



**DELAWARE GENERAL HEALTH DISTRICT
DELAWARE COUNTY**

SINGLE AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2019

**DELAWARE GENERAL HEALTH DISTRICT
DELAWARE COUNTY
DECEMBER 31, 2019**

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OHIO AUDITOR OF STATE KEITH FABER



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INDEPENDENT AUDITOR'S REPORT

Delaware General Health District
Delaware County
1 West Winter Street
PO Box 570
Delaware, Ohio 43015

To the Board of Health:

Report on the Financial Statements

We have audited the accompanying cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Delaware General Health District, Delaware County, Ohio (the Health District), as of and for the year ended December 31, 2019, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for preparing and fairly presenting these financial statements in accordance with the cash accounting basis Note 2 describes. This responsibility includes determining that the cash accounting basis is acceptable for the circumstances. Management is also responsible for 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 Health 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 Health 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 the overall financial statement presentation.

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

Efficient • Effective • Transparent

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Delaware General Health District, Delaware County, Ohio, as of December 31, 2019, and the respective changes in cash financial position and the respective budgetary comparison for the General Fund, Women, Infant & Children (WIC) Special Revenue Fund, and Food Service Special Revenue Fund thereof for the year then ended in accordance with the accounting basis described in Note 2.

Accounting Basis

We draw attention to Note 2 of the financial statements, which describes the accounting basis. The financial statements are prepared on the cash basis of accounting, which differs from generally accepted accounting principles. We did not modify our opinion regarding this matter.

Emphasis of Matter

As discussed in Note 2 to the financial statements, during 2019, the Health District has elected to change its financial presentation to a cash basis comparable to the requirements of *Governmental Accounting Standards*. We did not modify our opinion regarding this matter.

As discussed in Note 14 to the financial statements, the financial impact of COVID-19 and the ensuing emergency measures will impact subsequent periods of the Health District. We did not modify our opinion regarding this matter.

Other Matters

Supplementary Information

Our audit was conducted to opine on the financial statements taken as a whole.

The Schedule of Expenditures of Federal Awards 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 this schedule directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and 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 Information

We applied no procedures to management's discussion & analysis as listed in the table of contents. Accordingly, we express no opinion or any other assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 20, 2020, on our consideration of the Health 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 Health District's internal control over financial reporting and compliance.



Keith Faber
Auditor of State

Columbus, Ohio

August 20, 2020

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**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

The discussion and analysis of the Delaware General Health District's, Delaware County, Ohio (the "Health District") financial performance provides an overall review of the Health District's financial activities for the year ended December 31, 2019, within the limitations of the District's cash basis of accounting. The intent of this discussion and analysis is to look at the Health District's financial performance as a whole. Readers should also review the basic financial statements and notes to the basic financial statements to enhance their understanding of the Health District's financial performance.

Financial Highlights

Key financial highlights for the year 2019 are as follows:

- Net position of governmental activities decreased \$790,086 or 7.4 percent as compared to 2018. This decrease was primarily caused by the purchased of land during 2019 for the construction of a new Health District building that will be built in 2020.
- General receipts in the form of property taxes, unrestricted grants and entitlements, and miscellaneous receipts comprise the largest percentage of the Health District's receipts, accounting for \$4,437,107 or 55.82 percent of all the dollars coming into the Health District. Program specific receipts in the form charges for services and operating grants and contributions make up the remaining \$3,512,077 or 44.18 percent.
- The Health District had \$8,739,270 in disbursements during 2019. This is a 23.37 percent increase from 2018. The majority of this increase was for the purchase of land and related capital costs needed to plan for the construction of the new Health District building mentioned above.
- In 2019, the general fund had receipts of \$6,685,863 and disbursements of \$6,526,015. A transfer in the amount of \$6,182,295 was made to the Delaware General Health District Building capital project fund to finance the new buildings construction costs. The fund balance of the general fund decreased by \$6,022,447 from \$10,091,413 to \$4,068,966.
- The women, infant and children ("WIC") special revenue fund, a major fund, is funded by federal grant revenue funds. Total receipts in 2019 were \$589,153. Total expenditures were \$585,252.
- The food service special revenue fund, a major fund, accounts for revenue collected from charges for services and permits issued. Total receipts in 2019 were \$430,407 and total expenditures were \$377,672.
- The Delaware General Health District building capital project fund, a major fund, was established by the Health District Board in 2019 to account for capital costs needed to construct the Health District's new buildings. A transfer from the general fund amount of \$6,182,295 during 2019 to pay for these costs.

