

***CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY***

**AUDIT REPORT**

**For the Year Ended December 31, 2016**







# Dave Yost • Auditor of State

Board of Health  
Clermont County General Health District  
2275 Bauer Road, Suite 300  
Batavia, Ohio 45103

We have reviewed the *Independent Auditor's Report* of the Clermont County General Health District, Clermont County, prepared by Charles E. Harris & Associates, Inc., for the audit period January 1, 2016 through December 31, 2016. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Clermont County General Health District is responsible for compliance with these laws and regulations.

A handwritten signature in black ink that reads "Dave Yost".

Dave Yost  
Auditor of State

September 8, 2017

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**CLERMONT COUNTY GENERAL HEALTH DISTRICT**  
**CLERMONT COUNTY**  
**AUDIT REPORT**  
**For the Year Ended June 30, 2016**

**TABLE OF CONTENTS**

<b><u>TITLE</u></b>	<b><u>PAGE</u></b>
Independent Auditor’s Report	1 - 3
Management’s Discussion and Analysis	4 -11
Statement of Net Position	13
Statement of Activities	14
Balance Sheet – Governmental Funds	15-16
Reconciliation of Balance Sheet to the Statement of Net Position	17
Statement of Revenues, Expenditures and Changes in Fund Balances – Governmental Funds	19-20
Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances to the Statement of Activities	21
Fund Financial Statements:	
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (Non-GAAP Budgetary Basis) General Fund	22
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (Non-GAAP Budgetary Basis) Food Service Special Revenue Fund	23
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (Non-GAAP Budgetary Basis) PHHS Block Grant Special Revenue Fund	24
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (Non-GAAP Budgetary Basis) Bioterrorism Grant Special Revenue Fund	25
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (Non-GAAP Budgetary Basis) WIC Grant Special Revenue Fund	26
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (Non-GAAP Budgetary Basis) Sewage Program Special Revenue Fund	27
Notes to the Financial Statements	28 – 46

**CLERMONT COUNTY GENERAL HEALTH DISTRICT**  
**CLERMONT COUNTY**  
**AUDIT REPORT**  
**For the Year Ended June 30, 2016**

**TABLE OF CONTENTS-(Continued)**

<b><u>TITLE</u></b>	<b><u>PAGE</u></b>
Required Supplementary Information:	
Schedule of Health District's Proportionate Share of the Net Pension Liability Ohio Public Employees Retirement System- Traditional Pension Plan Last Three Fiscal Years	47
Schedule of Health District's Proportionate Share of the Net Pension Liability Ohio Public Employees Retirement System- Combined Benefit Plan Last Three Fiscal Years	48
Schedule of Health District's Proportionate Share of the Net Pension Liability Ohio Public Employees Retirement System- Traditional Pension Plan Last Three Fiscal Years	49
Schedule of Health District's Proportionate Share of the Net Pension Liability Ohio Public Employees Retirement System- Combined Benefit Plan Last Three Fiscal Years	50
Schedule of Federal Awards Receipts and Expenditures	51
Notes to the Schedule of Federal Awards Receipts and Expenditures	52
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Required by <i>Government Auditing Standards</i>	53-54
Independent Auditor's Report on Compliance with Requirements Applicable to the Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance	55-56
Schedule of Findings	57

**INDEPENDENT AUDITOR'S REPORT**

Clermont County General Health District  
Clermont County  
2275 Bauer Road, Suite 300  
Batavia, Ohio 45103

To the Board of Health:

***Report on the Financial Statements***

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Clermont County General Health District, Clermont County, Ohio (the District), as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

***Management's Responsibility for the Financial Statements***

Management is responsible for preparing and fairly presenting these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes designing, implementing, and maintaining internal control relevant to preparing and fairly presenting financial statements that are free from material misstatement, whether due to fraud or error.

***Auditor's Responsibility***

Our responsibility is to opine on these financial statements based on our audit. We audited in accordance with auditing standards generally accepted in the United States of America and the financial audit standards in the Comptroller General of the United States' *Government Auditing Standards*. Those standards require us to plan and perform the audit to reasonably assure the financial statements are free from material misstatement.

An audit requires obtaining evidence about financial statement amounts and disclosures. The procedures selected depend on our judgment, including assessing the risks of material financial statement misstatement, whether due to fraud or error. In assessing those risks, we consider internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not to the extent needed to opine on the effectiveness of the District's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of management's accounting policies and the reasonableness of their significant accounting estimates, as well as our evaluation of overall financial statement presentation.

We believe the audit evidence we obtained is sufficient and appropriate to support our opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Clermont County General Health District, Clermont County, Ohio, as of December 31, 2016, and the respective changes in financial position, thereof and the respective budgetary comparisons for the General fund, Food Service fund, PHHS Block Grant, Bioterrorism Grant fund, WIC Administration fund and the Sewage Program fund, thereof for the year then ended in accordance with the 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 this presentation to include Management's discussion and analysis, and schedules of net pension liabilities and pension contributions listed in the table of contents, to supplement the basic financial statements. Although this information is not part of the basic financial statements, the Governmental Accounting Standards Board considers it essential for placing the basic financial statements in an appropriate operational, economic, or historical context. We applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, consisting of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries to the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not opine or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to opine or provide any other assurance.

*Supplementary and Other Information*

Our audit was conducted to opine on the District's basic financial statements taken as a whole.

The Schedule of Federal Awards Receipts and Expenditures presents additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and is not a required part of the financial statements.

The Schedule is management's responsibility, and derives from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. We subjected this Schedule to the auditing procedures we applied to the basic financial statements. We also applied certain additional procedures, including comparing and reconciling the Schedule directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves in accordance with auditing standards generally accepted in the United States of America. In our opinion, this Schedule is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated June 23, 2017, 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. That report describes the scope of our internal control testing over financial reporting and compliance, and the results of that testing, and does not opine on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.



***Charles E. Harris & Associates, Inc.***  
June 23, 2017

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

The discussion and analysis of the General Health District's financial performance provides an overall review of the Health District's financial activities for the year ended December 31, 2016. 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 2016 are as follows:

- The assets of the Health District exceeded its liabilities at the close of the year ended December 31, 2016, by \$1,479,712 (net position).
- The Health District's total net position increased by \$975,236, which represents a 19.3% increase from 2015.
- At the end of 2016, the Health District's governmental funds reported a combined ending fund balance of \$2,027,326. Of this amount, \$1,235,025 is available for spending (unassigned fund balance) on behalf of Clermont County citizens.
- At the end of the 2016 fiscal year, the unassigned fund balance for the general fund was \$1,283,709 or 94% of total general fund expenditures.

**Using the Basic Financial Statements**

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 Health District as a financial whole or as an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities and conditions.

The Statement of Net Position and Statement of Activities 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 assets. Major fund financial statements provide the next level of detail. For governmental funds, these statements tell how services were financed in the short-term as well as what dollars remain for future spending. The fund financial statements also look at the Health District's most significant funds with all other non-major funds presented in total in one column.

**Reporting the Health District as a Whole**

Statement of Net Position and the Statement of Activities

While this document contains information about the funds used by the Health District to provide services to our citizens, the view of the Health District as a whole looks at all financial transactions and asks the question, "How did we do financially during 2016?" The Statement of Net Position and the Statement of Activities answer this question. These statements include all assets and liabilities using the accrual basis of accounting similar to the accounting used by the

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

private sector companies. This basis of accounting takes into account all of the current year's revenues and expenses regardless of when the cash is received or paid.

These two statements report the Health District's net position and the change in the position. This change in net position is important because it tells the reader whether, for the Health District as a whole, the financial position of the Health District has improved or diminished. However, in evaluating the overall position of the Health District, nonfinancial information such as the condition of the Health District's capital assets, the reliance on non-local financial resources for the operations and the need for continued growth will also need to be evaluated.

### **Reporting the Health District's Most Significant Funds**

#### **Fund Financial Statements**

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objects. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District are governmental funds. Fund financial reports provide detailed information about the Health District's major funds.

Based on restrictions on the use of monies, the Health District has established many funds which account for the multitude of services provided. However, these fund financial statements focus on the Health District's most significant funds. In the case of the Clermont County Health District, the major funds are the General, Food Service, PHHS Block Grant, Bioterrorism Grant, WIC Administration, and Sewage Program. The analysis of the Health District's major funds begins on page 9.

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

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

The Health District maintains several individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental statement of revenues, expenditures and changes in fund balances for the major funds, which were identified earlier. Data from the other governmental funds are combined into a single, aggregated presentation.

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

*Notes to the Financial Statements:* The notes provide additional information that is essential to a full understanding of the data provided in the governmental-wide and fund financial statements. The notes to the financial statements begin on page 28 of this report.

**Government-wide Financial Analysis**

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of the Health District, assets exceeded liabilities by \$1,479,712 as of December 31, 2016.

Table 1 provides a summary of the Health District's net position for 2016 compared to 2015.

Table 1  
**Net Position**  
(In Thousands)

	<u>2016</u>	<u>2015</u>
<b>Assets</b>		
Current & Other Assets	\$2,220.7	\$1,879.1
Capital Assets, Net	169.0	233.1
Net Pension Asset	7.6	5.9
<i>Total Assets</i>	<u>2,397.3</u>	<u>2,118.1</u>
<b>Deferred Outflows of Resources</b>		
Deferred Outflow Related to Pensions	1,798.1	309.4
<i>Total Assets and Deferred Outflows of Resources</i>	<u>4,195.4</u>	<u>2,427.5</u>
<b>Liabilities</b>		
Current & Other Liabilities	139.1	89.8
Long-Term Liabilities		
Due Within One Year	85.5	70.3
Due in More Than One Year	42.1	32.4
Net Position Liability	2,392.4	1,698.9
<i>Total Liabilities</i>	<u>2,659.1</u>	<u>1,891.4</u>
<b>Deferred Inflows of Resources</b>		
Deferred Inflows Related to Pensions	56.6	31.7
<i>Total Liabilities and Deferred Inflows of Resources</i>	<u>2,715.7</u>	<u>1,923.1</u>
<b>Net Position</b>		
Net Investment in Capital Assets	169.0	233.1
Restricted:	167.0	40.2
Unrestricted	1,143.7	231.1
<i>Total Net Position</i>	<u>\$1,479.7</u>	<u>\$504.4</u>

During 2015, the District adopted GASB Statement 68, "Accounting and Financial Reporting for Pensions—an Amendment of GASB Statement 27," which significantly revises accounting for pension costs and liabilities.

