financial Statements

Fund financial statements provide detailed information about the Health District's major funds – not the Health District as a whole. The Health District establishes separate funds to better manage its many activities and to help demonstrate that money that is restricted as to how it may be used is being spent for the intended purpose. All of the operating funds of the Health District are governmental

Governmental Funds - The Health District's activities are reported in governmental funds. The governmental fund financial statements provide a detailed short-term view of the Health District's governmental operations and the health services it provides. Governmental fund information helps determine whether there are more or less financial resources that can be spent to finance the Health District's health programs. The Health District's significant governmental funds are presented on the financial statements in separate columns. The information for non-major funds (funds whose activity or balances are not large enough to warrant separate reporting) is combined and presented in total in a single column. The Health District's major governmental funds are the General Fund, Women, Infants, and Children, the Home Care Nursing Fund, Help Me Grow, and the Public Health Nursing Fund. The programs reported in the governmental funds are closely related to those reported in the governmental activities section of the entity-wide statements.

The Health District as a Whole

Table 1 provides a summary of the Health District's net assets for 2006 compared to 2005 on a cash basis:

Table 1
Net Assets – Cash Basis

	Governmental Activities	
	2006	2005
Assets		
Equity in Pooled Cash and Cash Equivalents	\$1,809,016	\$2,111,095
Net Assets		
Restricted for Other Purposes	585,195	730,362
Unrestricted	1,223,821	1,380,733
Total Net Assets	\$1,809,016	\$2,111,095

As mentioned previously, net assets decreased \$302,079.

Table 2 reflects the changes in net assets in 2005 and 2006.

Lake County General Health District
Management's Discussion and Analysis
For the Year Ended December 31, 2006
Unaudited

Table 2
Changes in Net Assets

	Governmental Activities 2006	Governmental Activities 2005
Receipts		
Program Cash Receipts		
Charges for Services	\$1,806,702	\$2,205,498
Operating Grants and Contributions	1,846,681	1,667,667
Total Program Cash Receipts	3,653,383	3,873,165
General Receipts		
Property Taxes Levied for General Health District Purposes	2,458,946	2,036,350
Grants and Entitlements not Restricted to Specific Programs	68,519	67,289
Extraordinary Item- FEMA Reimbursement	58,921	0
Miscellaneous	68,188	68,730
Total General Receipts	2,654,574	2,172,369
Total Receipts	6,307,957	6,045,534
Disbursements		
Environmental Health		
General Environmental Health	\$1,306,635	\$1,300,533
Air Pollution Control	235,781	213,659
Mosquito Control	231,443	176,154
Solid Waste	57,500	57,500
Food Service	38,109	36,260
Phase II Storm Water	51,792	42,245
Other Environmental Health	27,580	23,894
Home Care Services	498,382	573,612
Around the Clock	5,069	66,039
Community Health Services		
WIC	492,366	478,962
Help Me Grow	496,339	497,121
Immunizations	97,682	95,779
Child and Family Health Services	70,587	45,734
Communicable Diseases	3,319	6,301
Other Community Health Services	753,165	743,418
Health Promotion and Planning		
Health Promotion and Planning	252,657	260,553
Public Health Infrastructure	133,657	130,287
Vital Statistics	191,623	181,051
Family and Children First Council	99,395	107,004
Administration	490,647	514,237
Capital Outlay	752,341	0
General Health District	323,967	250,830
Total Disbursements	6,610,036	5,801,173
Change in Net Assets	(302,079)	244,361
Net Assets Beginning of Year	2,111,095	1,866,734
Net Assets End of Year	\$1,809,016	\$2,111,095

Lake County General Health District
Management's Discussion and Analysis
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In 2006, 42 percent of the Health District's total receipts were from general receipts, consisting mainly of property taxes levied for general health district purposes. Program receipts accounted for 58 percent of the Health District's total receipts in year 2006. These receipts consist primarily of charges for services for birth and death certificates, food service licenses, trailer park, swimming pools and spas, and water system permits and state and federal operating grants and donations.

Governmental Activities

If you look at the Statement of Activities – Cash Basis, you will see that the first column lists the major services provided by the Health District. The next column identifies the costs of providing these services. The major program disbursements for governmental activities are for general environmental health and other community health services, which account for 19.8% and 11.2% of all governmental disbursements, respectively. The next two columns of the Statement entitled Program Receipts identify amounts paid by people who are directly charged for the service and grants received by the Health District that must be used to provide a specific service. The net Receipt (Disbursement) column compares the program receipts to the cost of the service. This “net cost” amount represents the cost of the service which ends up being paid from money provided by local townships and municipalities, taxpayers and state subsidies. These net costs are paid from the general receipts which are presented at the bottom of the Statement. A comparison between the total cost of services and the net cost is presented in Table 3.

Table 3
Governmental Activities

	Total Cost of Services 2006	Net Cost of Services 2006
Environmental Health		
General Environmental Health	\$1,306,635	(\$1,305,808)
Air Pollution Control	235,781	(12,406)
Mosquito Control	231,443	(226,928)
Solid Waste	57,500	103,357
Food Service	38,109	299,015
Phase II Storm Water	51,792	23,327
Other Environmental Health	27,580	429,296
Home Care Services	498,382	(72,861)
Around the Clock	5,069	(5,069)
Community Health Services		
WIC	492,366	(2,231)
Help Me Grow	496,339	45,285
Immunizations	97,682	86,086
Child and Family Health Services	70,587	49,579
Communicable Diseases	3,319	13,043
HIV/AIDS Education	12,566	55,232
Other Community Health Services	740,599	(729,561)
Health Promotion and Planning		
Health Promotion and Planning	252,657	(207,913)
Public Health Infrastructure	133,657	68,567
Vital Statistics	191,623	50,377
Family and Children First Council	99,395	(50,085)
Administration	490,647	(490,647)
Capital Outlay	752,341	(752,341)
General Health District	<u>323,967</u>	<u>(323,967)</u>
Total Distribution	<u><u>6,610,036</u></u>	<u><u>(2,956,653)</u></u>

The Health District has tried to limit its dependence upon property taxes and local subsidies by actively pursuing Federal grants and charging rates for services that are closely related to costs. Only 39 percent of health costs are supported through property taxes, unrestricted grants and other general receipts.

Lake County General Health District
Management's Discussion and Analysis
For the Year Ended December 31, 2006
Unaudited

The Health District's Funds

The governmental funds had total receipts of \$6,249,036 and disbursements of \$6,610,036. The governmental funds had a decrease in the cash balance of \$302,079.

The fund balance of the General Fund decreased \$156,913 to \$1.23 million at year-end. The Health District maintains a capital budget to help fund future expenditures for the building, equipment, automobiles, and sick and vacation pay due upon retirement. The Capital budget funds are part of the General Fund.

The Women, Infants, and Children (WIC) Fund had disbursements exceeding receipts by \$2,081. The cash balance of this fund was \$92,092 on December 31, 2006.

The fund balance of the Home Care nursing fund was \$26,141 at year end. Disbursements exceeded receipts by \$75,863. The Home Care program was discontinued in October of 2006.

The Public Health Nursing Fund had disbursements that exceeded receipts by \$827,677. This shortfall was offset by transfers in of \$855,451.

The fund balance of the Help Me Grow fund had disbursements exceeding receipts by \$45,125.

General Fund Budgeting Highlights

The Health District's budget is prepared according to Ohio law and is based on accounting for certain transactions on a basis of cash receipts, disbursements, and encumbrances. The most significant budgeted fund is the General Fund.

During the course of 2006, the Health District amended its appropriations, and the budgetary statement reflects both the original and final appropriated amounts. The following funds had significant changes between the original and the final estimated receipts:

- Both the receipts and the disbursements of The Home Care Nursing Fund were significantly less than the amounts budgeted. The Health District discontinued its Home Care program in October of 2006. The program expense was exceeding the amount of tax support authorized by the Board and the decision was made to discontinue the program.
- Receipts from charges for services were 59% more than budgeted in the Public Health Nursing Fund. This was due to an increase in fees received for Immunizations.