Using the Basic Financial Statements

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

**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

Report Components

The Statement of Net Position - Cash Basis and the Statement of Activities - Cash Basis provide information about the cash activities of the Health District as a whole. Fund financial statements provide a greater level of detail.

Funds are created and maintained on the financial records of the Health District as a way to segregate money whose use is restricted to a particular specified purpose. These statements present financial information by fund, presenting funds with the largest balances or most activity in separate columns. The notes to the financial statements are an integral part of the government-wide and fund financial statements and provide expanded explanation and detail regarding the information reported in the statements.

Basis of Accounting

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

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

Reporting the Health District as a Whole

The Statement of Net Position - Cash Basis and the Statement of Activities - Cash Basis reflect how the Health District performed financially during 2019, within the limitations of the cash basis of accounting. The Statement of Net Position - Cash Basis presents the cash balances of the governmental activities of the Health District at year end. The Statement of Activities - Cash Basis compares cash disbursements with program receipts for each governmental program activity. Program receipts include charges paid by the recipient of the program's goods or services and grants and contributions restricted to meeting the operational or capital requirements of a particular program. General receipts are all receipts not classified as program receipts. The comparison of cash disbursements with program receipts identifies how each governmental function draws from the Health District's general receipts.

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

**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

The Statement of Net Position - Cash Basis and the Statement of Activities - Cash Basis present governmental activities, which include all the Health District's services. Charges for services and state and federal grants finance just under half of these activities. To a significant extent, benefits provided through the governmental activities are being paid for by the people receiving them. The Health District has no business-type activities.

Reporting the Health District's Most Significant Funds

Fund Financial Statements

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

Governmental Funds - The Health District's activities are reported in governmental funds. The governmental fund financial statements provide a detailed view of the Health District's governmental operations and the health services it provides. Governmental fund information helps determine whether there are more or less financial resources that can be spent to finance the Health District's health programs. The Health District's significant governmental funds are presented on the financial statements in separate columns. The information for nonmajor funds (funds whose activity or balances are not large enough to warrant separate reporting) is combined and presented in total in a single column. The Health District's major governmental funds are the general fund, WIC special revenue fund, food services special revenue fund and the Delaware General Health District Building capital project fund. The programs reported in the governmental funds are closely related to those reported in the governmental activities section of the entity-wide statements.

**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

The Health District as a Whole

Table 1 provides a summary of the Health District's cash basis net position at December 31, 2019 compared to December 31, 2018.

**Table 1
Statement of Net Position – Cash Basis**

	Governmental Activities	
	2019	2018
Assets		
Equity in pooled cash and cash equivalents	\$9,848,330	\$10,638,416
Net Position		
Restricted for:		
Campground	6,690	7,950
Food Service	161,189	108,454
Water System	18,080	13,963
Solid Waste	45,166	43,067
Swimming Pool	35,103	28,371
Women, Infant and Children	103,407	99,506
Maternal & Child Health	24,535	24,535
Creating Healthy Communities	43,987	90,236
Injury Prevention	27,691	8,309
Safe Route 23 Corridor	33,934	33,459
Immunization Action Plan	46,030	46,030
Public Health Emergency Planning	43,123	43,123
Unrestricted	9,259,395	10,091,413
Total Net Position	\$9,848,330	\$10,638,416

**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

Table 2 reflects the change in net position on a cash basis in 2019 as compared to 2018:

**Table 2
Changes in Net Position – Cash Basis**

	Governmental Activities	
	2019	2018
Receipts		
Program cash receipts:		
Charges for services and sales	\$2,455,907	\$2,261,155
Operating grants and contributions	1,056,170	867,201
Total program cash receipts	<u>3,512,077</u>	<u>3,128,356</u>
General receipts		
Property taxes	3,581,868	3,487,532
Grants and entitlements	827,430	1,164,079
Miscellaneous	27,809	51,079
Total general receipts	<u>4,437,107</u>	<u>4,702,690</u>
Total Receipts	<u>7,949,184</u>	<u>7,831,046</u>
Disbursements		
Environmental Health	1,773,148	1,578,151
Personal Health	1,649,254	1,718,368
Community Health	1,080,161	1,085,497
Administration	2,851,685	2,494,582
Capital Outlay	1,205,022	27,300
Debt Service:		
Principal Retirement	170,657	165,636
Interest and Fiscal Charges	9,343	14,364
Total Disbursements	<u>8,739,270</u>	<u>7,083,898</u>
Change in net position	(790,086)	747,148
Net position at beginning of year	<u>10,638,416</u>	<u>9,891,268</u>
Net position at end of year		
Total Net Position	<u><u>\$9,848,330</u></u>	<u><u>\$10,638,416</u></u>