Governmental Accounting Standards Board standards are national and apply to all government financial reports prepared in accordance with generally accepted accounting principles. When accounting for pension costs, GASB 27 focused on a funding approach. This approach limited

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

pension costs to contributions annually required by law, which may or may not be sufficient to fully fund each plan's net pension liability. GASB 68 takes an earnings approach to pension accounting; however, the nature of Ohio's statewide pension systems and state law governing those systems requires additional explanation in order to properly understand the information presented in these statements.

Under the new standards required by GASB 68, the net pension liability equals the District's proportionate share of each plan's collective: Present value of estimated future pension benefits attributable to active and inactive employees' past service less plan assets available to pay these benefits. GASB notes that pension obligations, whether funded or unfunded, are part of the "employment exchange" – that is, the employee is trading his or her labor in exchange for wages, benefits, and the promise of a future pension. GASB noted that the unfunded portion of this pension promise is a present obligation of the government, part of a bargained-for benefit to the employee, and should accordingly be reported by the government as a liability since they received the benefit of the exchange. However, the District is not responsible for certain key factors affecting the balance of this liability.

In Ohio, the employee shares the obligation of funding pension benefits with the employer. Both employer and employee contribution rates are capped by State statute. A change in these caps requires action of both Houses of the General Assembly and approval of the Governor. Benefit provisions are also determined by State statute. The employee enters the employment exchange with the knowledge that the employer's promise is limited not by contract but by law. The employer enters the exchange also knowing that there is a specific, legal limit to its contribution to the pension system. In Ohio, there is no legal means to enforce the unfunded liability of the pension system as against the public employer. State law operates to mitigate/lessen the moral obligation of the public employer to the employee, because all parties enter the employment exchange with notice as to the law. The pension system is responsible for the administration of the plan.

Most long-term liabilities have set repayment schedules or, in the case of compensated absences (i.e. sick and vacation leave), are satisfied through paid time-off or termination payments. There is no repayment schedule for the net pension liability. As explained above, changes in pension benefits, contribution rates, and return on investments affect the balance of the net pension liability are outside the control of the local government. In the event that contributions, investment returns, and other changes are insufficient to keep up with required pension payments, State statute does not assign/identify the responsible party for the unfunded portion. Due to the unique nature of how the net pension liability is satisfied, this liability is separately identified within the long-term liability section of the statement of net position.

In accordance with GASB 68, the District's statements prepared on an accrual basis of accounting include an annual pension expense for their proportionate share of each plan's change in net pension liability not accounted for as deferred inflows/outflows. As a result of implementing GASB 68, the District is reporting a net pension liability and deferred inflows/outflows of resources related to pension on the accrual basis of accounting. The net pension asset/liability and deferred inflows/outflows had a result on the December 31, 2016 net position of \$(643,307).

**Clermont County General Health District  
Clermont County**

Management's Discussion and Analysis  
For the Year Ended December 31, 2016

Unaudited

The Health District's Current Assets increased approximately \$341,600 due to increases in grant funding in 2016 and increased due to staffing gaps. Capital Assets decreased approximately \$64,100 due to depreciation of furniture, fixtures and equipment. Current liabilities increased approximately \$49,300 due to an increase in accounts payable. Long-term liabilities increased approximately \$718,400 due to compensated absences and an increase in the net pension liability.

Table 2 provides a summary of the changes in net position for 2016 compared to 2015.

Table 2  
**Changes in Net Position**  
(In Thousands)

	<u>2016</u>	Governmental Activities <u>2015</u>
Program Revenues:		
Charges for Services	\$1,600.4	\$1,500.7
Operating Grants and Contributions	1,938.1	1,700.0
<i>Total Revenues</i>	3,538.5	3,200.7
Program Expenses:		
Environmental Health	941.4	1,194.1
Community Health Services	851.9	928.1
Health Promotion and Planning	111.4	112.0
Administration	658.6	794.7
<i>Total Expenses</i>	2,563.3	3,028.9
<i>Increase/Decrease in Net Position</i>	975.2	171.8

*Governmental Activities*

The Health District's governmental activities include Environmental Health, Community Health Services, Health Promotion and Planning and Administration. Overall expenses decreased by \$465,600 and revenues increased by \$337,800. The decrease in expenses is largely due to staffing gaps. Operating grants and contributions increased by \$238,100. Increases and decreases occur from year to year based on timing of receipt of grant payments and changes with all grants moving to a reimbursement basis.

Major programs in Environmental Health include Food Service, Solid Waste, Private Water, Private Sewage, Swimming Pool, and Plumbing Inspections.

Community Health Services includes the Bureau for Children with Medical Handicaps Program which provides diagnostic and treatment programs that link families with providers; the Tuberculosis Program, providing Tuberculosis skin testing and case management; Injury Prevention Program, working to reduce the number of injuries related to prescription drug overdoses; and Women, Infants and Children (WIC) whose goal is to improve the nutritional status of mothers, infants, and children during critical stages of growth and development.

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

The major program in Health Promotion and Planning is the Bioterrorism (Public Health Emergency Preparedness) Program that ensures public health is ready and able to respond to major emergencies or terrorism events.

Administration includes the overall administration of the Health District including fiscal management, support staff and vital statistics. Administration is also comprised of the Public Health Nuisance Program which addresses nuisance complaints made by citizens, administration of the Water and Waste Division and administration for the Nursing Division including support services, the Communicable Disease Program for tracking and conducting disease surveillance, and the Immunization Program, providing low cost immunizations for children and adults.

The Health District's strategy to secure the maximum amount of grants and contracts that are provided by the state and federal governments continues to be productive. Grants include Bioterrorism (Public Health Emergency Preparedness), Immunization, Preventive Health – Injury Prevention, and Women, Infants, and Children (WIC). The Health District also holds contracts with City of Cincinnati Health Department for Cities Readiness Initiative, the Clermont County Board of Commissioners for the Tuberculosis program, the Ohio Manufactured Home Commission for inspections, and the Ohio Department of Health for the SmokeFree Ohio Workplace program.

### **Financial Analysis of the Health District's Funds**

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

**Governmental Funds:** The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unreserved fund balance may serve as a useful measure of the Health District's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the Health District's governmental funds reported combined ending fund balances of \$2,027,326. Of this amount, \$1,235,025 constitutes unassigned fund balance, which is available for spending. The remainder of fund balance is assigned or restricted to indicate that it is not available for new spending (\$792,301). The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the general fund was \$1,283,709. As a measure of the general fund's liquidity, it may be useful to compare unassigned fund balance to total fund expenditures. Unassigned fund balance represents 94% of the total general fund expenditures.

Revenues exceeded expenditures in the General Fund by \$243,179 in 2016. Intergovernmental accounts for 53.7% of revenues in the General Fund. This consists of money from the townships, villages, and the City of Milford. Administration accounts for the majority, \$863,021, of expenditures in the General Fund.

The WIC Administration Special Revenue Fund accounts for federal grant monies for the Women, Infants and Children (WIC) program. WIC is a program for pregnant women, women

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

who recently had a baby, breastfeeding moms, infants and children up to age five. WIC provides nutrition education and support, breastfeeding education and support, referrals to healthcare, immunization screenings and referrals, and supplemental foods. Funding of the grant is on a reimbursement basis. Money was advanced from the General Fund to be able to cover the timing of when expenses were paid and the grant was received.

The Bioterrorism Special Revenue Fund accounts for federal grant monies for public health infrastructure and emergency planning efforts. The program is responsible for developing the Health District's Emergency Operation Plan, all supporting documents, and training and exercise programs. Planning and preparedness are collaborative efforts done on a local level with involvement of key partners in Clermont County as well as regional partners. Funding of the grant is on a reimbursement basis. Money was advanced from the General Fund to be able to cover the timing of when expenses were paid and the grant was received.

The Sewage Program Special Revenue Fund accounts for permits and licenses for the onsite Sewage Program. The program is responsible for reviewing private sewage treatment system applications, issuing permits for installation and conducting inspections of the installation. The program also conducts basic system assessments of existing private sewage systems to ensure compliance with local and state laws. At the end of the current fiscal year the ending fund balance was \$289,955.

The Food Service Special Revenue Fund accounts for licenses for the Food Service Program. The program is responsible for licensing and inspecting food service operations to ensure safety and sanitation regulations are being followed. At the end of 2016 the ending fund balance was \$208,056.

PHHS Block Grant Fund accounts for grant funds received from Ohio Department of Health to be used to reduce the number of injuries related to prescription drug overdoses. At the end of 2016 the ending fund balance was \$8,966.

### **General Fund Budgeting Highlights**

The Health District's budget is prepared and approved by the Board of Health according to Ohio Law by April 1<sup>st</sup> the year prior to the fiscal year. The budget is then approved by the Clermont County Budget Commission in May. The budget 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 2016, the Health District amended its general fund budget several times. All recommendations for the budget were reviewed by the Clermont County Board of Health for adoption on the change. With the General Fund supporting many of our major activities, the General Fund is monitored closely looking for possible revenue shortfalls or over spending. Expenditures are typically increased as needed to cover unanticipated costs. There were additional appropriations in the General Fund budget in 2016 in the amount of \$130,000 for cash advances to restricted grant funds.

**Clermont County General Health District**  
**Clermont County**  
Management's Discussion and Analysis  
For the Year Ended December 31, 2016  
Unaudited

**Capital Assets**

The Health District's investment in capital assets for its governmental activities as of December 31, 2016, amounts to \$169,054 (net of accumulated depreciation). This investment in capital assets includes vehicles, furniture, and equipment.

Note 4 (Capital Assets) provides capital asset activity during 2016.

Major capital asset events during the current year included the following:

- The purchase of three vehicles.
- The purchase of one copier.

**Economic Factors and 2016 Budget**

Clermont County experienced a downturn in residential growth starting in 2006 which has continued through 2016. This correlates to a decrease in the number of permits and licenses. The Health District maintains a conservative approach to spending while maximizing its revenues. Current economic indicators show that the economy should remain at its current pace. The Health District has taken steps to compensate for the decrease in revenues as a result of down turned growth by evaluating staffing positions as they become vacant and evaluating programs and services. The Health District's portion of state-based program revenue will be affected by the fiscal year 2017 State budget bill. The Health District anticipates a similar amount of state based funding for 2017.

All of these factors were considered in the preparation of the Health District's 2018 budget. The Health District has increased its 2018 budget by 13.95% in an attempt to continue providing public health services with the revenue projection based on current economic factors.

**Requests for Information**

This financial report is designed to provide our citizens, creditors, and investors with a general overview of the Health District's finances and to show the Health District's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact Katrina Stapleton, Clermont County General Health District, Fiscal Officer, 2275 Bauer Rd., Batavia, Ohio 45103, (513) 732-7499, [ccph@clermontcountyohio.gov](mailto:ccph@clermontcountyohio.gov) or visit the Health District website at [www.ccphohio.org](http://www.ccphohio.org).