Contacting the Health District's Financial Management

This financial report is designed to provide our citizens, taxpayers, and providers with a general overview of the Health District's finances and to reflect the Health District's accountability for the money it receives. Questions concerning any of the information in this report or requests for additional information should be directed to Jeffrey Campbell CPA, Senior Manager, Lake County General Health District, 33 Mill Street, Painesville, Ohio 44077.

Lake County General Health District, Lake County

Statement of Net Assets - Cash Basis

December 31, 2006

	<u>Primary Government Governmental Activities</u>
Assets	
Equity in Pooled Cash and Cash Equivalents	<u>\$1,809,016</u>
<i>Total Assets</i>	<u><u>\$1,809,016</u></u>
Net Assets	
Restricted for:	
Other Purposes	\$585,195
Unrestricted	<u>1,223,821</u>
<i>Total Net Assets</i>	<u><u>\$1,809,016</u></u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County

Statement of Activities - Cash Basis

For the Year Ended December 31, 2006

	Program Receipts			Net (Disbursements) Receipts and Changes in Net Assets
	Disbursements	Charges for Services and Sales	Operating Grants and Contributions	Governmental Activities
Governmental Activities				
Environmental Health				
General Environmental Health	\$1,306,635	\$827	\$0	(\$1,305,808)
Air Pollution Control	235,781	3,260	220,115	(12,406)
Mosquito Control	231,443	4,515	0	(226,928)
Solid Waste	57,500	160,857	0	103,357
Food Service	38,109	337,124	0	299,015
Storm Water	51,792	75,119	0	23,327
Other Environmental Health	27,580	386,198	70,678	429,296
Home Care Services	498,382	425,521	0	(72,861)
Around the Clock	5,069	0	0	(5,069)
Community Health Services				
WIC	492,366	0	490,135	(2,231)
Help Me Grow	496,339	0	541,624	45,285
Immunizations	97,682	151,639	32,129	86,086
Child and Family Health Services	70,587	8,023	112,143	49,579
Communicable Diseases	3,319	13,362	3,000	13,043
Other Community Health Services	753,165	517	78,319	(674,329)
Health Promotion and Planning				
Health Promotion and Planning	252,657	0	44,744	(207,913)
Public Health Infrastructure	133,657	0	202,224	68,567
Vital Statistics	191,623	239,740	2,260	50,377
Family and Children First Council	99,395	0	49,310	(50,085)
Administration	490,647	0	0	(490,647)
Capital Outlay	752,341	0	0	(752,341)
General Health District	323,967	0	0	(323,967)
<i>Total Governmental Activities</i>	<u>6,610,036</u>	<u>1,806,702</u>	<u>1,846,681</u>	<u>(2,956,653)</u>
General Receipts				
Property Taxes Levied for				
General Health District Purposes				2,458,946
State Subsidy				68,519
Miscellaneous				68,188
<i>Total General Receipts</i>				<u>2,595,653</u>
Extraordinary Item - FEMA				58,921
Total General Receipts and Special Item				<u>2,654,574</u>
Change in Net Assets				(302,079)
<i>Net Assets Beginning of Year</i>				<u>2,111,095</u>
<i>Net Assets End of Year</i>				<u>\$1,809,016</u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County
Statement of Cash Basis Assets and Fund Balances
 Governmental Funds
 December 31, 2006

	General	Home Care Nursing	Public Health Nursing	Women, Infants, and Children	Help Me Grow Program	Other Governmental Funds	Total Governmental Funds
Assets							
Equity in Pooled Cash and Cash Equivalents	\$1,223,820	\$26,141	\$9,049	\$92,092	\$30,404	\$427,510	\$1,809,016
<i>Total Assets</i>	<u>\$1,223,820</u>	<u>\$26,141</u>	<u>\$9,049</u>	<u>\$92,092</u>	<u>\$30,404</u>	<u>\$427,510</u>	<u>\$1,809,016</u>
Fund Balances							
Reserved:							
Reserved for Encumbrances	\$13,537	\$0	\$5,350	\$30	\$0	\$4,179	23,096
Unreserved:							
Undesignated (Deficit), Reported in:							
General Fund	1,210,283	0	0	0	0	0	1,210,283
Special Revenue Funds	0	26,141	3,699	92,062	30,404	423,331	575,637
<i>Total Fund Balances</i>	<u>\$1,223,820</u>	<u>\$26,141</u>	<u>\$9,049</u>	<u>\$92,092</u>	<u>\$30,404</u>	<u>\$427,510</u>	<u>\$1,809,016</u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County
Statement of Cash Receipts, Disbursements and Changes in Cash Basis Fund Balances
 Governmental Funds
 For the Year Ended December 31, 2006

	General	Women, Infants, and Children	Home Care Nursing	Public Health Nursing	Help Me Grow Program	Other Governmental Funds	Total Governmental Funds
Receipts							
Property and Other Local Taxes	\$2,458,946	\$0	\$0	\$0	\$0	\$0	\$2,458,946
Intergovernmental	70,678	490,135	0	19,016	541,464	725,388	1,846,681
Fines, Licenses and Permits	68,519	0	0	0	0	0	68,519
Charges for Services	405,368	0	425,521	173,540	0	802,273	1,806,702
Miscellaneous	68,188	0	0	0	0	0	68,188
<i>Total Receipts</i>	<u>3,071,699</u>	<u>490,135</u>	<u>425,521</u>	<u>192,556</u>	<u>541,464</u>	<u>1,527,661</u>	<u>6,249,036</u>
Disbursements							
Current:							
Environmental Health							
General Environmental Health	1,306,635	0	0	0	0	0	1,306,635
Air Pollution Control	0	0	0	0	0	235,781	235,781
Mosquito Control	231,443	0	0	0	0	0	231,443
Solid Waste	0	0	0	0	0	57,500	57,500
Food Service	546	0	0	0	0	37,563	38,109
Phase II Storm Water	51,792	0	0	0	0	0	51,792
Other Environmental Health	12,645	0	0	0	0	14,935	27,580
Home Care Services	2,067	0	454,315	0	0	42,000	498,382
Around the Clock	0	0	5,069	0	0	0	5,069
Community Health Services							
WIC	0	492,216	0	150	0	0	492,366
Help Me Grow	0	0	0	0	496,339	0	496,339
Immunizations	0	0	0	3,865	75,955	17,862	97,682
Child and Family Health Services	0	0	0	0	0	70,587	70,587
Communicable Diseases	0	0	0	2,959	0	360	3,319
General Community Health Services	0	0	0	81,105	0	672,061	753,166
Health Promotion and Planning							
Health Promotion and Planning	8,924	0	0	167,092	0	76,641	252,657
Public Health Infrastructure	0	0	0	0	0	133,657	133,657
Vital Statistics	0	0	0	0	0	191,623	191,623
Family and Children First Council	0	0	0	0	0	99,395	99,395
Administration	490,647	0	0	0	0	0	490,647
Capital Outlay	752,341	0	0	0	0	0	752,341
General Health District	310,493	0	0	4,611	0	8,862	323,966
<i>Total Disbursements</i>	<u>3,167,533</u>	<u>492,216</u>	<u>459,384</u>	<u>259,782</u>	<u>572,294</u>	<u>1,658,827</u>	<u>6,610,036</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(95,834)</u>	<u>(2,081)</u>	<u>(33,863)</u>	<u>(67,226)</u>	<u>(30,830)</u>	<u>(131,166)</u>	<u>(361,000)</u>
Other Financing Sources (Uses)							
Extraordinary Item - FEMA Reimbursement	58,921	0	0	0	0	0	58,921
Transfers In	0	0	0	120,000	0	0	120,000
Transfers Out	(120,000)	0	0	0	0	0	(120,000)
<i>Total Other Financing Sources (Uses)</i>	<u>(61,079)</u>	<u>0</u>	<u>0</u>	<u>120,000</u>	<u>0</u>	<u>0</u>	<u>58,921</u>
<i>Net Change in Fund Balances</i>	<u>(156,913)</u>	<u>(2,081)</u>	<u>(33,863)</u>	<u>52,774</u>	<u>(30,830)</u>	<u>(131,166)</u>	<u>(302,079)</u>
<i>Fund Balances Beginning of Year</i>	<u>1,380,733</u>	<u>94,173</u>	<u>60,004</u>	<u>(43,725)</u>	<u>61,234</u>	<u>558,676</u>	<u>2,111,095</u>
<i>Fund Balances End of Year</i>	<u>\$1,223,820</u>	<u>\$92,092</u>	<u>\$26,141</u>	<u>\$9,049</u>	<u>\$30,404</u>	<u>\$427,510</u>	<u>\$1,809,016</u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County