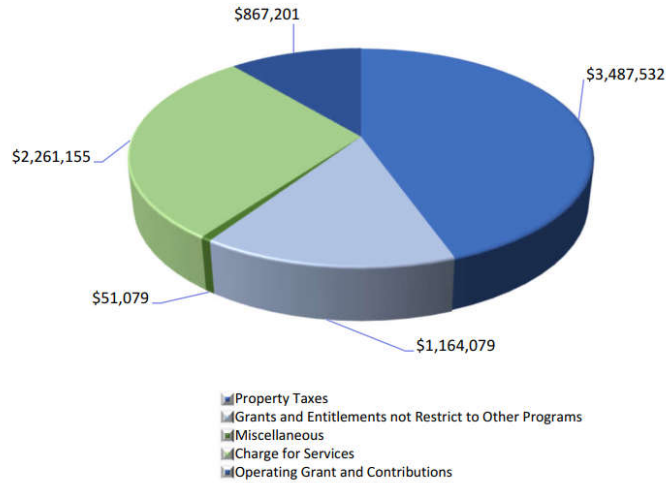
Delaware General Health District Delaware County, Ohio

Management's Discussion and Analysis For the Year Ended December 31, 2019 Unaudited

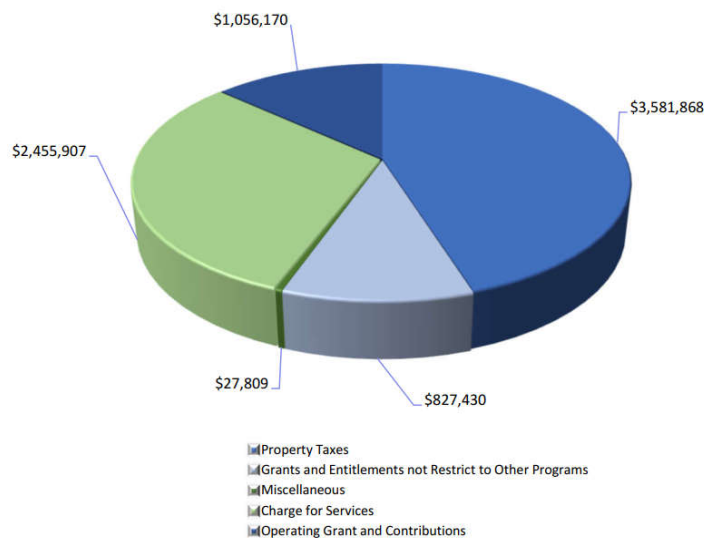
In 2019, 55.82 percent of the Health District's total receipts were from general receipts, consisting mainly of property taxes levied for general Health District purposes. Program receipts accounted for 44.18 percent of the Health District's total receipts in year 2019. These receipts consist primarily of charges for services for birth and death certificates, food services licenses, plumbing permits, home sewage treatment installation permits, swimming pools permits, and water system permits and state and federal operating grants.

The Health District continues to see increases in property tax revenue each year. In 2019 the Health District received 2.7 percent more property tax revenue than it received in 2018. This is primarily due to growing community that the Health District serves. The Health District has also seen growth in charges for services and sales revenue. As the community grows so does the need for food inspections and the sales of license and permits.

2018 Delaware General Health District - Revenues



2019 Delaware General Health District - Revenues



**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

Governmental Activities

If you look at the Statement of Activities for 2019 on page 10, you will see that the first column lists the major disbursements of the Health District. The next column identifies the amount of these disbursements. In 2019, the major program disbursements for governmental activities were: Environmental Health and Administration, which accounted for 20.29 and 32.63 percent of all governmental disbursements, respectively. The next two columns of the statement entitled Program Receipts identify amounts paid by people who are directly charged for services and grants and contributions received by the Health District that must provide a specific service. The net (disbursements) receipts column compares the program receipts to the cost of the service. This "net cost" amount represents the cost of the service which ends up being paid from money provided by local townships and municipalities, taxpayers, state subsidies and cash balances of grant and fee programs. These net costs are paid from the general receipts which are presented at the bottom of the statement. A comparison between the total cost of services and the net cost for both 2019 and 2018 is presented in Table 3, below.