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**Clermont County General Health District**  
**Clermont County**  
Statement of Net Position  
December 31, 2016

	Governmental Activities
<b>ASSETS</b>	
<i>Current assets:</i>	
Equity in Pooled Cash and Cash Equivalents	\$ 1,856,310
Intergovernmental Receivable	195,267
Loans Receivable	169,071
Net Pension Asset	7,608
Furniture, Fixtures, and Equipment	463,895
Accumulated Depreciation	(294,841)
<i>Total assets</i>	2,397,310
 <b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred Outflow Related to Pensions	1,798,057
<i>Total assets and deferred outflows of resources</i>	4,195,367
 <b>LIABILITIES</b>	
<i>Current liabilities:</i>	
Accounts Payable	62,036
Accrued Wages and Benefits	77,106
<i>Total current liabilities</i>	139,142
<i>Noncurrent liabilities:</i>	
Due Within One Year	85,472
Due in More Than One Year	42,069
Net Pension Liability	2,392,372
<i>Total noncurrent liabilities</i>	2,519,913
<i>Total liabilities</i>	2,659,055
 <b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred Inflow Related to Pensions	56,600
<i>Total liabilities and deferred inflows of resources</i>	2,715,655
 <b>NET POSITION</b>	
Net investment in capital assets	169,054
Restricted for Environmental Health	166,995
Unrestricted	1,143,663
<i>Total net position</i>	\$ 1,479,712

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

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**Clermont County General Health District**  
**Clermont County**  
Statement of Activities  
For the Year Ended December 31, 2016

Functions/Programs	Expenses	Program Revenues		Net (Expense)
		Charges for Services	and Contributions	Revenue and Changes in Net Position
				<u>Government</u>
				<u>Governmental</u>
				<u>Activities</u>
<b>Primary government:</b>				
<i>Governmental activities:</i>				
Environmental Health	\$ 941,371	\$ 1,486,298	\$ 178,211	\$ 723,138
Community Health Services	851,923	86,966	925,274	160,317
Health Promotion and Planning	111,387	0	79,199	(32,188)
Administration	658,568	27,168	755,369	123,969
<i>Total primary government</i>	<u>\$ 2,563,249</u>	<u>\$ 1,600,432</u>	<u>\$ 1,938,053</u>	<u>975,236</u>
				504,476
				<u>\$ 1,479,712</u>

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

**Clermont County General Health District**  
**Clermont County**  
Balance Sheet  
Governmental Funds  
December 31, 2016

	<u>General Fund</u>	<u>Food Service</u>	<u>PHHS Block Grant</u>
<b>ASSETS</b>			
Equity in Pooled Cash and Cash Equivalents	\$ 799,491	\$ 215,422	\$ 70,757
Interfund Receivable	374,547	0	0
Intergovernmental Receivable	13,575	0	0
Loans Receivable	169,071	0	0
<i>Total assets</i>	<u>\$ 1,356,684</u>	<u>\$ 215,422</u>	<u>\$ 70,757</u>
<b>LIABILITIES</b>			
Accounts Payable	\$ 39,589	\$ 222	\$ 14,270
Accrued Wages and Benefits	32,986	7,144	2,021
Interfund Payable	0	0	45,500
Deferred Revenue	400	0	0
<i>Total liabilities</i>	<u>72,975</u>	<u>7,366</u>	<u>61,791</u>
<b>FUND BALANCES (DEFICITS)</b>			
Restricted			
Grants	0	0	8,966
Community Health	0	0	0
Environmental Health	0	208,056	0
Unassigned	1,283,709	0	0
<i>Total fund balances (deficits)</i>	<u>1,283,709</u>	<u>208,056</u>	<u>8,966</u>
<i>Total liabilities and fund balances (deficits)</i>	<u>\$ 1,356,684</u>	<u>\$ 215,422</u>	<u>\$ 70,757</u>

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

<u>Bioterrorism Grant</u>	<u>WIC Administration</u>	<u>Sewage Program</u>	<u>Total Nonmajor Funds</u>	<u>Total Governmental Funds</u>
\$ 24,405	\$ 127,078	\$ 301,401	\$ 317,756	\$ 1,856,310
0	0	0	0	374,547
53,780	127,912	0	0	195,267
0	0	0	0	169,071
<u>\$ 78,185</u>	<u>\$ 254,990</u>	<u>\$ 301,401</u>	<u>\$ 317,756</u>	<u>\$ 2,595,195</u>
\$ 88	\$ 1,299	\$ 2,694	\$ 3,874	\$ 62,036
3,150	16,495	8,752	6,558	77,106
52,047	255,000	0	22,000	374,547
53,780	0	0	0	54,180
<u>109,065</u>	<u>272,794</u>	<u>11,446</u>	<u>32,432</u>	<u>567,869</u>
0	0	0	7,199	16,165
0	0	0	158,720	158,720
0	0	289,955	119,405	617,416
<u>(30,880)</u>	<u>(17,804)</u>	<u>0</u>	<u>0</u>	<u>1,235,025</u>
<u>(30,880)</u>	<u>(17,804)</u>	<u>289,955</u>	<u>285,324</u>	<u>2,027,326</u>
<u>\$ 78,185</u>	<u>\$ 254,990</u>	<u>\$ 301,401</u>	<u>\$ 317,756</u>	<u>\$ 2,595,195</u>

**Clermont County General Health District  
Reconciliation of Balance Sheet  
To the Statement of Net Position  
December 31, 2016**

<b>Fund balances of governmental funds</b>		\$ 2,027,326
Capital assets used in governmental activities are not financial resources and therefore are not reported in the funds.		169,054
Other long-term assets are not available to pay for current-period expenditures and therefore are unavailable in the funds.		
Net Pension Asset	1,738	
Intergovernmental Revenues	54,180	
		55,918
Long-term liabilities, including bonds payable and accrued interest payable, are not due and payable in the current period and therefore are not reported in the funds.		
Compensated Absences	(127,541)	
Net Pension Liability	(645,045)	
		(772,586)
Net position of governmental activities		\$ 1,479,712

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

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**Clermont County General Health District**  
**Clermont County**

Statement of Revenues, Expenditures and Changes in Fund Balances  
 Governmental Funds  
 For the Year Ended December 31, 2016

	<u>General Fund</u>	<u>Food Service</u>	<u>PHHS Block Grant</u>	<u>Bioterrorism Grant</u>
<b>REVENUES</b>				
Taxes	\$ 126	\$ 0	\$ 0	\$ 0
Charges for Services	290,029	0	0	0
Licenses and Permits	369,117	361,192	0	0
Intergovernmental	863,685	0	149,207	79,199
Other Revenue	86,478	0	0	0
<i>Total revenues</i>	<u>1,609,435</u>	<u>361,192</u>	<u>149,207</u>	<u>79,199</u>
<b>EXPENDITURES</b>				
<i>Current:</i>				
Environmental Health	503,235	332,699	0	0
Community Health Services	0	0	114,750	0
Health Promotion and Planning	0	0	0	149,734
Administration	863,021	0	0	0
<i>Total expenditures</i>	<u>1,366,256</u>	<u>332,699</u>	<u>114,750</u>	<u>149,734</u>
<i>Net change in fund balances</i>	243,179	28,493	34,457	(70,535)
Fund balances - beginning	1,040,530	179,563	(25,491)	39,655
<i>Fund balances - ending</i>	<u>\$ 1,283,709</u>	<u>\$ 208,056</u>	<u>\$ 8,966</u>	<u>\$ (30,880)</u>

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

<u>WIC Administration</u>	<u>Sewage Program</u>	<u>Total Nonmajor Funds</u>	<u>Total Governmental Funds</u>
\$ 0	\$ 0	\$ 0	\$ 126
0	0	86,470	376,499
0	400,791	71,665	1,202,765
646,895	0	118,879	1,857,865
0	337	3,721	90,536
<u>646,895</u>	<u>401,128</u>	<u>280,735</u>	<u>3,527,791</u>
0	342,210	80,488	1,258,632
642,821	0	217,329	974,900
0	0	0	149,734
0	0	0	863,021
<u>642,821</u>	<u>342,210</u>	<u>297,817</u>	<u>3,246,287</u>
4,074	58,918	(17,082)	281,504
(21,878)	231,037	302,406	1,745,822
<u>\$ (17,804)</u>	<u>\$ 289,955</u>	<u>\$ 285,324</u>	<u>\$ 2,027,326</u>

**Clermont County General Health District  
Reconciliation of the Statement of Revenues, Expenditures and Changes in  
Fund Balances to the Statement of Activities  
For the Year Ended December 31, 2016**

Net change in fund balances - total governmental funds \$ 281,504

Amounts reported for governmental activities in the statement of net position are different because:

Governmental Funds report capital outlays as expenditures. However in the statement of activities, the cost of those assets is allocated over their estimated useful lives as depreciation expense. This is the amount by which capital outlays exceeded depreciatoin in the current period.

Capital outlay	75,944	
Depreciation expense	(23,617)	
		52,327

In the statement of activities, the loss on the disposal of capital assets is reported. Conversely, governmental funds do not report any gain or loss on the disposal of capital assets. (116,405)

Because some revenues will not be collected for several months after the County's fiscal year ends, they are not considered as "available" revenues and are unavailable in the governmental funds.

Intergovernmental Revenue		10,693
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Compensated Absences and Net Pension Liability reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds.

Compensated Absences	(24,917)	
Net Pension	772,034	
		747,117

Change in net position of governmental activities		\$ <u>975,236</u>
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The notes to financial statements are an integral part of this statement.