Statement of Receipts, Disbursements and Changes

In Fund Balance - Budget and Actual -Budget Basis

General Fund

For the Year Ended December 31, 2006

	Budgeted Amounts		Actual	(Optional)
	Original	Final		Variance with Final Budget Positive (Negative)
Receipts				
Property and Other Local Taxes	\$2,458,945	\$2,458,945	\$2,458,946	\$1
Intergovernmental	57,450	57,450	70,678	13,228
Fines, Licenses and Permits	532,095	532,095	473,887	(58,208)
Miscellaneous	68,201	68,201	68,188	(13)
<i>Total Receipts</i>	<u>3,116,691</u>	<u>3,116,691</u>	<u>3,071,699</u>	<u>(44,992)</u>
Disbursements				
Current:				
Environmental Health				
General Environmental Health	1,378,430	1,375,219	1,320,172	55,047
Mosquito Control	188,058	301,506	231,443	70,063
Phase II Storm Water	71,504	75,840	51,792	24,048
Plumbing	300	900	880	20
Other Environmental Health	27,228	27,228	23,302	3,926
Administration	573,214	614,743	490,647	124,096
Capital Outlay	250,000	1,167,489	752,341	415,148
General Health District	381,163	768,579	310,493	458,086
<i>Total Disbursements</i>	<u>2,869,897</u>	<u>4,331,504</u>	<u>3,181,070</u>	<u>1,150,434</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>246,794</u>	<u>(1,214,813)</u>	<u>(109,371)</u>	<u>1,105,442</u>
Other Financing Sources (Uses)				
Transfers Out	(158,157)	(158,517)	(120,000)	38,517
<i>Total Other Financing Sources (Uses)</i>	<u>(158,157)</u>	<u>(158,517)</u>	<u>(120,000)</u>	<u>38,517</u>
Extraordinary Item - FEMA Reimbursement	(316,314)	(317,034)	58,921	58,921
<i>Net Change in Fund Balances</i>	88,637	(1,373,330)	(170,450)	1,202,880
<i>Fund Balances Beginning of Year</i>	<u>1,380,733</u>	<u>1,380,733</u>	<u>1,380,733</u>	<u>0</u>
<i>Fund Balances End of Year</i>	<u>\$1,469,370</u>	<u>\$7,403</u>	<u>\$1,210,283</u>	<u>\$1,202,880</u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual -Budget Basis
Home Care Nursing Fund
For the Year Ended December 31, 2006

	Budgeted Amounts		Actual	(Optional) Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Charges for Services	\$ 796,471	\$ 796,471	\$ 425,521	\$ (370,950)
<i>Total Receipts</i>	<u>796,471</u>	<u>796,471</u>	<u>425,521</u>	<u>(370,950)</u>
Disbursements				
Current:				
Home Care Services	706,674	813,385	454,315	359,070
Around the Clock	4,019	5,487	5,069	418
<i>Total Disbursements</i>	<u>710,693</u>	<u>818,872</u>	<u>459,384</u>	<u>359,488</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>85,778</u>	<u>(22,401)</u>	<u>(33,863)</u>	<u>(11,462)</u>
<i>Net Change in Fund Balances</i>	85,778	(22,401)	(33,863)	(11,462)
<i>Fund Balances Beginning of Year</i>	<u>59,201</u>	<u>59,201</u>	<u>59,201</u>	<u>0</u>
<i>Fund Balances End of Year</i>	<u><u>\$144,979</u></u>	<u><u>\$36,800</u></u>	<u><u>\$25,338</u></u>	<u><u>(\$11,462)</u></u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual -Budget Basis
Public Health Nursing Fund
For the Year Ended December 31, 2006

	Budgeted Amounts		Actual	(Optional)
	Original	Final		Variance with Final Budget Positive (Negative)
Receipts				
Intergovernmental	\$20,000	\$20,000	\$19,016	(\$984)
Charges for Services	122,215	122,215	173,540	\$51,325
<i>Total Receipts</i>	<u>142,215</u>	<u>142,215</u>	<u>192,556</u>	<u>50,341</u>
Disbursements				
Current:				
Community Health Services				0
WIC	0	150	150	0
Immunizations	18,244	19,581	3,865	15,716
Communicable Diseases	8,950	8,950	2,959	5,991
Other Community Health Services	55,506	90,506	86,455	4,051
Health Promotion and Planning				
Health Promotion and Planning	212,790	236,559	167,092	69,467
Public Health Infrastructure	0	5,000	4,611	389
<i>Total Disbursements</i>	<u>295,490</u>	<u>360,746</u>	<u>265,132</u>	<u>95,614</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(153,275)</u>	<u>(218,531)</u>	<u>(72,576)</u>	<u>145,955</u>
Other Financing Sources (Uses)				
Transfers In	199,549	299,549	120,000	(179,549)
<i>Total Other Financing Sources (Uses)</i>	<u>199,549</u>	<u>299,549</u>	<u>120,000</u>	<u>(179,549)</u>
<i>Net Change in Fund Balances</i>	46,274	81,018	47,424	(33,594)
<i>Fund Balances Beginning of Year</i>	<u>(44,020)</u>	<u>(44,020)</u>	<u>(44,020)</u>	<u>0</u>
<i>Fund Balances End of Year</i>	<u><u>\$2,254</u></u>	<u><u>\$36,998</u></u>	<u><u>\$3,404</u></u>	<u><u>(\$33,594)</u></u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual -Budget Basis
Women, Infants, and Children (WIC) Fund
For the Year Ended December 31, 2006

	Budgeted Amounts		Actual	(Optional) Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Intergovernmental	\$ 465,550	\$ 479,702	\$ 490,135	\$ 10,433
<i>Total Receipts</i>	<u>465,550</u>	<u>479,702</u>	<u>490,135</u>	<u>10,433</u>
Disbursements				
Current:				
Community Health Services				
WIC	489,374	540,496	492,216	48,280
<i>Total Disbursements</i>	<u>489,374</u>	<u>540,496</u>	<u>492,216</u>	<u>48,280</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(23,824)</u>	<u>(60,794)</u>	<u>(2,081)</u>	<u>58,713</u>
<i>Net Change in Fund Balances</i>	(23,824)	(60,794)	(2,081)	58,713
<i>Fund Balances Beginning of Year</i>	<u>94,173</u>	<u>94,173</u>	<u>94,173</u>	<u>0</u>
<i>Fund Balances End of Year</i>	<u><u>70,349</u></u>	<u><u>\$33,379</u></u>	<u><u>\$92,092</u></u>	<u><u>\$58,713</u></u>

See accompanying notes to the basic financial statements

Lake County General Health District, Lake County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual -Budget Basis
Help Me Grow Fund
For the Year Ended December 31, 2006

	Budgeted Amounts		Actual	(Optional) Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Intergovernmental	\$ 550,164	\$ 561,445	\$ 541,464	\$ (19,981)
<i>Total Receipts</i>	<u>550,164</u>	<u>561,445</u>	<u>541,464</u>	<u>(19,981)</u>
Disbursements				
Current:				
Help Me Grow	510,425	520,860	496,339	24,521
Immunizations	65,525	75,960	75,955	5
<i>Total Disbursements</i>	<u>575,950</u>	<u>596,820</u>	<u>572,294</u>	<u>24,526</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(25,786)</u>	<u>(35,375)</u>	<u>(30,830)</u>	<u>4,545</u>
<i>Net Change in Fund Balances</i>	(25,786)	(35,375)	(30,830)	4,545
<i>Fund Balances Beginning of Year</i>	<u>61,234</u>	<u>61,234</u>	<u>61,234</u>	<u>0</u>
<i>Fund Balances End of Year</i>	<u><u>\$35,448</u></u>	<u><u>\$25,859</u></u>	<u><u>\$30,404</u></u>	<u><u>\$4,545</u></u>

See accompanying notes to the basic financial statements

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Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006

Note 1 – Reporting Entity

A fourteen-member Board of Health and the Health Commissioner governs the Health District. The Board appoints a health commissioner and the three Directors. All other employees of the Health District are hired by the Health Commissioner. With the exception of the City of Mentor, each contracting city has one Board representative. As a result of their population, the City of Mentor has two representatives. The General Health District (township and villages) have three representatives on the board. There is one board member representing the licensing council, the licensing council represents various groups that are licensed by the Health District. The Health District's services include communicable disease investigations, immunization clinics, inspections, public health nursing services and the issuance of health-related licenses and permits.