**Table 3
Governmental Activities**

	Total Cost of Service 2019	Net Cost of Service 2019	Total Cost of Service 2018	Net Cost of Service 2018
Environmental Health	\$1,773,148	\$109,715	\$1,578,151	\$171,516
Personal Health	1,649,254	(699,007)	1,718,368	(707,877)
Community Health	1,080,161	(676,503)	1,085,497	(628,967)
Administration	2,851,685	(2,576,376)	2,494,582	(2,240,073)
Capital Outlay	1,205,022	(1,205,022)	27,300	(27,300)
Debt Service:				
Principal Retirement	170,657	(170,657)	165,636	(165,636)
Interest	9,343	(9,343)	14,364	(14,364)
	<u>\$8,739,270</u>	<u>(\$5,227,193)</u>	<u>\$7,083,898</u>	<u>(\$3,612,701)</u>

The Health District has attempted to limit its dependence upon property taxes and local subsidies by actively pursuing Federal grants and charging rates for services that are closely related to costs.

The Health District's Funds

Total governmental funds had receipts and other financing sources of \$7,949,184 and disbursements and other financing uses of \$8,739,270.

In 2019, the general fund had receipts of \$6,685,863 and disbursements \$6,526,015. The Health District transferred \$6,182,295 from the general fund to the Delaware General Health District building fund to pay for construction costs of the new Health District building, which resulted in a general fund balance of \$4,068,966.

**Delaware General Health District
Delaware County, Ohio**

Management's Discussion and Analysis
For the Year Ended December 31, 2019
Unaudited

The WIC special revenue fund, a major fund, is funded by federal grant revenue funds. Total receipts in WIC 2019 were \$589,153 which is a 1.06 percent increase from 2018. Total expenditures in WIC were \$585,252 which is a 1.34 percent increase from 2018. Both revenue and expenditures in the remained consistent from 2018 to 2019 due to similar grant funding.

The food service special revenue fund, a major fund, accounts for revenue collected from charges for services and permits issued. Total receipts in 2019 were \$430,407 which is a 3.55 percent increase from 2018. Total expenditures were \$377,672 which was an increased from 2018 by 9.75 percent. The increases in food service revenue and expenditures were the direct result of an increase in the number of foot service vendors and new restaurants in the district.

The Delaware General Health District building capital project fund, a major fund, was established by the Health District Board in 2019 to account for capital costs needed to construct the Health Districts new buildings. A transfer from the general fund was made in the amount of \$6,182,295 during 2019 to pay for these costs.

General Fund Budgeting Highlights

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

During 2019, the Health District amended its appropriations, and the budgetary statements to reflect both the original and final appropriated amounts. The general fund's actual receipts collected were \$6,685,863, which is a 10 percent increase from the final budgeted receipts. The primary cause of this increase was due to an increase in the charges for services revenue collected due to more services provided during the year. Additionally, property tax revenue increased due to the growth in the community serviced by the Health District.

Overall, actual budgetary expenditures of \$6,533,280 were 12 percent less than the final budgetary expenditures. The costs needed to provide services and charges were significantly less than the final budgeted expense. Additionally, personal services and the related fringe benefits costs were less than expected due some vacant positions that will be filled in the following year.

Capital Assets

The Health District does not report capital assets and infrastructure as part of the year-end financial statements.

Contacting the District's Financial Management

This financial report is designed to provide our citizens, taxpayers, and providers with a general overview of the Health District's finances and to reflect the District's accountability for the money it receives. Questions concerning any of the information in this report or requests for additional information should be directed to Shelia Hiddleston, RN, MS, Health Commissioner, Delaware General Health Department, 1-3 West Winter Street, Delaware Ohio 43015.