**Clermont County General Health District**  
**Clermont County**  
*Statement of Revenues*  
*Expenditures and Changes in*  
*Fund Balance - Budget and Actual*  
*(Non-GAAP Budgetary Basis)*  
*For the Year Ended December 31, 2016*

**General Fund**

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Taxes	\$ 403	\$ 403	\$ 126	\$ (277)
Charges for services	276,348	276,348	290,029	13,681
Licenses and permits	310,715	310,715	369,117	58,402
Intergovernmental	766,250	766,250	850,510	84,260
Other revenues	16,424	16,424	86,415	69,991
Total revenues	<u>1,370,140</u>	<u>1,370,140</u>	<u>1,596,197</u>	<u>226,057</u>
Expenditures:				
Current:				
Administration	794,487	794,416	793,430	986
Environmental health	576,573	876,573	814,033	62,540
Total expenditures	<u>1,371,060</u>	<u>1,800,989</u>	<u>1,737,463</u>	<u>63,526</u>
Excess (Deficiency) of revenues over (under) expenditures	<u>(920)</u>	<u>(430,849)</u>	<u>(141,266)</u>	<u>289,583</u>
Other financing sources:				
Advances (out)	0	(130,000)	(130,000)	0
Proceeds from the sale of capital assets	0	0	63	63
Total other financing sources	<u>0</u>	<u>0</u>	<u>63</u>	<u>63</u>
Net Change in Fund Balance	(920)	(430,849)	(141,203)	289,646
Fund balance at beginning of year	825,645	825,645	825,645	0
Prior year encumbrances appropriated	920	920	920	0
Fund balance at end of year	<u>\$ 825,645</u>	<u>\$ 395,716</u>	<u>\$ 685,362</u>	<u>\$ 289,646</u>

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

**Clermont County General Health District**  
**Clermont County**  
*Statement of Revenues*  
*Expenditures and Changes in*  
*Fund Balance - Budget and Actual*  
*(Non-GAAP Budgetary Basis)*  
*For the Year Ended December 31, 2016*

**Food Service Special Revenue Fund**

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Licenses and permits	\$ 328,623	\$ 328,623	\$ 361,192	\$ 32,569
Total revenues	<u>328,623</u>	<u>328,623</u>	<u>361,192</u>	<u>32,569</u>
Expenditures:				
Current:				
Environmental Health	328,623	338,623	333,240	5,383
Total expenditures	<u>328,623</u>	<u>338,623</u>	<u>333,240</u>	<u>5,383</u>
Net Change in Fund Balance	0	(10,000)	27,952	37,952
Fund balance at beginning of year	<u>187,469</u>	<u>187,469</u>	<u>187,469</u>	<u>0</u>
Fund balance at end of year	<u>\$ 187,469</u>	<u>\$ 177,469</u>	<u>\$ 215,421</u>	<u>\$ 37,952</u>

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

**Clermont County General Health District**  
**Clermont County**  
*Statement of Revenues*  
*Expenditures and Changes in*  
*Fund Balance - Budget and Actual*  
*(Non-GAAP Budgetary Basis)*  
*For the Year Ended December 31, 2016*

**PHHS Block Grant Special Revenue Fund**

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Intergovernmental	\$ 135,000	\$ 135,000	\$ 149,207	\$ 14,207
Total revenues	<u>135,000</u>	<u>135,000</u>	<u>149,207</u>	<u>14,207</u>
Expenditures:				
Current:				
Community health services	139,500	139,500	130,600	8,900
Total expenditures	<u>139,500</u>	<u>139,500</u>	<u>130,600</u>	<u>8,900</u>
Excess (deficiency) of revenues over (under) expenditures	<u>(4,500)</u>	<u>(4,500)</u>	<u>18,607</u>	<u>23,107</u>
Other financing sources (uses):				
Advances in	0	0	26,000	26,000
Total other financing sources (uses)	<u>0</u>	<u>0</u>	<u>26,000</u>	<u>26,000</u>
Net Change in Fund Balance	(4,500)	(4,500)	44,607	49,107
Fund balance at beginning of year	1,727	1,727	1,727	0
Prior year encumbrances appropriated	<u>4,500</u>	<u>4,500</u>	<u>4,500</u>	<u>0</u>
Fund balance at end of year	<u>\$ 1,727</u>	<u>\$ 1,727</u>	<u>\$ 50,834</u>	<u>\$ 49,107</u>

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

**Clermont County General Health District**  
**Clermont County**  
*Statement of Revenues*  
*Expenditures and Changes in*  
*Fund Balance - Budget and Actual*  
*(Non-GAAP Budgetary Basis)*  
*For the Year Ended December 31, 2016*

***Bioterrorism Grant Special Revenue Fund***

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final budget Positive (Negative)</u>
<b>Revenues:</b>				
Intergovernmental	\$ 139,002	\$ 139,002	\$ 79,199	\$ (59,803)
Total revenues	<u>139,002</u>	<u>139,002</u>	<u>79,199</u>	<u>(59,803)</u>
<b>Expenditures:</b>				
Current:				
Health planning and promotion	140,729	150,729	148,275	2,454
Total expenditures	<u>140,729</u>	<u>150,729</u>	<u>148,275</u>	<u>2,454</u>
Excess (deficiency) of revenues over (under) expenditures	<u>(1,727)</u>	<u>(11,727)</u>	<u>(69,076)</u>	<u>(57,349)</u>
<b>Other financing sources (uses):</b>				
Advances in	0	0	9,000	9,000
Total other financing sources (uses)	<u>0</u>	<u>0</u>	<u>9,000</u>	<u>9,000</u>
Net Change in Fund Balance	(1,727)	(11,727)	(60,076)	(48,349)
Fund balance at beginning of year	82,756	82,756	82,756	0
Prior year encumbrances appropriated	<u>1,727</u>	<u>1,727</u>	<u>1,727</u>	<u>0</u>
Fund balance at end of year	<u>\$ 82,756</u>	<u>\$ 72,756</u>	<u>\$ 24,407</u>	<u>\$ (48,349)</u>

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

**Clermont County General Health District**  
**Clermont County**  
*Statement of Revenues*  
*Expenditures and Changes in*  
*Fund Balance - Budget and Actual*  
*(Non-GAAP Budgetary Basis)*  
*For the Year Ended December 31, 2016*

**WIC Administration Special Revenue Fund**

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Intergovernmental	\$ 648,847	\$ 648,847	\$ 518,983	\$ (129,864)
Total revenues	<u>648,847</u>	<u>648,847</u>	<u>518,983</u>	<u>(129,864)</u>
Expenditures:				
Current:				
Community health services	649,083	649,083	641,992	7,091
Total expenditures	<u>649,083</u>	<u>649,083</u>	<u>641,992</u>	<u>7,091</u>
Excess (deficiency) of revenues over (under) expenditures	<u>(236)</u>	<u>(236)</u>	<u>(123,009)</u>	<u>(122,773)</u>
Other financing (uses):				
Advances in	<u>0</u>	<u>0</u>	<u>95,000</u>	<u>95,000</u>
Total other financing (uses)	<u>0</u>	<u>0</u>	<u>95,000</u>	<u>95,000</u>
Net Change in Fund Balance	(236)	(236)	(28,009)	(27,773)
Fund balance at beginning of year	154,768	154,768	154,768	0
Prior year encumbrances appropriated	<u>236</u>	<u>236</u>	<u>236</u>	<u>0</u>
Fund balance at end of year	<u>\$ 154,768</u>	<u>\$ 154,768</u>	<u>\$ 126,995</u>	<u>\$ (27,773)</u>

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

**Clermont County General Health District**  
**Clermont County**  
*Statement of Revenues*  
*Expenditures and Changes in*  
*Fund Balance - Budget and Actual*  
*(Non-GAAP Budgetary Basis)*  
*For the Year Ended December 31, 2016*

**Sewage Program Special Revenue Fund**

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Licenses and permits	\$ 335,302	\$ 335,302	\$ 400,791	\$ 65,489
Other revenue	0	0	337	337
Total revenues	<u>335,302</u>	<u>335,302</u>	<u>401,128</u>	<u>65,826</u>
Expenditures:				
Current:				
Environmental Health	335,341	351,380	341,741	9,639
Total expenditures	<u>335,341</u>	<u>351,380</u>	<u>341,741</u>	<u>9,639</u>
Net Change in Fund Balance	(39)	(16,078)	59,387	75,465
Fund balance at beginning of year	241,902	241,902	241,902	0
Prior year encumbrances appropriated	39	39	39	0
Fund balance at end of year	<u>\$ 241,902</u>	<u>\$ 225,863</u>	<u>\$ 301,328</u>	<u>\$ 75,465</u>

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT**  
**CLERMONT COUNTY**  
Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 1 – Reporting Entity**

A five-member Board of Health, four of who are appointed by the District Advisory Council and one appointed by the Licensing Council, governs the Health District. The Board appoints a health commissioner and all employees of the Health District. The Health District's services include communicable disease investigations, immunization clinics, inspections, public health nursing services, the issuance of health-related licenses and permits and emergency response planning.

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

As required by generally accepted accounting principles, the financial statements present the Health District (the primary government). The primary government includes all funds, departments and boards for which the Health District is financially accountable. The Health District does not have any component units.

**Note 2 - Summary of Significant Accounting Policies**

**A. Basis of Presentation**

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

**Government-Wide Financial Statements**

The statement of net position and the statement of activities display information about the Health District as a whole. These statements include the financial activities of the primary government. Governmental activities generally are financed through payments from townships and villages, intergovernmental receipts or other non-exchange transactions.

The statement of net position presents the financial condition of the governmental activities for the District at year end. The statement of activities presents a comparison between direct expenses and program revenues for each program or function of the Health District's governmental activities. Direct expenses are those that are specifically associated with a service, program or department and therefore clearly identifiable to a particular program.

Program revenues include charges paid by the recipient of the goods or services offered by the program, grants and contributions that are restricted to meeting the operation of a particular program. Revenues which are not classified as program revenues are presented as general revenues of the Health District, with certain limited exceptions. The comparison of direct expenses with program revenues identifies the extent to which each governmental program is self-financing 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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

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. Non-major 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. The funds of the Health District are presented in one category; governmental.

**Governmental Funds**

Governmental funds are those through which all governmental functions of the Health District are financed. Governmental fund reporting focuses on the sources, use and balances of current financial resources. Expendable assets are assigned to the various governmental funds according to the purposes for which they may or must be used. Current liabilities are assigned to the fund from which they will be paid. The difference between governmental fund assets and liabilities is reported as fund balance. 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.

*Food Service Special Revenue Fund* – The Food Service Fund accounts for all permits and services for the food service program.

*PHHS Block Grant Special Revenue Fund*- The PHHS Block Grant Special Revenue Fund accounts for federal grant monies for the Injury Prevention program.

*Bioterrorism Special Revenue Fund* – The Bioterrorism Special Revenue Fund accounts for federal grant monies for public health infrastructure and emergency planning efforts.

*WIC Administration Special Revenue Fund* – The WIC Administration Special Revenue Fund accounts for federal grant monies for the Women, Infants and Children program.

*Sewage Program Special Revenue Fund* – The Sewage Fund accounts for all permits, applications and basic system assessment fees for the residential sewage program.

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

Proprietary Funds

Proprietary fund reporting focuses on the determination of operating income, changes in net position, financial position and cash flows. Proprietary funds for the Health District are classified as internal service. The Health District currently does not have any proprietary funds.