The Health District's management believes these basic financial statements present all activities for which the Health District is financially accountable.

Note 2 - Summary of Significant Accounting Policies

As discussed further in Note 2.C, these financial statements are presented on a cash basis of accounting. This cash basis of accounting differs from accounting principles generally accepted in the United States of America (GAAP). Generally accepted accounting principles include all relevant Governmental Accounting Standards Board (GASB) pronouncements, which have been applied to the extent they are applicable to the cash basis of accounting. In the government-wide financial statements, Financial Accounting Standards Board (FASB) pronouncements and Accounting Principles Board (APB) opinions issued on or before November 30, 1989, have been applied, to the extent they are applicable to the cash basis of accounting, unless those pronouncements conflict with or contradict GASB pronouncements, in which case GASB prevails. Following are the more significant of the Health District's accounting policies.

A. Basis of Presentation

The Health District's basic financial statements consist of government-wide financial statements, including a statement of net assets 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 assets and the statement of activities display information about the Health District as a whole. These statements usually distinguish between those activities of the Health District that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health District has no business-type activities.

The statement of net assets presents the cash balance of the governmental activities of the Health District at year end. The statement of activities compares disbursements and program receipts for each program or function of the Health District's governmental activities. Disbursements are reported by function. A function is a group of related activities designed to accomplish a major service or regulatory program for which the Health District is responsible.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

Program receipts include charges paid by the recipient of the goods or services offered by the program, and grants and contributions that are restricted to meeting the operational or capital requirements of a particular program.

Receipts which are not classified as program receipts are presented as general receipts of the Health District, with certain limited exceptions. The comparison of direct disbursements with program receipts identifies the extent to which each governmental program or business activity is self-financing on a cash basis or draws from the general receipts of the Health District.

Fund Financial Statements

During the year, the Health District segregates transactions related to certain Health District functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. Fund financial statements are designed to present financial information of the Health District at this more detailed level. The focus of governmental fund financial statements is on major funds. Each major fund is presented in a separate column. Nonmajor funds are aggregated and presented in a single column.

B. Fund Accounting

The Health District uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. Funds are used to segregate resources that are restricted as to use. The funds of the Health District are presented as governmental.

Governmental Funds

Governmental funds are those through which most governmental functions of the Health District are financed. The following are the Health District's major governmental funds:

General Fund - The General Fund accounts for all financial resources, except those required to be accounted for in another fund. The General Fund balance is available to the Health District for any purpose provided it is expended or transferred according to the general laws of Ohio.

Women, Infants, and Children (WIC) Fund – This special revenue fund accounts for the WIC grant funds and disbursements. The mission of WIC is to safeguard the health of low-income women with infants and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Home Care Nursing Fund – This special revenue fund receives fees for providing home nursing services to elderly and homebound persons within the County.

Public Health Nursing Fund – This special revenue fund receives fees and non-federal grant dollars for providing public health nursing services.

Help Me Grow Fund – This special revenue fund receives funding for the Help Me Grow (HMG) Program. The primary funding sources are TANF (Temporary assistance for needy families), "Part C" grant funds, and the State's General Revenue Fund for HMG.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

The other governmental funds of the Health District account for grants and other resources whose use is restricted for a particular purpose.

C. Basis of Accounting

The Health District's financial statements are prepared using the cash basis of accounting. Receipts are recorded in the Health District's financial records and reported in the financial statements when cash is received rather than when earned and disbursements are recorded when cash is paid rather than when a liability is incurred.

As a result of the use of this cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue for billed or provided services not yet collected) and certain liabilities and their related expenses (such as accounts payable and expenses for goods or services received but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements.

D. Budgetary Process

All funds are legally required to be budgeted and appropriated. The major documents prepared are the tax budget, the certificate of estimated resources, and the appropriations resolution, all of which are prepared on the budgetary basis of accounting. The tax budget demonstrates a need for existing or increased tax rates. The certificate of estimated resources establishes a limit on the amount the County Board of Health may appropriate. The appropriations resolution is the County Board of Health's authorization to spend resources and sets annual limits on cash disbursements plus encumbrances at the level of control selected by the Lake County Board of Health. The legal level of control has been established by the Lake County Board of Health at the fund, personal services and other, level for all funds.

ORC Section 3709.28 establishes budgetary requirements for the Health District, which are similar to ORC Chapter 5705 budgetary requirements. On or about the first Monday of April the Health District must adopt an itemized appropriation measure. The appropriation measure, together with an itemized estimate of revenues to be collected during the next fiscal year, shall be certified to the county budget commission. Subject to estimated resources, the Board of Health may, by resolution, transfer appropriations from one appropriation item to another, reduce or increase any item, create new items, and make additional appropriations or reduce the total appropriation. Such appropriation modifications shall be certified to the county budget commission for approval.

The certificate of estimated resources may be amended during the year if projected increases or decreases in receipts are identified by the Health District. The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources when the original appropriations were adopted. The amounts reported as the final budgeted amounts on the budgetary statements reflect the amounts on the amended certificated of estimated resources in effect at the time final appropriations were passed by the County Board of Health.

The appropriations resolution is subject to amendment throughout the year with the restriction that appropriations cannot exceed estimated resources.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

The amounts reported as the original budgeted amounts reflect the first appropriation resolution for that fund that covered the entire year, including amounts automatically carried forward from prior years. The amounts reported as the final budgeted amounts represent the final appropriation amounts passed by the County Board of Health during the year.

E. Cash and Investments

The County Treasurer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County. The Lake County Treasurer's office is located in Lake County's administration building at 105 Main St. Painesville Ohio 44077. The phone number is (440) 350-2516.

F. Restricted Assets

Assets are reported as restricted when limitations on their use change the nature or normal understanding of their use. Such constraints are either externally imposed by creditors, contributors, grantors, or laws of other governments, or are imposed by law through constitutional provisions or enabling legislation.

G. Inventory and Prepaid Items

The Health District reports disbursements for inventory and prepaid items when paid. These items are not reflected as assets in the accompanying financial statements.

H. Capital Assets

Acquisitions of property, plant and equipment are recorded as disbursements when paid. These items are not reflected as assets in the accompanying financial statements.

I. Accumulated Leave

In certain circumstances, such as upon leaving employment or retirement, employees are entitled to cash payments for unused leave. Unpaid leave is not reflected as a liability under the Health District's cash basis of accounting.

J. Employer Contributions to Cost-Sharing Pension Plans

The Health District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 7 and 8, the employer contributions include portions for pension benefits and for postretirement health care benefits.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

K. Net Assets

Net assets are reported as restricted when there are limitations imposed on their use either through enabling legislation or through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. Net assets restricted for other purposes primarily include net assets related to the Family and Children First Council and the services provided by the WIC grant and other grants. The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available.

L. Fund Balance Reserves

The Health District reserves any portion of fund balances which is not available for appropriation or which is legally segregated for a specific future use. Unreserved fund balance indicates that portion of fund balance which is available for appropriation in future periods. Fund balance reserves have been established for encumbrances.