Delaware General Health District
Delaware County
Statement of Net Position - Cash Basis
December 31, 2019

	Governmental Activities
Assets	
Cash and Cash Equivalents with Fiscal Agents	\$9,848,330
Net Position	
Restricted for:	
Campground	6,690
Food Service	161,189
Water System	18,080
Soild Waste	45,166
Swimming Pool	35,103
Women, Infant and Children	103,407
Maternal & Child Health	24,535
Creating Healthy Communities	43,987
Injury Prevention	27,691
SAF RT23 Corridor	33,934
Immunization Action Plan	46,030
Public Health Emergency Planning	43,123
Unrestricted	9,259,395
<i>Total Net Position</i>	<i>\$9,848,330</i>

See accompanying notes to the basic financial statements

Delaware General Health District
Delaware County
Statement of Activities - Cash Basis
For the Year Ended December 31, 2019

	Program Cash		Net (Disbursements) Receipts and Changes in Net Position	
	Cash Disbursements	Charges for Services and Sales	Operating Grants and Contributions	
			Governmental Activities	
Governmental Activities				
Current:				
Health:				
Environmental Health	\$1,773,148	\$1,806,481	\$76,382	\$109,715
Personal Health	1,649,254	310,728	639,519	(699,007)
Community Health	1,080,161	63,389	340,269	(676,503)
Administration	2,851,685	275,309	0	(2,576,376)
Capital Outlay	1,205,022	0	0	(1,205,022)
Debt Service:				
Principal Retirement	170,657	0	0	(170,657)
Interest and Fiscal Charges	9,343	0	0	(9,343)
<i>Total Governmental Activities</i>	<u>\$8,739,270</u>	<u>\$2,455,907</u>	<u>\$1,056,170</u>	<u>(\$5,227,193)</u>
General Receipts:				
Property Taxes Levied for General Purposes				3,581,868
Grants/Entitlements not Restricted to Specific Program				827,430
Miscellaneous				27,809
Total General Receipts				<u>4,437,107</u>
Change in Net Position				(790,086)
<i>Net Position Beginning of Year</i>				<u>10,638,416</u>
<i>Net Position End of Year</i>				<u>\$9,848,330</u>

See accompanying notes to the basic financial statements

Delaware General Health District
Delaware County
Statement of Assets and Fund Balances- Cash Basis
Governmental Funds
December 31, 2019

	General	Women, Infant & Children (WIC)	Food Service	Delaware General Health District Building	Nonmajor Governmental Funds	Total Governmental Funds
Assets						
Cash and Cash Equivalents with Fiscal Agents	\$4,068,966	\$103,407	\$161,189	\$5,190,429	\$324,339	\$9,848,330
Fund Balances						
Restricted						
Campground	0	0	0	0	6,690	6,690
Food Service	0	0	161,189	0	0	161,189
Water System	0	0	0	0	18,080	18,080
Soild Waste	0	0	0	0	45,166	45,166
Swimming Pool	0	0	0	0	35,103	35,103
Women, Infant and Children	0	103,407	0	0	0	103,407
Maternal & Child Health	0	0	0	0	24,535	24,535
Creating Healthy Communities	0	0	0	0	43,987	43,987
Injury Prevention	0	0	0	0	27,691	27,691
SAF RT23 Corridor	0	0	0	0	33,934	33,934
Immunization Action Plan	0	0	0	0	46,030	46,030
Public Health Emergency Planning	0	0	0	0	43,123	43,123
Assigned	1,383,640	0	0	5,190,429	0	6,574,069
Unassigned	2,685,326	0	0	0	0	2,685,326
<i>Total Fund Balances</i>	<u>\$4,068,966</u>	<u>\$103,407</u>	<u>\$161,189</u>	<u>\$5,190,429</u>	<u>\$324,339</u>	<u>\$9,848,330</u>

See accompanying notes to the basic financial statements

Delaware General Health District
Delaware County
Statement of Receipts, Disbursements and Changes in Fund Balances - Cash Basis
Governmental Funds
For the Year Ended December 31, 2019