C. Measurement Focus

Government-wide Financial Statements

The government-wide financial statements are prepared using the economic resources measurement focus. All assets and liabilities associated with the operation of the District are included in the Statement of Net Position. The Statement of Activities presents increases (i.e., revenue) and decreases (i.e., expenses) in total net position.

Fund Financial Statements

All governmental funds are accounted for using a flow of current financial resources measurement focus. With this measurement focus, only current assets and current liabilities generally are included on the balance sheet. The statement of revenues, expenditures and changes in fund balances reports on the sources (i.e., revenue and other financing sources) and uses (i.e., expenditures and other financing uses) of current financial resources. This approach differs from the manner in which the governmental activities of the government-wide financial statements are prepared. Governmental fund financial statements therefore include a reconciliation with brief explanations to better identify the relationship between the government-wide statements and the statements for governmental funds.

D. Basis of Accounting

Basis of accounting determines when transactions are recorded in the financial records and reported on the financial statements. Government-wide financial statements are prepared using the accrual basis of accounting. Governmental funds use the modified accrual basis of accounting. Proprietary funds use the accrual basis of accounting. Differences in the accrual and the modified accrual basis of accounting arise in the recognition of revenue, the recording of deferred revenue, and in the presentation of expenses versus expenditures.

Revenues-Exchange and Non-Exchange Transactions

Revenue resulting from exchange transactions, in which each party gives and receives essentially equal value, is recorded on the accrual basis when the exchange takes place. On a modified accrual basis, revenue is recorded in the fiscal year in which the resources are measurable and become available. Available means that the resources will be collected within the current fiscal year or are expected to be collected soon enough thereafter to be used to pay liabilities of the current fiscal year. For the Health District, available means expected to be received within thirty days of year-end.

Non-exchange transactions, in which the Health District receives value without directly giving equal value in return include monies from villages, townships, and the City of Milford, grants,

**CLERMONT COUNTY GENERAL HEALTH DISTRICT**  
**CLERMONT COUNTY**  
Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

entitlements and donations. Revenue from township and village monies, grants, entitlements and donations is recognized in the fiscal year in which all eligibility requirements have been satisfied. Eligibility requirements include timing requirements, which specify the year when the resources are required to be used or the year when use is first permitted, matching requirements, in which the Health District must provide local resources to be used for a specified purpose, and expenditure requirements, in which the resources are provided to the Health District on a reimbursement basis.

On a modified accrual basis, revenue from non-exchange transactions must also be available before it can be recognized.

Under the modified accrual basis, the following revenue sources are considered to be both measurable and available at year-end: grants and charges for services.

**Deferred Revenue**

Deferred revenue arises when assets are recognized before revenue recognition criteria have been satisfied.

Grants and entitlements received before the eligibility requirements are met are recorded as deferred revenue.

On governmental fund financial statements, receivables that will not be collected within the available period have also been reported as deferred revenue.

**Expenses/Expenditures**

On the accrual basis of accounting, expenses are recognized at the time they are incurred.

The measurement focus of governmental fund accounting is on decreases in net financial resources (expenditures) rather than expenses. Expenditures are generally recognized in the accounting period in which the related fund liability is incurred, if measurable. Allocations of cost, such as depreciation and amortization, are not recognized in the governmental funds.

**E. Budgetary Process**

All funds, except agency funds, are legally required to be budgeted and appropriated. The major documents prepared are the budget, the certificate of estimated resources, and the appropriations resolution, all of which are prepared on the budgetary basis of accounting. The budget determines the amount of money that is needed from the townships, villages and the City of Milford. The certificate of estimated resources establishes a limit on the amount the Health District may appropriate. The appropriations resolution is the Health District's authorization to spend resources and sets annual limits on cash disbursements plus encumbrances at the level of control selected by the Health District. The legal level of control has been established by the Health District at the fund, department, and object level for all funds.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

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 certificate 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. 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.

**F. 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 Clermont County Auditor, Linda L. Fraley, 101 E Main St. 2nd Floor, Batavia, Ohio 45103, [www.clermontauditor.org](http://www.clermontauditor.org), (513) 732-7150.

**G. Capital Assets**

Capital assets, which include vehicles and equipment, are reported in the applicable governmental activities columns in the government-wide financial statements. Capital assets are defined by the District as assets with an initial, individual cost of more than \$5,000 (amount not rounded) and an estimated useful life in excess of three years. Such assets are recorded at historical cost or estimated historical cost. Donated capital assets are recorded at estimated acquisition value at the date of donation.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets lives are not capitalized.

All reported capital assets are depreciated. Improvements are depreciated over the remaining useful lives of the related capital assets. Depreciation is computed using the straight-line method over the following useful lives:

<u>Assets</u>	<u>Years</u>
Vehicles	5-10
Furniture & Equipment	5-10

**H. Interfund Transactions**

On the fund financial statements, receivables and payables resulting from interfund loans are classified as "interfund receivables/payables." These amounts are eliminated in the statement of net position.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

**I. Compensated Absences**

Vacation, personal and compensatory benefits are accrued as a liability as the benefits are earned if the employees' right to receive compensation are attributable to services already rendered and it is probable that the employer will compensate employees for the benefits through time off or some other means. Sick leave benefits are accrued using the vesting method. The liability is based on sick leave accumulated at December 31 by those employees who are currently eligible to receive termination payments and by those employees for whom it is probable they will become eligible to receive termination benefits in the future.

Unused vacation is payable upon termination of employment. Employees with a minimum of 6 months of service and have been removed from probation become vested in accumulated unpaid vacation. Unused vacation is payable upon termination of employment. Unused sick time may be accumulated until retirement. Employees eligible to retire under a District recognized retirement plan, with a minimum of ten years of service, are paid one-fourth of accumulated sick time upon retirement. Such payment may not exceed the value of thirty days of accrued but unused sick leave. All sick, vacation, personal and compensation payments are made at employees' current wage rates.

**J. Accrued Liabilities and Long-Term Obligations**

All payables, accrued liabilities and long-term obligations are reported in the government-wide financial statements.

In general, governmental fund payables and accrued liabilities that, once incurred, are paid in a timely manner and in full from current financial resources are reported as obligation of the funds. However, compensated absences that will be paid from governmental funds are reported as a liability in the fund financial statements only to the extent that they are normally due for payment during the current year.

**K. Net Position**

Net Position represents the difference between assets and liabilities. Net position is reported as restricted when there are limitations imposed on use either through enabling legislation adopted by the Board of Health or through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. 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. Net position restricted for other purposes are restricted by grantors and regulations of other governments.

**L. Fund Balance**

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

**Nonspendable:** The nonspendable fund balance category includes amounts that cannot be spent because they are not in spendable form, or 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. It also includes the long-term amount of interfund loans.

**Restricted:** Fund balance is reported as restricted when constraints placed on the use of resources are either externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or is imposed by law through constitutional provisions or enabling legislation (Board resolutions).

Enabling legislation authorizes the Board to assess, levy, charge, or otherwise mandate payment of resources (from external resource providers) and includes a legally enforceable requirement that those resources be used only for the specific purposes stipulated in the legislation. Legal enforceability means that the Board can be compelled by an external party, such as citizens, public interest groups, or the judiciary, to use resources created by enabling legislation only for the purposes specified by the legislation.

**Committed:** The committed fund balance classification includes amounts that can be used only for the specific purposes imposed by formal action (resolution) of the Board. Those committed amounts cannot be used for any other purpose unless the Board removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts. In contrast to fund balance that is restricted by enabling legislation, committed fund balance classification may be redeployed for other purposes with appropriate due process. Constraints imposed on the use of committed amounts are imposed by the Board, separate from the authorization to raise the underlying revenue; therefore, compliance with these constraints is not considered legally enforceable. Committed fund balance also incorporates contractual obligations to the extent that existing resources in the fund have been specifically committed for use in satisfying those contractual requirements.

**Assigned:** Amounts in the assigned fund balance classification are intended to be used by the Board for specific purposes but do not meet the criteria to be classified as restricted or committed. In governmental funds other than the general fund, assigned fund balance represents the remaining amount that is not restricted or committed. In the general fund, assigned amounts represent intended uses established by the Board or by State Statute.

**Unassigned:** Unassigned fund balance is the residual classification for the general fund and includes all spendable amounts not contained in the other classifications. In other governmental funds, the unassigned classification is used only to report a deficit balance resulting from overspending for specific purposes for which amounts had been restricted, committed, or assigned.

The Board 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.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 2 - Summary of Significant Accounting Policies** (continued)

**M. Interfund Transactions**

Exchange transactions between funds are reported as revenues in the seller funds and as expenditures/expenses in the purchaser funds. Flows of cash or goods 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 expenditures/expenses to the funds that initially paid for them are not presented on the financial statements.

**N. Estimates**

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

**Note 3 – Budgetary Basis of Accounting**

While the Health District is reporting financial position, results of operations and changes in fund balance on the basis of generally accepted accounting principles (GAAP), the budgetary basis as provided by law is based upon accounting for certain transactions on a basis of cash receipts, disbursements and encumbrances. The Statement of Revenues, Expenditures and Changes in Fund Balances - Budget and Actual (Non-GAAP Budgetary Basis) presented for the general and each major special revenue fund is presented in the Basic Financial Statements to provide a meaningful comparison of actual results with the budget. The major differences between the budget basis and GAAP basis are as follows:

1. Revenues are recorded when received in cash (budget) as opposed to when susceptible to accrual (GAAP).
2. Expenditures are recorded when paid in cash (budget) as opposed to when the liability is incurred (GAAP).
3. Advances in and advances out are operating transactions (Budget) as opposed to balance sheets transactions (GAAP).