M. Interfund Transactions

Exchange transactions between funds are reported as receipts in the seller funds and as disbursements in the purchaser funds. Subsidies from one fund to another without a requirement for repayment are reported as interfund transfers. Interfund transfers are reported as other financing sources/uses in governmental funds. Repayments from funds responsible for particular cash disbursements to the funds that initially paid for them are not presented in the financial statements.

N. Extraordinary Item

Extraordinary items are transactions or events that are both unusual in nature and infrequent in occurrence.

Note 3 – Accountability and Compliance

Contrary to Ohio Revised Code Section 5705.41(D) the Health District did not properly encumber 18 out of 60 transactions tested prior to obtaining the goods or services.

Note 4 - Budgetary Basis of Accounting

The budgetary basis as provided by law is based upon accounting for certain transactions on the basis of cash receipts, disbursements, and encumbrances. The Statement of Receipts, Disbursements and Changes in Fund Balance – Budget and Actual – Budgetary Basis presented for the General Fund and each major special revenue fund is prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The difference between the budgetary basis and the cash basis is outstanding year end encumbrances are treated as expenditures (budgetary basis) rather than as a reservation of fund balance (cash basis).

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 4 - Budgetary Basis of Accounting (continued)

The encumbrances outstanding at year end (budgetary basis) amounted to:

General Fund	\$13,537
Major Special Revenue Funds:	
Home Care Nursing	-0-
Help Me Grow	-0-
Women, Infants and Children	-0-
Public Health Nursing	5,350

Note 5 - Property and other Local Taxes

Property taxes include amounts levied against all real property, public utility property, and tangible personal property located in the Health District. Real property tax receipts received in 2006 represent the collection of 2005 taxes. Real property taxes received in 2006 were levied after October 1, 2005, on the assessed values as of January 1, 2005, the lien date. Assessed values for real property taxes are established by State statute at 35 percent of appraised market value. Real property taxes are payable annually or semiannually. If paid annually, payment is due December 31; if paid semiannually, the first payment is due December 31, with the remainder payable by June 20. Under certain circumstances, State statute permits alternate payment dates to be established.

Public utility personal property tax received in 2006 represent the collection of 2005 taxes. Public utility tangible personal property taxes received in 2006 became a lien on December 31, 2004, were levied after October 1, 2005, and are collected in 2006 with real property taxes. Public utility tangible personal property is currently assessed at varying percentages of true value.

Tangible personal property tax receipts received in 2006 (other than public utility property) represent the collection of 2006 taxes. Tangible personal property taxes received in 2006 were levied after October 1, 2005, on the true value as of December 31, 2005. Tangible personal property is currently assessed at 25 percent of true value for capital assets and 23 percent for inventory. The tangible personal property tax is being phased out – the assessment percentage for all property including inventory for 2006 is 18.75 percent. This will be reduced to 12.5 percent for 2007, 6.25 percent for 2008 and zero for 2009. Amounts paid by multi-county taxpayers are due September 20. Single county taxpayers may pay annually or semiannually. If paid annually, the first payment is due April 30; if paid semiannually, the first payment is due April 30, with the remainder payable by September 20.

The County Treasurer collects property taxes on behalf of all taxing districts within the County. The County Auditor periodically remits to the taxing districts their portion of the taxes collected. The collection and distribution of taxes for all subdivisions within the County, excluding the County itself, is accounted for through agency funds. The amount of the County's tax collections is accounted for within the applicable funds.

The Health District receives a portion of taxes assessed by the County. The amount of property taxes received from Townships and Villages is based on the subdivision's assessed values of real property, public utility property, and tangible personal property.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 5 - Property and other Local Taxes (Continued)

Fifty percent of the amount of taxes received from Cities is based on the assessed values of real property, public utility property, and tangible personal property. The remaining fifty percent of taxes is based on the City's population. The millage of the Health District for Townships and Villages is .33 mils and ranges from .29 mils and .46 mils for Cities.

The assessed values of real property, public utility property, and tangible personal property upon which 2005 property tax receipts were based are as follows:

Real Property	\$5,573,620,660
Public Utility Property	379,428,180
Tangible Personal Property	375,491,607
Total Assessed Value	<u>\$6,328,540,447</u>

Note 6 - Risk Management

The Health District is exposed to various risks of property and casualty losses, and injuries to employees.

The Health District insures against injuries to employees through the Ohio Bureau of Worker's Compensation.

The Health District belongs to the Public Entities Pool of Ohio (PEP), a risk-sharing pool available to Ohio local governments. PEP provides property and casualty coverage for its members. PEP is a member of the American Public Entity Excess Pool (APEEP). Member governments pay annual contributions to fund PEP. PEP pays judgments, settlements and other expenses resulting from covered claims that exceed the members' deductibles.

Casualty Coverage

For an occurrence prior to January 1, 2006, PEP retains casualty risks up to \$250,000 per occurrence, including claim adjustment expenses. PEP pays a percentage of its contributions to APEEP. APEEP reinsures claims exceeding \$250,000, up to \$1,750,000 per claim and \$10,000,000 in the aggregate per year. For an occurrence prior on or subsequent to January 1, 2006, the Pool retains casualty risk up to \$350,000 per occurrence, including loss adjustment expenses. Claims exceeding \$350,000 are reinsured with APEEP in an amount not to exceed \$2,650,000 for each claim and \$10,000,000 in the aggregate per year. Governments can elect additional coverage, up to \$10,000,000 with the General Reinsurance Corporation, through contracts with PEP.

If losses exhaust PEP's retained earnings, APEEP provides *excess of funds available* coverage up to \$5,000,000 per year, subject to a per-claim limit of \$2,000,000 (for claims prior to January 1, 2006) or \$3,000,000 (for claims on or after January 1, 2006) as noted above.

Property Coverage

Through 2004, PEP retained property risks, including automobile physical damage, up to \$100,000 on any specific loss in any one occurrence. The Travelers Indemnity Company reinsured losses exceeding \$100,000 up to \$500 million per occurrence.

Lake County General Health District
 Lake County
 Notes to the Financial Statements
 For the Year Ended December 31, 2006
 (Continued)

Note 6 - Risk Management (Continued)

Beginning in 2005, Travelers reinsures specific losses exceeding \$250,000 up to \$600 million per occurrence. APEEP reinsures members for specific losses exceeding \$100,000 up to \$250,000 per occurrence, subject to an annual aggregate loss payment. Travelers provides aggregate stop-loss coverage based upon the combined members' total insurable value. If the stop loss is reached by payment of losses between \$100,000 and \$250,000, Travelers will reinsure specific losses exceeding \$100,000 up to their \$600 million per occurrence limit. The aggregate stop-loss limit for 2005 was \$1,901,127.

The aforementioned casualty and property reinsurance agreements do not discharge PEP's primary liability for claims payments on covered losses. Claims exceeding coverage limits are the obligation of the respective government.

Property and casualty settlements did not exceed insurance coverage for the past three fiscal years.

After completing one year of membership, members may withdraw on each anniversary of the date they joined PEP. They must provide written notice to PEP 60 days in advance of the anniversary date. Upon withdrawal, members are eligible for a full or partial refund of their capital contribution, minus the subsequent year's budgetary contribution. Withdrawing members have no future obligation to the pool. Also upon withdrawal, payments for all property and casualty claims and claim expenses become the sole responsibility of the withdrawing member, regardless of whether a claim was incurred or reported prior to the withdrawal.