	General	Women, Infant and Children (WIC)	Food Service	Delaware General Health District Building	Other Governmental Funds	Total Governmental Funds
Receipts						
Property Taxes	\$3,581,868	\$0	\$0	\$0	\$0	\$3,581,868
Charges for Services	666,472	0	29,321	0	7,343	703,136
Fines, Licenses and Permits	1,053,861	0	401,086	0	84,975	1,539,922
Intergovernmental:						
Apportionments	250,000	0	0	0	0	250,000
Grants	336,811	589,153	0	0	95,616	1,021,580
Other	625,817	0	0	0	55,827	681,644
Rent	111,888	0	0	0	0	111,888
Donations	31,636	0	0	0	0	31,636
Miscellaneous	27,510	0	0	0	0	27,510
<i>Total Receipts</i>	<u>6,685,863</u>	<u>589,153</u>	<u>430,407</u>	<u>0</u>	<u>243,761</u>	<u>7,949,184</u>
Disbursements						
Current:						
Health:						
Environmental Health	1,293,248	0	377,672	0	136,457	1,807,377
Personal Health	1,083,880	585,252	0	0	0	1,669,132
Community Health	981,347	0	0	0	122,008	1,103,355
Administration	2,593,462	0	0	0	0	2,593,462
Vital Statistics	180,922	0	0	0	0	180,922
Capital Outlay	213,156	0	0	991,866	0	1,205,022
Debt Service:						
Principal Retirement	170,657	0	0	0	0	170,657
Interest and Fiscal Charges	9,343	0	0	0	0	9,343
<i>Total Disbursements</i>	<u>6,526,015</u>	<u>585,252</u>	<u>377,672</u>	<u>991,866</u>	<u>258,465</u>	<u>8,739,270</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>159,848</u>	<u>3,901</u>	<u>52,735</u>	<u>(991,866)</u>	<u>(14,704)</u>	<u>(790,086)</u>
Other Financing Sources (Uses)						
Transfers In	0	0	0	6,182,295	0	6,182,295
Transfers Out	(6,182,295)	0	0	0	0	(6,182,295)
<i>Total Other Financing Sources (Uses)</i>	<u>(6,182,295)</u>	<u>0</u>	<u>0</u>	<u>6,182,295</u>	<u>0</u>	<u>0</u>
<i>Net Change in Fund Balances</i>	<u>(6,022,447)</u>	<u>3,901</u>	<u>52,735</u>	<u>5,190,429</u>	<u>(14,704)</u>	<u>(790,086)</u>
<i>Fund Balances Beginning of Year</i>	<u>10,091,413</u>	<u>99,506</u>	<u>108,454</u>	<u>0</u>	<u>339,043</u>	<u>10,638,416</u>
<i>Fund Balances End of Year</i>	<u>\$4,068,966</u>	<u>\$103,407</u>	<u>\$161,189</u>	<u>\$5,190,429</u>	<u>\$324,339</u>	<u>\$9,848,330</u>

See accompanying notes to the basic financial statements

Delaware General Health District
Delaware County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual - Budget Basis
General Fund
For the Year Ended December 31, 2019

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Property Taxes	\$3,428,885	\$3,428,885	\$3,581,868	\$152,983
Charges for Services	445,875	445,875	666,472	220,597
Fines, Licenses and Permits	970,010	970,010	1,053,861	83,851
Intergovernmental:				
Apportionments	250,000	250,000	250,000	0
Grants	256,758	263,852	336,811	72,959
Other	503,235	503,235	625,817	122,582
Rent	115,500	115,500	111,888	(3,612)
Donations	18,520	18,520	31,636	13,116
Miscellaneous	22,217	22,217	27,510	5,293
<i>Total Receipts</i>	6,011,000	6,018,094	6,685,863	667,769
Disbursements				
Current:				
Health:				
Personal Services	3,195,039	3,237,739	3,196,529	41,210
Fringe Benefits	1,645,919	1,767,183	1,488,376	278,807
Services and Charges	1,314,084	1,350,889	1,068,858	282,031
Materials and Supplies	508,192	520,481	386,362	134,119
Capital Outlay	186,031	286,031	213,155	72,876
Debt Service:				
Principal Retirement	170,657	170,657	170,657	0
Interest and Fiscal Charges	9,343	9,343	9,343	0
<i>Total Disbursements</i>	7,029,265	7,342,323	6,533,280	809,043
<i>Excess of Receipts Over (Under) Disbursements</i>	(1,018,265)	(1,324,229)	152,583	1,476,812
Other Financing Sources (Uses)				
Sale of Capital Assets	100	100	0	(100)
Transfers Out	0	(6,182,295)	(6,182,295)	0
<i>Total Other Financing Sources (Uses)</i>	100	(6,182,195)	(6,182,295)	(100)
<i>Net Change in Fund Balance</i>	(1,018,165)	(7,506,424)	(6,029,712)	1,476,712
<i>Unencumbered Fund Balance Beginning of Year</i>	9,991,427	9,991,427	9,991,427	0
Prior Year Encumbrances Appropriated	99,986	99,986	99,986	0
<i>Unencumbered Fund Balance End of Year</i>	\$9,073,248	\$2,584,989	\$4,061,701	\$1,476,712

Delaware General Health District
Delaware County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual - Budget Basis
Women, Infant and Children (WIC) Special Revenue Fund
For the Year Ended December 31, 2019