The following table summarizes the adjustments necessary to reconcile the GAAP basis statements to the budgetary basis statements for the general fund and for the major special revenue funds.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 3 – Budgetary Basis of Accounting** (continued)

**Net Change in Fund Balance  
General and Major Special Revenue Funds**

	<u>General</u>	<u>Food Service</u>	<u>PHHS Block</u>
GAAP Basis	\$243,179	\$28,493	\$34,457
Net Adjustment for Revenue Accruals	(13,175)	0	0
Net Adjustment for Expense Accruals	(371,207)	(541)	(15,850)
Net Adjustment for Advances	0	0	26,000
Budget Basis	<u>\$(141,203)</u>	<u>\$27,952</u>	<u>\$44,607</u>

	<u>Bioterrorism</u>	<u>WIC Administration</u>	<u>Sewage Program</u>
GAAP Basis	\$(70,535)	\$4,074	\$58,918
Net Adjustment for Revenue Accruals	0	(127,912)	0
Net Adjustment for Expense Accruals	1,459	829	469
Net Adjustment for Advances	9,000	95,000	0
Budget Basis	<u>\$(60,076)</u>	<u>\$(28,009)</u>	<u>\$59,387</u>

**Note 4 - Capital Assets**

Capital asset activity for the year ended December 31, 2016 was as follows:

	<u>12/31/2015</u>	<u>Additions</u>	<u>Reductions</u>	<u>12/31/2016</u>
<b>Governmental Activities</b>				
Capital Assets being depreciated:				
Furniture, Fixtures, and Equipment	\$849,430	\$75,944	\$(461,479)	\$463,895
Total Capital Assets at Historical cost being depreciated	<u>849,430</u>	<u>75,944</u>	<u>(461,479)</u>	<u>463,895</u>
Less Accumulated Depreciation:				
Furniture, Fixtures, and Equipment	(616,299)	(23,617)	345,075	(294,841)
Total Accumulated Depreciation	<u>(616,299)</u>	<u>(23,617)</u>	<u>345,075</u>	<u>(294,841)</u>
Governmental Activities Capital Assets, Net	<u>\$233,131</u>	<u>\$(52,327)</u>	<u>\$(116,404)</u>	<u>\$169,054</u>

Depreciation expense was charged to governmental functions as follows:

Environmental Health	\$ 3,925
Community Service	4,988
Health Promotion and Planning	1,279
Administration	<u>13,425</u>
Total	<u>\$ 23,617</u>

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 5 – Interfund Receivables/Payables**

Individual fund interfund assets/liabilities balances as of December 31, 2016 related to the primary government were as follows:

	<u>Receivable</u>	<u>Payable</u>
General	\$374,547	
WIC Administration		\$255,000
Bioterrorism Grant		52,047
PHHS Block Grant		45,500
Nonmajor Governmental Funds		<u>22,000</u>
TOTAL	<u>\$374,547</u>	<u>\$374,547</u>

**Note 6 – Amendments to Original Appropriations Budget**

Amendments beyond the object level must be approved by the Board of Health. In 2016, the original appropriation measure was increased and decreased by the Board with the net effect as follows: General Fund \$429,929 and Special Revenue Funds \$68,000.

**Note 7 - 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. York Insurance Services Group, Inc. (York) functions as the administrator of PEP and provides underwriting, claims, loss control, risk management, and reinsurance services for PEP. PEP is a member of the American Public Entity Excess Pool (APEEP), which is also administered by York. 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 and Property Coverage**

APEEP provides PEP with an excess risk-sharing program. Under this arrangement, PEP retains insured risks up to an amount specified in the contracts. At December 31, 2015, PEP retained \$350,000 for casualty claims and \$100,000 for property claims.

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 7 - Risk Management** (continued)

Financial Position

PEP's financial statements (audited by other auditors) conform with generally accepted accounting principles, and reported the following assets, liabilities and net position at December 31, 2014 and 2015 (the latest information available).

	<u>2014</u>	<u>2015</u>
Assets	\$35,402,177	\$38,307,677
Liabilities	<u>(12,363,257)</u>	<u>(12,759,127)</u>
Net Position	<u>\$23,038,920</u>	<u>\$25,548,550</u>

At December 31, 2014 and 2015, respectively, the liabilities above include approximately \$11.1 million and \$11.5 million of estimated incurred claims payable. The assets above also include approximately \$10.8 million and \$11.0 million of unpaid claims to be billed. The Pool's membership increased from 488 members in 2014 to 499 members in 2015. These amounts will be included in future contributions from members when the related claims are due for payment. As of December 31, 2015, the Health District's share of these unpaid claims collectible in future years is approximately \$14,000.

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>	
2015	\$19,248
2016	\$22,845

After one year of membership, a member may withdraw on the anniversary of the date of joining PEP, if the member notifies PEP in writing 60 days prior to the anniversary date. Upon withdrawal, members are eligible for a full or partial refund of their capital contributions, minus the subsequent year's contribution. Withdrawing members have no other future obligation to PEP. 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.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 8 - Defined Benefit Pension Plans**

**Net Pension Liability**

The net pension liability reported on the statement of net position represents a liability to employees for pensions. Pensions are a component of exchange transactions—between an employer and its employees—of salaries and benefits for employee services. Pensions are provided to an employee—on a deferred-payment basis—as part of the total compensation package offered by an employer for employee services each financial period. The obligation to sacrifice resources for pensions is a present obligation because it was created as a result of employment exchanges that already have occurred.

The net pension liability represents the District's proportionate share of each pension plan's collective actuarial present value of projected benefit payments attributable to past periods of service, net of each pension plan's fiduciary net position. The net pension liability calculation is dependent on critical long-term variables, including estimated average life expectancies, earnings on investments, cost of living adjustments and others. While these estimates use the best information available, unknowable future events require adjusting this estimate annually.

The Ohio Revised Code limits the District's obligation for this liability to annually required payments. The District cannot control benefit terms or the manner in which pensions are financed; however, the District does receive the benefit of employees' services in exchange for compensation including pension.

GASB 68 assumes the liability is solely the obligation of the employer, because (1) they benefit from employee services; and (2) State statute requires all funding to come from these employers. All contributions to date have come solely from these employers (which also includes costs paid in the form of withholdings from employees). State statute requires the pension plans to amortize unfunded liabilities within 30 years. If the amortization period exceeds 30 years, each pension plan's board must propose corrective action to the State legislature. Any resulting legislative change to benefits or funding could significantly affect the net pension liability. Resulting adjustments to the net pension liability would be effective when the changes are legally enforceable.

The proportionate share of each plan's unfunded benefits is presented as a long-term *net pension liability* on the accrual basis of accounting. Any liability for the contractually-required pension contribution outstanding at the end of the year is included in *accrued wages and benefits* on both the accrual and modified accrual bases of accounting.

**Plan Description – Ohio Public Employees Retirement System (OPERS)**

District employees participate in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The traditional pension plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan and the combined plan is a cost-sharing, multiple-employer defined benefit pension plan with defined contribution features.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 8 - Defined Benefit Pension Plans** (continued)

OPERS provides retirement, disability, survivor and death benefits, and annual cost of living adjustments to members of the traditional plan and the combined plan. 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 includes financial statements, required supplementary information and detailed information about OPERS' fiduciary net position that may be obtained by visiting <https://www.opers.org/financial/reports.shtml>, by writing to the Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 800-222-7377.

Senate Bill (SB) 343 was enacted into law with an effective date of January 7, 2013. In the legislation, members were categorized into three groups with varying provisions of the law applicable to each group. The following table provides age and service requirements for retirement and the retirement formula applied to final average salary (FAS) for the three member groups under the traditional plan as per the reduced benefits adopted by SB 343 (see OPERS CAFR referenced above for additional information):

<b>Group A</b> Eligible to retire prior to January 7, 2013 or five years after January 7, 2013	<b>Group B</b> 20 years of service credit prior to January 7, 2013 or eligible to retire ten years after January 7, 2013	<b>Group C</b> Members not in other Groups and members hired on or after January 7, 2013
<b>State and Local</b>	<b>State and Local</b>	<b>State and Local</b>
<b>Age and Service Requirements:</b> Age 60 with 60 months of service credit or Age 55 with 25 years of service credit  <b>Formula:</b> 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	<b>Age and Service Requirements:</b> Age 60 with 60 months of service credit or Age 55 with 25 years of service credit  <b>Formula:</b> 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	<b>Age and Service Requirements:</b> Age 57 with 25 years of service credit or Age 62 with 5 years of service credit  <b>Formula:</b> 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
<b>Law Enforcement</b>	<b>Law Enforcement</b>	<b>Law Enforcement</b>
<b>Age and Service Requirements:</b> Age 52 with 15 years of service credit  <b>Formula:</b> 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25	<b>Age and Service Requirements:</b> Age 48 with 25 years of service credit or Age 52 with 15 years of service credit  <b>Formula:</b> 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25	<b>Age and Service Requirements:</b> Age 48 with 25 years of service credit or Age 56 with 15 years of service credit  <b>Formula:</b> 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25

Final average Salary (FAS) represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career.

Members who retire before meeting the age and years of service credit requirement for unreduced benefits receive a percentage reduction in the benefit amount.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 8 - Defined Benefit Pension Plans** (continued)

When a benefit recipient has received benefits for 12 months, an annual cost of living adjustment (COLA) is provided. This COLA is calculated on the base retirement benefit at the date of retirement and is not compounded. For those retiring prior to January 7, 2013, the COLA will continue to be a 3 percent simple annual COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, the COLA will be based on the average percentage increase in the Consumer Price Index, capped at 3 percent.

Funding Policy - The Ohio Revised Code (ORC) provides statutory authority for member and employer contributions as follows:

	State and Local
<b>2016 Statutory Maximum Contribution Rates</b>	
Employer	14.0 %
Employee	10.0 %
<b>2016 Actual Contribution Rates</b>	
Employer:	
Pension	12.0 %
Post-employment Health Care Benefits	2.0 %
Total Employer	14.0 %
Employee	10.0 %

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The District's contractually required contribution to OPERS was \$257,337 for calendar year 2016. 100% has been contributed for the years 2016.