Financial Position

PEP's financial statements (audited by other accountants) conform with generally accepted accounting principles, and reported the following assets, liabilities and retained earnings at December 31, 2006 and 2005:

<u>Casualty Coverage</u>	<u>2006</u>	<u>2005</u>
Assets	\$30,997,868	\$29,719,675
Liabilities	(15,875,741)	(15,994,168)
Retained Earnings	<u>\$15,122,127</u>	<u>\$13,725,507</u>

<u>Property Coverage</u>	<u>2006</u>	<u>2005</u>
Assets	\$5,125,326	\$4,443,332
Liabilities	(863,163)	(1,068,245)
Retained Earnings	<u>\$4,262,163</u>	<u>\$3,375,087</u>

Lake County General Health District
 Lake County
 Notes to the Financial Statements
 For the Year Ended December 31, 2006
 (Continued)

Note 6 - Risk Management (Continued)

At December 31, 2006 and 2005, respectively, casualty coverage liabilities noted above include approximately \$14.4 million and \$14.3 million of estimated incurred claims payable. The Casualty Coverage assets and retained earnings above also include approximately \$14.4 million and \$14.3 million of unpaid claims to be billed to approximately 447 member governments in the future, as of December 31, 2006 and 2005, respectively. These amounts will be included in future contributions from members when the related claims are due for payment. The District's share of these unpaid claims collectible in future years is approximately \$76,000. This payable includes the subsequent year's contribution due if the District terminates participation, as described in the last paragraph below.

Based on discussions with PEP, the expected rates PEP charges to compute member contributions, which are used to pay claims as they become due, are not expected to change significantly from those used to determine the historical contributions detailed below. By contract, the annual liability of each member is limited to the amount of financial contributions required to be made to PEP for each year of membership.

<u>Contributions to PEP</u>	
2004	\$ 33,960
2005	\$ 33,797
2006	\$ 38,060

After completing one year of membership, members may withdraw on each anniversary of the date they joined PEP provided they give written notice to PEP 60 days in advance of the anniversary date. Upon withdrawal, members are eligible for a full or partial refund of their capital contributions, minus the subsequent year's budgetary contribution. Withdrawing members have no other future obligation to the pool. Also upon withdrawal, payments for all casualty claims and claim expenses become the sole responsibility of the withdrawing member, regardless of whether a claim occurred or was reported prior to the withdrawal.

Note 7 - Defined Benefit Pension Plans

Ohio Public Employees Retirement System

The Health District participates in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The traditional plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20 percent per year). Under the member directed plan, members accumulate retirement assets equal to the value of the member and vested employer contributions plus any investment earnings. The combined plan is a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and a defined contribution plan. Under the combined plan, employer contributions are invested by the retirement system to provide a formula retirement benefit similar to the traditional plan benefit. Member contributions, whose investment is self-directed by the member, accumulate retirement assets in a manner similar to the member directed plan.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 7 - Defined Benefit Pension Plans (continued)

OPERS provides retirement, disability, survivor and death benefits and annual cost of living adjustments to members of the traditional and combined plans.

Members of the member directed plan do not qualify for ancillary benefits. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that may be obtained by writing to OPERS, 277 East Town Street, Columbus, OH 43215-4642 or by calling (614) 222-6701 or (800) 222-7377.

For the year ended December 31, 2006, the members of all three plans were required to contribute 9.0 percent of their annual covered salaries. The employer contribution rate for pension benefits for 2006 was 13.7 percent. The Ohio Revised Code provides statutory authority for member and employer contributions.

The Health District's required contributions for pension obligations to the traditional and combined plans for the years ended December 31, 2006, 2005, and 2004 were \$243,683, \$164,872, and \$150,879 respectively; all required contributions have been made as of December 31, 2006. Contributions to the member-directed plan for 2006 were \$6,886 made by the Health District and \$4,524 made by the plan members.

Note 8 - Postemployment Benefits

Ohio Public Employees Retirement System

The Ohio Public Employees Retirement System (OPERS) provides postretirement health care coverage to age and service retirees with ten or more years of qualifying Ohio service credit with either the traditional or combined plans. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. Members of the member-directed plan do not qualify for postretirement health care coverage. The health care coverage provided by the retirement system is considered an Other Postemployment Benefit as described in *GASB Statement No. 12*. A portion of each employer's contribution to the traditional or combined plans is set aside for the funding of postretirement health care based on authority granted by State statute. The 2006 local government employer contribution rate was 13.7 percent of covered payroll; 4.50 percent of covered payroll was the portion that was used to fund health care.

Benefits are advance-funded using the entry age normal actuarial cost method. Significant actuarial assumptions, based on OPERS's actuarial review performed as of December 31, 2005, include a rate of return on investments of 6.50 percent, an annual increase in active employee total payroll of 4 percent compounded annually (assuming no change in the number of active employees) and an additional increase in total payroll of between 0.50 percent and 6.3 percent based on additional annual pay increases. Health care premiums were assumed to increase between .50 and 6.00 percent annually for the next nine years and 4 percent annually after nine years.

All investments are carried at market. For actuarial valuation purposes, a smoothed market approach is used. Assets are adjusted to reflect 25 percent of unrealized market appreciation or depreciation on investment assets annually, not to exceed a 12 percent corridor..

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 8 - Postemployment Benefits (continued)

The number of active contributing participants in the traditional and combined plans was 369,214. Actual Health District contributions for 2006 which were used to fund postemployment benefits were \$102,066. The actual contribution and the actuarially required contribution amounts are the same. The actuarial value of OPERS's net assets available for payment of benefits at December 31, 2005, was \$11.1 billion.

The actuarially accrued liability and the unfunded actuarial accrued liability were \$31.3 billion and \$20.2 billion, respectively.

On September 9, 2005, the OPERS Retirement Board adopted a Health Care Preservation Plan (HCPP) with an effective date of January 1, 2007. The HCPP restructures OPERS' health care coverage to improve the financial solvency of the fund in response to increasing health care costs. Member and employer contribution rates increased as of January 1, 2006, and January 1, 2007, which will allow additional funds to be allocated to the health care plan.

Note 9 - Interfund Transfers

During 2006 the following transfers were made:

Transfers from the General Fund to:	
Public Health Nursing Fund	\$120,000

Transfers represent the allocation of unrestricted receipts collected in the General Fund and Other Governmental Funds to finance various programs accounted for in other funds in accordance with budgetary authorizations.

Note 10 – Nonprofit Corporations

On October 18, 1988, the District formed two nonprofit corporations in accordance with Chapter 1702 of the Ohio Revised Code which were recorded with the Secretary of State on October 19, 1988. On October 3, 2000, the District formed another nonprofit corporation in accordance with Chapter 1702 of the Ohio Revised Code which was recorded with the Secretary of State on October 6, 2000. The two corporations formed in 1988 are named the Lake County Around the Clock (ATC) and the Lake County Health District Fund. The corporation formed in 2000 is named the Health District Information Systems (HDIS) Corporation. All three corporations shall be operated exclusively for charitable, educational and scientific purposes and each corporation shall be operated specifically for the following:

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 10 – Nonprofit Corporations (continued)

Lake County ATC

- A. To establish, operate, maintain and support home health care programs and other health care programs to treat or prevent injury and disease and to provide care to the elderly without regard to sex, race, color or creed.
- B. To develop, participate in and carry on activities related to rendering care to elderly, sick and injured and/or designed and carried on to promote the health of the general community.
- C. To provide funds or to expend funds to further the treatment or prevention of injury and disease, including, without limitation, to promote and carry on scientific research related to care of the elderly, sick and injured and/or the promotion of health in the general community served by the Lake County General Health District.
- D. To take and hold by bequest, devise, gift, purchase, or lease either absolutely or in trust, for any of its purposes, and property, real or personal, without limitation as to amount or value; to sell, convey and dispose of any such property and to invest and reinvest the principal of the corporation for any of the purposes herein before set forth.
- E. To do all things necessary or appropriate in order to accommodate the foregoing purposes.

Lake Health District Fund

- A. To receive and maintain a fund or funds and to apply the income and principle thereof for charitable, educational or scientific purposes within the United States of America; and more particularly, but without limiting the generality of the foregoing, to provide financial support to the District, its employees and programs, for the care of the sick, elderly, injured, and disabled, to further the treatment or prevention of injury or disease and to develop activities designed and carried on to promote health in the general community served by the District.
- B. To take and hold by bequest, devise, gift, purchase, or lease either absolutely or in trust, for any of its purposes, any property, real or personal, without limitation as to the amount or value; to sell, convey and dispose of any such property and to invest and reinvest the principle of the corporation for any of the purposes herein before set forth.
- C. To do all things necessary or appropriate in order to accommodate the foregoing purposes.