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

The net pension liability for OPERS was measured as of December 31, 2015. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The District's proportion of the net pension liability was based on the District's share of contributions to the pension plan relative to the contributions of all participating entities. Following is information related to the proportionate share and pension expense:

	Governmental Activities		
	OPERS Traditional Plan	OPERS Combined Benefit Plan	Total
	Proportionate Share of the Net Pension Liability	\$ 2,392,372	\$ 0
Proportionate Share of the Net Pension Asset	\$ 0	\$ 7,608	\$ 7,608
Proportion of the Net Pension Asset/Liability	0.013812%	0.015541%	
Pension Expense	\$ 345,791	\$ 6,746	\$ 352,537

**CLERMONT COUNTY GENERAL HEALTH DISTRICT**  
**CLERMONT COUNTY**  
Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 8 - Defined Benefit Pension Plans** (continued)

At December 31, 2016, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Governmental Activities		
	OPERS	OPERS	Total
	Traditional Plan	Combined Benefit Plan	
<b>Deferred Outflows of Resources</b>			
Net difference between projected and actual earnings on pension plan investments	\$ 639,877	\$ 652	\$ 640,529
County contributions subsequent to the measurement date	1,120,766	36,762	1,157,528
Total Deferred Outflows of Resources	\$ 1,760,643	\$ 37,414	\$ 1,798,057
<b>Deferred Inflows of Resources</b>			
Changes in proportion and differences	\$ 3,982	\$ 179	\$ 4,161
Differences between expected and actual experience	47,711	4,728	52,439
Total Deferred Inflows of Resources	\$ 51,693	\$ 4,907	\$ 56,600

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

Year	PERS	PERS	Total
	Traditional Plan	Combined Benefit Plan	
2017	\$ (135,225)	\$ (160)	\$ (135,385)
2018	(146,696)	(160)	(146,856)
2019	(162,889)	(160)	(163,049)
2020	(143,009)	(70)	(143,079)
2021	0	609	609
2022-2025	0	1,861	1,861
Total	\$ (587,819)	\$ 1,920	\$ (585,899)

**Actuarial Assumptions - OPERS**

Actuarial valuations of an ongoing plan involve estimates of the values of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and cost trends. Actuarially determined amounts are subject to continual review or modification as actual results are compared with past expectations and new estimates are made about the future.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 8 - Defined Benefit Pension Plans** (continued)

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employers and plan members) and include the types of benefits provided at the time of each valuation. The total pension liability in the December 31, 2015, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Wage Inflation	3.75 percent
Future Salary Increases, including inflation	4.25 to 10.05 percent including wage inflation
COLA or Ad Hoc COLA	3 percent, simple
Investment Rate of Return	8 percent
Actuarial Cost Method	Individual Entry Age

Mortality rates were based on the RP-2000 Mortality Table projected 20 years using Projection Scale AA. For males, 105 percent of the combined healthy male mortality rates were used. For females, 100 percent of the combined healthy female mortality rates were used. The mortality rates used in evaluating disability allowances were based on the RP-2000 mortality table with no projections. For males 120 percent of the disabled female mortality rates were used set forward two years. For females, 100 percent of the disabled female mortality rates were used.

The most recent experience study was completed for the five year period ended December 31, 2010.

The long-term rate of return on defined benefit investment assets was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected real rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adjusted for inflation.

OPERS manages investments in four investment portfolios: the Defined Benefits portfolio, the Health Care portfolio, the 115 Health Care Trust portfolio and the Defined Contribution portfolio. The Defined Benefit portfolio includes the investment assets of the Traditional Pension Plan, the defined benefit component of the Combined Plan, the annuitized accounts of the Member-Directed Plan and the VEBA Trust. Within the Defined Benefit portfolio, contributions into the plans are all recorded at the same time, and benefit payments all occur on the first of the month. Accordingly, the money-weighted rate of return is considered to be the same for all plans within the portfolio. The money weighted rate of return, net of investments expense, for the Defined Benefit portfolio is 0.4 percent for 2015.

The allocation of investment assets with the Defined Benefit portfolio is approved by the Board of Trustees as outlined in the annual investment plan. Plan assets are managed on a total return basis with a long-term objective of achieving and maintaining a fully funded status for the benefits provided through the defined benefit pension plans. The table below displays the Board-approved asset allocation policy for 2015 and the long-term expected real rates of return:

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 8 - Defined Benefit Pension Plans** (continued)

Asset Class	Target Allocation	Weighted Average Long-Term Expected Real Rate of Return (Arithmetic)
Fixed Income	23.00 %	2.31 %
Domestic Equities	20.70	5.84
Real Estate	10.00	4.25
Private Equity	10.00	9.25
International Equities	18.30	7.40
Other investments	18.00	4.59
Total	<u>100.00 %</u>	<u>5.28 %</u>

*Discount Rate*

The discount rate used to measure the total pension liability was 8 percent. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the statutorily required rates. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefits payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

*Sensitivity of the District's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate* The following table presents the District's proportionate share of the net pension liability calculated using the current period discount rate assumption of 8 percent, as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one-percentage-point lower (7 percent) or one-percentage-point higher (9 percent) than the current rate:

**OPERS Traditional Plan**

	1% Decrease	Current Discount Rate	1% Increase
	(7.00%)	(8.00%)	(9.00%)
County's proportionate share of the net pension liability	\$ 3,875,797	\$ 2,392,372	\$ 1,215,391

**OPERS Combined Benefit Plan**

	1% Decrease	Current Discount Rate	1% Increase
	(7.00%)	(8.00%)	(9.00%)
County's proportionate share of the net pension liability	\$ (158)	\$ (7,608)	\$ (13,749)

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

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**Note 8 - Defined Benefit Pension Plans** (continued)

*Changes Between Measurement Date and Report Date*

In October 2016, the OPERS Board adopted certain assumption changes which will impact their annual actuarial valuation prepared as of December 31, 2016. The most significant change is a reduction in the discount rate from 8.0 percent to 7.5 percent. Although the exact amount of these changes is not known, the impact to the Health District's net pension liability is expected to be significant.

**Note 9 - Postemployment Benefits**

Ohio Public Employees Retirement System (OPERS) administers three separate pension plans: The Traditional Pension Plan—a cost-sharing, multiple-employer defined benefit pension plan; the Member-Directed Plan—a defined contribution plan; and the Combined Plan—a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan.

In March 2016, OPERS received two favorable rulings from the Internal Revenue Service (IRS) allowing OPERS to consolidate all health care assets into the OPERS 115 Health Care Trust. Transition to the new health care trust structure was completed July 1, 2016. As of December 31, 2016, OPERS maintains a cost-sharing, multiple-employer defined benefit post-employment health care trust, which funds multiple health care plans including medical coverage, prescription drug coverage and deposits to a Health Reimbursement Arrangement to qualifying benefit recipients of both the Traditional Pension and the Combined plans. Members of the Member-Directed Plan do not qualify for ancillary benefits, including OPERS sponsored health care coverage. OPERS funds a Retiree Medical Account (RMA) for participants in the Member-Directed Plan. At retirement or refund, participants can be reimbursed for qualified medical expenses from their vested RMA balance. The health care coverage provided by OPERS meets the definition of an Other Post Employment Benefit (OPEB) as described in GASB Statement 45.

In order to qualify for health care coverage, age-and-service retirees under the Traditional Pension and Combined plans must have 20 or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The health care coverage provided by OPERS meets the definition of an Other Post Employment Benefit (OPEB) as described in GASB Statement 45. Please see the Plan Statement in the OPERS 2015 CAFR for details.

The Ohio Revised Code permits, but does not mandate, OPERS to provide OPEB benefits to its eligible members and beneficiaries. Authority to establish and amend benefits is provided in Chapter 145 of the Ohio Revised Code.

A portion of each employer's contribution to OPERS is set aside for the funding of post-retirement health care based on authority granted by state statute. The 2016 employer contribution rate was 14.0% of covered payroll for employees. The Ohio Revised Code currently limits the employer contribution to a rate not to exceed 14.0% of covered payroll for employees. Active member contributions do not fund health care.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Financial Statements  
For the Year Ended December 31, 2016

**Note 9 - Postemployment Benefits** (continued)

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. The portion of employer contributions allocated to health care for members in the Traditional Pension Plan and Combined Plan was 2.0% during calendar year 2016. As recommended by OPERS' actuary, the portion of employer contributions allocated to health care beginning January 1, 2017 decreased to 1.0% for both plans. The OPERS Board is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected. The employer contribution as a percentage of covered payroll deposited into the RMA for participants in the Member-Directed Plan for 2016 was 4.0%.

The Health District's actual contributions for 2016, 2015, and 2014 which were used to fund OPEB were \$36,747; \$36,660; and \$36,455; respectively. 100% has been contributed for the years 2016, 2015, and 2014.

**Note 10 – Other Employee Benefits**

Health District employees have the option of participating in three state-wide deferred compensation plans created in accordance with the Internal Revenue Code Section 457. Under this program, employees elect to have a portion of their pay deferred until a future time. According to this plan, the deferred compensation is not available to employees until termination, retirement, death or unforeseeable emergency. The deferred pay and any income earned thereon is not subject to income tax until actually received by the employee. All amounts of compensation deferred under the plan, all property and rights purchased with those amounts, and all income attributable to those amounts, property or rights (until paid or made available to the employee or other beneficiary) must be held in a trust, custodial account, or annuity contract for the exclusive benefit of plan participants and their beneficiaries. Deferred amounts from the plan are not considered "made available" just because a trust, custodial account or annuity contract holds these amounts. The Plan Agreement states that the County and the plan administrators have no liability for losses under the plan with the exception of fraud or wrongful taking.

**Note 11 – Contingent Liabilities**

Amounts grantor agencies pay to the Health District are subject to audit and adjustment by the grantor, principally the state and 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.

**Note 12 – Long-Term Liabilities**

Long-term obligations of the Health District at December 31, 2016 were as follows:

	Balance <u>12/31/2015</u>	<u>Additions</u>	<u>Reductions</u>	Balance <u>12/31/2016</u>	Amounts Due in One Year
Compensated Absences	\$102,624	\$95,171	\$70,254	\$127,541	\$85,472
Net Pension Liability	1,698,910	693,462	0	2,392,372	0
Total	<u>\$1,801,534</u>	<u>\$788,633</u>	<u>\$70,254</u>	<u>\$2,519,913</u>	<u>\$85,472</u>

Compensated absences will be paid from the fund from which the employee's salary is paid.

**Clermont County General Health District**  
**Clermont County, Ohio**

*Required Supplementary Information*

Schedule of the County's Proportionate Share of the Net Pension Liability  
Ohio Public Employees Retirement System - Traditional Pension Plan  
Last Three Fiscal Years

	2016	2015	2014
Health District's Proportion of the Net Pension Liability - Traditional Pension Plan <sup>1</sup>	0.013812%	0.014930%	0.014930%
Health District's Proportionate Share of the Net Pension Liability - Traditional Pension Plan	\$ 2,392,372	\$ 1,698,910	\$ 1,661,098
Health District's Covered-Employee Payroll <sup>2</sup>	\$ 1,801,060	\$ 1,751,421	\$ 1,754,918
Health District's Proportionate Share of the Net Pension Liability as a Percentage of its Covered Payroll	132.83%	97.00%	94.65%
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability - Traditional Pension Plan	81.08%	86.45%	86.45%

*Note: Information prior to 2014 is not available*

<sup>1</sup>The Health District is part of Clermont County's entity for the purpose of reporting contributions to PERS. The percentage has been taken as to the Health District's contributions to PERS to determine the Health District's proportionate share

<sup>2</sup>Health District's Covered-Employee Payroll is split with the Combined Benefit Plan and the percentage is based on the Health District's Proportionate Share of the Net Pension Liability in each plan.