HDIS Corporation

- A. To develop a data management system to be used by local health districts and similar agencies.

Lake County General Health District
Lake County
Notes to the Financial Statements
For the Year Ended December 31, 2006
(Continued)

Note 10 – Nonprofit Corporations (continued)

B. Solely for the above purposes, HDIS Corporation is empowered to take and hold by bequest, devise, gift, contribution, purchase, lease, or any other form, either absolutely or in trust, any property, real or personal, tangible or intangible, without limitation as to amount or value; to sell, convey, use, apply and dispose of any such property and to invest and reinvest the income and principle thereof; to deal with and expend the income and principle of the HDIS Corporation; to make gifts or contributions to other entities or persons; and to exercise all other rights and powers conferred by the laws of the State of Ohio upon nonprofit corporations.

C. To do all things necessary or appropriate in order to accomplish the foregoing.

Note 11 - Related Party Transactions

Related party transactions are transactions that an informed observer might reasonably believe reflects considerations other than economic self interest based upon the relationship that exists between the parties to the transactions. The term is often used in contrast to an arm's length transaction.

The District is not aware of any related party transaction during the year.

Note 12 – Contingent Liabilities

Amounts grantor agencies pay to the Health District are subject to audit and adjustment by the grantor, principally the federal government. Grantors may require refunding any disallowed costs. Management cannot presently determine amounts grantors may disallow. However, based on prior experience, management believes any refunds would be immaterial.

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**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

**Schedule of Federal Awards Receipts and Expenditures
For the Year Ended December 31, 2006**

Federal Grantor/ Pass-Through Grantor/ Program Title	Project/Grant Number	CFDA Number	Receipts	Expenditures
U.S. Department of Agriculture				
<i>Passed Through the Ohio Department of Health</i>				
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	43-1-001-1-CL-06	10.557	\$356,531	\$361,337
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	43-1-001-1-CL-07	10.557	\$133,604	\$115,371
Total Department of Agriculture			\$490,135	\$476,708
U.S. Department of Health & Human Services				
<i>Passed Through the Ohio Department of Health</i>				
Immunization Grants	43-1-001-2-AZ-05	93.268	\$2,529	\$0
Immunization Grants	43-1-001-2-AZ-06	93.268	\$29,600	\$23,586
Total Immunization Grants			\$32,129	\$23,586
Public Health Infrastructure	43-1-001-2-B1-06	93.283	\$131,748	\$132,436
Public Health Infrastructure	43-1-001-2-B1-07	93.283	\$0	\$61,253
Total Public Health Infrastructure			\$131,748	\$193,689
Maternal and Child Health Services Block Grant to the States	43-1-001-1-MC-06	93.994	\$42,803	\$44,613
Maternal and Child Health Services Block Grant to the States	43-1-001-1-MC-07	93.994	\$30,041	\$29,869
Total Maternal and Child Health Services Block Grant to the States			\$72,844	\$74,482
<i>Passed Through Portsmouth City Health Department</i>				
HIV Prevention Activities: Health Department Based	263-440-5238-5	93.940	\$28,765	\$22,595
Total HIV Prevention Activities: Health Department Based			\$28,765	\$22,595
<i>Passed Through Cuyahoga County of Ohio</i>				
HIV Emergency Relief Projects Grants	CE0400321-01	93.914	\$2,978	\$7,039
HIV Emergency Relief Projects Grants	CE0500549-01	93.914	\$34,538	\$38,775
Total HIV Emergency Relief Projects Grants			\$37,516	\$45,814
Total Department of Health & Human Services			\$303,002	\$360,166
U.S. Department of Environmental Protection Agency				
<i>Passed Through the Ohio Environmental Protection Agency</i>				
Air Pollution Control Program Support - FY 05		66.001	\$0	\$12,042
Air Pollution Control Program Support - FY 06	N/A	66.001	\$129,442	\$93,909
Air Pollution Control Program Support - FY 07	N/A	66.001	\$9,970	\$46,220
Total Environment Protection Agency			\$139,412	\$140,129
U.S. Department of Transportation				
<i>Passed Through the Ohio Department of Public Safety</i>				
State and Community Highway Safety - FY 05	2005-SA-N/1	20.600	\$7,458	\$0
State and Community Highway Safety - FY 06	SC-2006-43-00-00-00535	20.600	\$25,740	\$25,740
State and Community Highway Safety - FY 07	SC-2007-43-00-00-00502-00	20.600	\$0	\$5,230
Total Department of Transportation			\$33,198	\$30,970
U.S. Department of Education				
<i>Passed Through the Ohio Department of Health</i>				
Special Education Grants for Infants and Families 2005	43-1-001-1-EG-06	84.181	\$65,010	\$59,849
Special Education Grants for Infants and Families 2006	43-1-001-1-EG-07	84.181	\$50,022	\$60,346
Total Department of Education			\$115,032	\$120,195
Total Federal Assistance			\$1,080,779	\$1,128,168

**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

**NOTES TO THE SCHEDULE OF FEDERAL AWARDS RECEIPTS AND EXPENDITURES
FISCAL YEAR ENDED DECEMBER 31, 2006**

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Federal Awards Receipts and Expenditures (the Schedule) summarizes activity of the District's federal award programs. The schedule has been prepared on the cash basis of accounting.

N/A – Not Applicable

CFDA – Catalog of Federal Domestic Assistance



Mary Taylor, CPA

Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS REQUIRED BY *GOVERNMENT AUDITING STANDARDS*

Lake County General Health District
Lake County
33 Mill Street
Painesville, Ohio 44077

To the Board of Trustees:

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Lake County General Health District, Lake County, Ohio, (the District) as of and for the year ended December 31, 2006, which collectively comprise the District's basic financial statements and have issued our report thereon dated May 21, 2008, wherein we noted the District uses a comprehensive accounting basis other than generally accepted accounting principles. 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 the Comptroller General of the United States' *Government Auditing Standards*.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the District's internal control over financial reporting as a basis for designing our audit procedures for expressing our opinions on the financial statements, but not to opine on the effectiveness of the District's internal control over financial reporting. Accordingly, we have not opined on the effectiveness of the District's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the District's ability to initiate, authorize, record, process, or report financial data reliably in accordance with its applicable accounting basis, such that there is more than a remote likelihood that the District's internal control will not prevent or detect a more than inconsequential financial statement misstatement.

A material weakness is a significant deficiency, or combination of significant deficiencies resulting in more than a remote likelihood that the District's internal control will not prevent or detect a material financial statement misstatement.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all internal control deficiencies that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider material weaknesses, as defined above.

We noted a certain matter that we reported to the District's management in a separate letter dated May 21, 2008.

Lausche Building / 615 Superior Ave., NW / Twelfth Floor / Cleveland, OH 44113-1801
Telephone: (216) 787-3665 (800) 626-2297 Fax: (216) 787-3361
www.auditor.state.oh.us

Compliance and Other Matters

As part of reasonably assuring whether the District's financial statements are free of material misstatement, we tested its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could directly and materially affect 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 an opinion. The results of our tests disclosed an instance of noncompliance or other matter that we must report under *Government Auditing Standards* which is described in the accompanying schedule of findings as item 2006-001.

The District's response to the finding identified in our audit is described in the accompanying schedule of findings. We did not audit the District's response and, accordingly, we express no opinion on it.

We also noted a certain noncompliance or other matter not requiring inclusion in this report that we reported to the District's management in a separate letter dated May 21, 2008.

We intend this report solely for the information and use of the audit committee, management, Board of Trustees, and federal awarding agencies and pass-through entities. We intend it for no one other than these specified parties.



Mary Taylor, CPA
Auditor of State

May 21, 2008



Mary Taylor, CPA

Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO ITS MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Lake County General Health District
Lake County
33 Mill Street
Painesville, Ohio 44077

To the Board of Trustees:

Compliance

We have audited the compliance of the Lake County General Health District, Lake County, Ohio, (the District) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133, Compliance Supplement that apply to its major federal program for the year ended December 31, 2006. The summary of auditor's results section of the accompanying schedule of findings identifies the District's major federal program. The District's management is responsible for complying with the requirements of laws, regulations, contracts, and grants applicable to its major federal program. Our responsibility is to express an opinion on the District's compliance based on our audit.