**Clermont County General Health District**  
**Clermont County, Ohio**

*Required Supplementary Information*

Schedule of the County's Proportionate Share of the Net Pension Liability  
Ohio Public Employees Retirement System - Combined Benefit Plan  
Last Three Fiscal Years

	<u>2016</u>	<u>2015</u>	<u>2014</u>
Health District's Proportion of the Net Pension Liability - Combined Benefit Plan <sup>1</sup>	0.015541%	0.016299%	0.016299%
Health District's Proportionate Share of the Net Pension (Asset) Liability - Combined Benefit Plan	<u>(7,608)</u>	<u>(5,871)</u>	<u>(1,614)</u>
Health District's Covered-Employee Payroll <sup>2</sup>	59,076	54,778	54,888
Health District's Proportionate Share of the Net Pension Liability as a Percentage of its Covered Payroll	-12.88%	-10.72%	-2.94%
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability - Combined Benefit Plan	116.90%	114.83%	114.83%

*Note: Information prior to 2014 is not available*

<sup>1</sup>The Health District is part of Clermont County's entity for the purpose of reporting contributions to PERS. The percentage has been taken as to the Health District's contributions to PERS to determine the Health District's proportionate share

<sup>2</sup>Health District's Covered-Employee Payroll is split with the Combined Benefit Plan and the percentage is based on the Health District's Proportionate Share of the Net Pension Liability in each plan.

**Clermont County General Health District**  
**Clermont County, Ohio**

*Required Supplementary Information*

Schedule of the County's Proportionate Share of the Net Pension Liability

Ohio Public Employees Retirement System - Traditional Plan

Last Three Years

	<u>2016</u>	<u>2015</u>	<u>2014</u>
Contractually Required Contribution	\$ 249,165	\$ 249,151	\$ 241,204
Contributions in Relation to the Contractually Required Contribution	<u>249,165</u>	<u>249,151</u>	<u>241,204</u>
Contribution Deficiency (Excess)	<u>0</u>	<u>0</u>	<u>0</u>
County Covered-Employee Payroll	1,801,060	1,751,421	1,754,918
Contributions as a Percentage of Covered- Employee Payroll	13.83%	14.23%	13.74%

*Note: Information prior to 2014 is not available*

**Clermont County General Health District**  
**Clermont County, Ohio**

*Required Supplementary Information*

Schedule of the County's Proportionate Share of the Net Pension Liability  
Ohio Public Employees Retirement System - Combined Benefit Plan  
Last Three Years

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	<u>2016</u>	<u>2015</u>	<u>2014</u>
Contractually Required Contribution	\$ 8,172	\$ 7,573	\$ 7,537
Contributions in Relation to the Contractually Required Contribution	<u>8,172</u>	<u>7,573</u>	<u>7,537</u>
Contribution Deficiency (Excess)	<u>0</u>	<u>0</u>	<u>0</u>
County Covered-Employee Payroll	59,076	54,778	54,888
Contributions as a Percentage of Covered- Employee Payroll	13.83%	13.82%	13.73%

*Note: Information prior to 2014 is not available*

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**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

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

Federal Grantor/ Pass Through Grantor Program Title	Pass Through Entity Number	Federal CFDA Number	Receipts	Disbursements
<b><u>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</u></b>				
<i>Passed Through Ohio Department of Health</i>				
Preventive Health and Health Services Block Grant - Injury Prevention	01310014IP0815	93.991	27,183	12,439
Preventive Health and Health Services Block Grant - Injury Prevention	01310014IP0916	93.991	121,929	98,236
			<u>149,112</u>	<u>110,676</u>
Immunization Grants	01310012IM0815	93.268	5,444	2,264
Immunization Grants	01310012IM0916	93.268	41,790	34,137
			<u>47,234</u>	<u>36,401</u>
Public Health Emergency Preparedness Grant	01310012PH0716	93.069	54,746	95,736
Public Health Emergency Preparedness Grant	01310012PH0817	93.069	24,453	52,539
			<u>79,199</u>	<u>148,275</u>
<b>TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			<b><u>275,545</u></b>	<b><u>295,351</u></b>
<b><u>U.S. DEPARTMENT OF AGRICULTURE</u></b>				
<i>Passed Through Ohio Department of Health</i>				
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)	01310011WA0916	10.557	518,983	513,999
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)	01310011WA1017	10.557	-	127,912
<b>TOTAL DEPARTMENT OF AGRICULTURE</b>			<b>518,983</b>	<b>641,911</b>
<b>TOTAL</b>			<b><u>\$ 794,528</u></b>	<b><u>\$ 937,262</u></b>

*The accompanying notes to this schedule are an integral part of this schedule.*

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

Notes to the Schedule of Federal Awards Receipts and Expenditures  
For the Year Ended December 31, 2016

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**Note 1 – Basis of Presentation**

The accompanying Schedule of Federal Awards Receipts and Expenditures (the Schedule) reports the Clermont County General Health District's (the District's) federal award programs' receipts and disbursements for the year ended December 31, 2016. The information on this Schedule is prepared in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County.

**Note 2 – Summary of Significant Accounting Policies**

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

**Note 3 – Matching Requirements**

Certain Federal programs require the District to contribute non-Federal funds (matching funds) to support the Federally-funded programs. The District has met its matching requirements. The Schedule does not include the expenditure of non-Federal matching funds.

**Note 4 – Medicaid Administrative Claiming Adjustments**

During the calendar year, the Health District received a deferred payment from the Ohio Department of Health (ODH) for the Medicaid program (CFDA #93.778) in the amount of \$31,645. The deferred payment was for Medicaid Administrative Claiming (MAC) expenses of the Health District incurred in prior reporting periods due to federal funding received by ODH to reimburse these expenses and also due to changes in the Health District's Medicaid Eligibility Rate (MER) for certain activity codes within MAC. This revenue is not listed on the Health District's Schedule of Federal Awards since the underlying expenses are on a cost-reimbursement basis and occurred in prior reporting periods.

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***Charles E. Harris & Associates, Inc.***  
*Certified Public Accountants*

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

Clermont County General Health District  
Clermont County  
2275 Bauer Road, Suite 300  
Batavia, Ohio 45103

To the Board of Health:

We have audited, in accordance with auditing standards generally accepted in the United States and the Comptroller General of the United States' *Government Auditing Standards*, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Clermont County General Health District, Clermont County, (the District) as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the District's basic financial statements and have issued our report thereon dated June 23, 2017.

***Internal Control Over Financial Reporting***

As part of our financial statement audit, we considered the District's internal control over financial reporting (internal control) to determine the audit procedures appropriate in the circumstances to the extent necessary to support our opinions on the financial statements, but not to the extent necessary to opine on the effectiveness of the District's internal control. Accordingly, we have not opined on it.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all internal control deficiencies that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies in internal control that we consider material weaknesses. However, unidentified material weaknesses may exist.

***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, opining 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 no instances of noncompliance or other matters we must report under *Government Auditing Standards*.

***Purpose of this Report***

This report only describes the scope of our internal control and compliance testing and our testing results, and does not opine on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



***Charles E. Harris & Associates, Inc.***  
June 23, 2017

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS  
APPLICABLE TO THE MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER  
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Clermont County General Health District  
Clermont County  
2275 Bauer Road, Suite 300  
Batavia, Ohio 45103

To the Board of Health:

***Report on Compliance for the Major Federal Program***

We have audited the Clermont County General Health District's (the District) compliance with the applicable requirements described in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could directly and materially affect the Clermont County General Health District's major federal program for the year ended December 31, 2016. The *Summary of Auditor's Results* in the accompanying schedule of findings identifies the District's major federal program.

***Management's Responsibility***

The District's management is responsible for complying 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 opine on the District's compliance for the District's major federal program based on our audit of the applicable compliance requirements referred to above. Our compliance audit followed auditing standards generally accepted in the United States of America; the standards for financial audits included in the Comptroller General of the United States' *Government Auditing Standards*; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). These standards and the Uniform Guidance require us to plan and perform the audit to reasonably assure whether noncompliance with the applicable compliance requirements referred to above that could directly and materially affect a major federal program occurred. An audit includes examining, on a test basis, evidence about the District's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe our audit provides a reasonable basis for our compliance opinion on the District's major program. However, our audit does not provide a legal determination of the District's compliance.

***Opinion on the Major Federal Program***

In our opinion, the Clermont County General Health District complied, in all material respects with the compliance requirements referred to above that could directly and materially affect its major federal program for the year ended December 31, 2016.

***Report on Internal Control Over Compliance***

The District's management is responsible for establishing and maintaining effective internal control over compliance with the applicable compliance requirements referred to above. In planning and performing our compliance audit, we considered the District's internal control over compliance with the applicable requirements that could directly and materially affect a major federal program, to determine our auditing procedures appropriate for opining on the major federal program's compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not to the extent needed to opine on the effectiveness of internal control over compliance. Accordingly, we have not opined on the effectiveness of the District's internal control over compliance.

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily 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.

This report only describes the scope of our internal control over compliance tests and the results of this testing based on Uniform Guidance requirements. Accordingly, this report is not suitable for any other purpose.



**Charles E. Harris & Associates, Inc.**  
June 23, 2017

**CLERMONT COUNTY GENERAL HEALTH DISTRICT  
CLERMONT COUNTY**

**SCHEDULE OF FINDINGS  
2 CFR § 200.515  
December 31, 2016**

**1. SUMMARY OF AUDITOR'S RESULTS**

(d)(1)(i)	<i>Type of Financial Statement Opinion</i>	Unmodified
(d)(1)(ii)	<i>Were there any material control weaknesses reported at the financial statement level (GAGAS)?</i>	No
(d)(1)(ii)	<i>Were there any significant deficiencies reported at the financial statement level (GAGAS)?</i>	No
(d)(1)(iii)	<i>Was there any reported material non-compliance at the financial statement level (GAGAS)?</i>	No
(d)(1)(iv)	<i>Were there any material internal control weaknesses reported for major federal programs?</i>	No
(d)(1)(iv)	<i>Were there any significant deficiencies reported for major federal programs?</i>	No
(d)(1)(v)	<i>Type of Major Programs' Compliance Opinion</i>	Unmodified
(d)(1)(vi)	<i>Are there any reportable findings under 2 CFR § 200.516(a)</i>	No
(d)(1)(vii)	<i>Major Programs:</i>	CFDA# 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)
(d)(1)(viii)	<i>Dollar Threshold: Type A\B Programs</i>	Type A: >\$750,000 Type B: All Others
(d)(1)(ix)	<i>Low Risk Auditee under 2 CFR § 200.520?</i>	Yes

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

None.

**3. FINDINGS FOR FEDERAL AWARDS**

None

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# Dave Yost • Auditor of State

**CLERMONT COUNTY GENERAL HEALTH DISTRICT**

**CLERMONT 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  
SEPTEMBER 26, 2017**