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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to reasonably assure whether noncompliance occurred with the types of compliance requirements referred to above that could directly and materially affect a major federal program. An audit includes examining, on a test basis, evidence about the District's compliance with those requirements and performing other procedures we considered necessary in the circumstances. We believe our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the District's compliance with those requirements.

In our opinion, the Lake County General Health District, Lake County, Ohio, complied, in all material respects, with the requirements referred to above that apply to its major federal program for the year ended December 31, 2006.

Internal Control Over Compliance

The District's management is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the District's internal control over compliance with requirements that could directly and materially affect a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the District's internal control over compliance.

A *control deficiency* in internal control over compliance exists when the design or operation of a control does not allow management or employees, when performing their assigned functions, to prevent or detect noncompliance with a federal program compliance requirement on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the Government's ability to administer a federal program such that there is more than a remote likelihood that the Government's internal control will not prevent or detect more than inconsequential noncompliance with a federal program compliance requirement.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that the District's internal control will not prevent or detect material noncompliance with a federal program's compliance requirements.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

We intend this report solely for the information and use of the audit committee, management, Board of Trustees, federal awarding agencies, and pass-through entities. It is not intended for anyone other than these specified parties.



Mary Taylor, CPA
Auditor of State

May 21, 2008

**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

**SCHEDULE OF FINDINGS
OMB CIRCULAR A -133 § .505
FOR THE YEAR ENDED DECEMBER 31, 2006**

1. SUMMARY OF AUDITOR'S RESULTS

<i>(d)(1)(i)</i>	Type of Financial Statement Opinion	Unqualified
<i>(d)(1)(ii)</i>	Were there any material control weaknesses reported at the financial statement level (GAGAS)?	No
<i>(d)(1)(ii)</i>	Were there any other significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No
<i>(d)(1)(iii)</i>	Was there any reported material noncompliance at the financial statement level (GAGAS)?	Yes
<i>(d)(1)(iv)</i>	Were there any material internal control weaknesses reported for major federal programs?	No
<i>(d)(1)(iv)</i>	Were there any other significant deficiencies in internal control reported for major federal programs?	No
<i>(d)(1)(v)</i>	Type of Major Programs' Compliance Opinion	Unqualified
<i>(d)(1)(vi)</i>	Are there any reportable findings under § .510?	No
<i>(d)(1)(vii)</i>	Major Programs (list):	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (CFDA 10.557)
<i>(d)(1)(viii)</i>	Dollar Threshold: Type A/B Programs	Type A: > \$ 300,000 Type B: all others
<i>(d)(1)(ix)</i>	Low Risk Auditee?	Yes

**2. FINDINGS RELATED TO THE FINANCIAL STATEMENTS
REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS**

FINDING NUMBER 2006-001

Noncompliance Citation

Encumbrance of Funds

Ohio Revised Code Section 5705.41(D)(1) prohibits a subdivision or taxing entity from making any contract or ordering any expenditure of money unless a certificate signed by the Fiscal officer is attached thereto. The Fiscal officer must certify the amount required to meet any such contract or expenditure has been lawfully appropriated and is in the treasury, or is in the process of collection to the credit of an appropriate fund free from any previous encumbrance.

**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

**SCHEDULE OF FINDINGS
OMB CIRCULAR A -133 § .505
FOR THE YEAR ENDED DECEMBER 31, 2006
(Continued)**

FINDING NUMBER 2006-001 (Continued)

Encumbrance of Funds (Continued)

There are several exceptions to the standard requirement stated above that a Fiscal officer's certificate must be obtained prior to a subdivision or taxing authority entering into a contract or order involving the expenditure of money. The main exceptions are: "then and now" certificates, blanket certificates, and super blanket certificates, which are provided for in sections 5705.41(D)(1) and 5705.41(D)(3), respectively, of the Ohio Revised Code.

1. "Then and Now" certificate – If the Fiscal officer can certify that both at the time that the contract or order was made ("then"), and at the time the Fiscal officer is completing the certification ("now"), that sufficient funds were available or in the process of collection, to the credit of a proper fund, properly appropriated and free from any previous encumbrance, the District can authorize the drawing of a warrant for the payment of the amount due. The District has thirty days from the receipt of the "then and now" certificate to approve payment by ordinance or resolution.

Amounts of less than \$3,000 may be paid by the Fiscal officer without a resolution or ordinance upon completion of the "then and now" certificate, provided the expenditure is otherwise lawful. This does not eliminate any otherwise applicable requirement for approval of expenditures by the District.

2. Blanket Certificate – Fiscal officers may prepare "blanket" certificates for a certain sum of money not in excess of an amount established by resolution or ordinance adopted by a majority of the members of the legislative authority against any specific line item account over a period not running beyond the end of the current fiscal year. The blanket certificates may, but need not, be limited to a specific vendor. Only one blanket certificate may be outstanding at one particular time for any one particular line item appropriation.

3. Super Blanket Certificate – The District may also make expenditures and contracts for any amount from a specific line-item appropriation account in a specified fund upon certification of the Fiscal officer for most professional services, fuel, oil, food items, and any other specific recurring and reasonably predictable operating expense. This certification is not to extend beyond the current year. More than one super blanket certificate may be outstanding at a particular time for any line item appropriation.

The District's fiscal officer is the Lake County Auditor.

Thirty percent (18 out of 60) of the non-payroll transactions tested were not certified by the County Auditor at the time the commitment was incurred and there was no evidence the District followed the aforementioned exceptions. During our search for unrecorded encumbrances at December 31, 2006, we noted twenty-eight percent (8 out of 28) of the non-payroll transactions tested were not certified by the County Auditor at the time the commitment was incurred. All of the non-payroll errors and six of the unrecorded encumbrance errors occurred because the transaction did not have a purchase order executed, which is the method used by the District to certify funds. The remaining errors occurred because, purchase orders were not executed and certified prior to commitments being incurred. Failure to properly certify the availability of funds can result in overspending funds and negative cash fund balances.

LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY

SCHEDULE OF FINDINGS
OMB CIRCULAR A -133 § .505
FOR THE YEAR ENDED DECEMBER 31, 2006
(Continued)

FINDING NUMBER 2006-001 (Continued)

Encumbrance of Funds (Continued)

Unless the exceptions noted above are used, prior certification is not only required by statute but is a key control in the disbursement process to assure that purchase commitments receive prior approval. To improve controls over disbursements and to help reduce the possibility of the District's funds exceeding budgetary spending limitations, we recommend the Senior Manager certify that funds are or will be available prior to obligation by the District. When prior certification is not possible, "then and now" certification should be used.

We recommend the District certify purchases to which section 5705.41(D) applies. The most convenient certification method is to use purchase orders that include the certification language 5705.41(D) requires to authorize disbursements. The County Auditor should sign the certification at the time the District incurs a commitment, and only when the requirements of 5705.41(D) are satisfied. The County Auditor should post approved purchase commitments to the proper appropriation code, to reduce the available appropriation.

Official's Response:

The District is working with the County Auditor to develop procedures to eliminate this citation.

3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

None

**LAKE COUNTY GENERAL HEALTH DISTRICT
LAKE COUNTY**

**SCHEDULE OF PRIOR AUDIT FINDINGS
OMB CIRCULAR A-133 § .315 (b)
DECEMBER 31, 2006**

Finding Number	Finding Summary	Fully Corrected?	Not Corrected, Partially Corrected; Significantly Different Corrective Action Taken; or Finding No Longer Valid; <i>Explain</i>
2005-001	ORC 5705.41 (D) (1) – Properly certifying the availability of funds.	No	Repeated as Finding Number 2006-001
2005-002	Federal Program Record Keeping	Yes	Fully Corrected



Mary Taylor, CPA
Auditor of State

LAKE COUNTY GENERAL HEALTH DISTRICT

LAKE COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
JUNE 5, 2008**