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Grants	\$583,741	\$583,741	\$589,153	\$5,412
Disbursements				
Current:				
Health:				
Personal Services	369,207	375,000	373,456	1,544
Fringe Benefits	195,993	182,074	178,193	3,881
Services and Charges	18,841	20,162	16,122	4,040
Materials and Supplies	3,651	20,000	17,481	2,519
<i>Total Disbursements</i>	<u>587,692</u>	<u>597,236</u>	<u>585,252</u>	<u>11,984</u>
<i>Net Change in Fund Balance</i>	(3,951)	(13,495)	3,901	17,396
<i>Unencumbered Fund Balance Beginning of Year</i>	<u>99,506</u>	<u>99,506</u>	<u>99,506</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u>\$95,555</u>	<u>\$86,011</u>	<u>\$103,407</u>	<u>\$17,396</u>

Delaware General Health District
Delaware County
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual - Budget Basis
Food Service Special Revenue Fund
For the Year Ended December 31, 2019

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Charges for Services	\$22,500	\$22,500	\$29,321	\$6,821
Fines, Licenses and Permits	378,112	378,112	401,086	22,974
<i>Total Receipts</i>	400,612	400,612	430,407	29,795
Disbursements				
Current:				
Health:				
Personal Services	224,400	234,000	230,059	3,941
Fringe Benefits	122,146	124,762	103,351	21,411
Services and Charges	39,856	39,856	33,357	6,499
Materials and Supplies	28,611	28,611	10,905	17,706
<i>Total Disbursements</i>	415,013	427,229	377,672	49,557
<i>Net Change in Fund Balance</i>	(14,401)	(26,617)	52,735	79,352
<i>Unencumbered Fund Balance Beginning of Year</i>	108,454	108,454	108,454	0
<i>Unencumbered Fund Balance End of Year</i>	\$94,053	\$81,837	\$161,189	\$79,352

See accompanying notes to the basic financial statements

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Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019

Note 1 – Reporting Entity

The Delaware General Health District (the “Health District”), is a body corporate and politic established to exercise the rights and privileges conveyed to it by the constitution and laws of the State of Ohio. The Health District is a combined health district as defined by section 3709.07 of the Ohio Revised Code. An eight-member Board of Health (the “Board”) governs the Health District. Five members are appointed by the District Advisory Council on behalf of the townships, two members are appointed by the City of Delaware and one member is appointed by the City of Powell. The Board appoints a health commissioner who oversees the employment of all employees.

The reporting entity is composed of the primary government, component units, and other organizations that are included to ensure the financial statements of the Health District are not misleading.

A. Primary Government

The primary government consists of all funds, departments, boards and agencies that are not legally separate from 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 Delaware County Auditor acts a fiscal agent for the Health District and the Delaware County Treasurer acts as custodian of all funds.

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

B. Component Units

Component units are legally separate organizations for which the Health District is financially accountable. The Health District is financially accountable for an organization if the Health District appoints a voting majority of the organization’s governing board; and (1) the Health District is able to significantly influence the programs or services performed or provided by the organization; or (2) the Health District is legally entitled to or can otherwise access the organization’s resources; the Health District is legally obligated or has otherwise assumed the responsibility to finance the deficits of, or provide financial support to, the organization; or the Health District is obligated for the debt of the organization. Component units may also include organization for which the Health District authorizes the issuance of debt or the levying of taxes or determines the budget, if there is also the potential for the organization to provide specific financial benefits to, or impose specific financial burdens on the Health District. The Health District has no component units.

C. Public Entity Risk Pools and Related Organizations

The Health District participates in Public Entities Pool of Ohio, a public entity risk pool. This organization is presented in Note 8 to the financial statements.

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

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 2 – Summary of Significant Accounting Policies

As discussed further in the “Basis of Accounting” section of this note, these financial statements are presented on a cash basis of accounting. This cash basis of accounting differs from accounting principles generally accepted in the United States of America (GAAP). Generally accepted accounting principles include all relevant Governmental Accounting Standards Board (GASB) pronouncements, which have been applied to the extent they are applicable to the cash basis of accounting. Following are the more significant of the Health District’s accounting policies.

A. Basis of Presentation

The Health District’s basic financial statements consist of government-wide financial statements, including a statement of net 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. The statements distinguish between those activities of the Health District that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. The Health District has no business-type activities.

The statement of net position presents the cash balance of the governmental of the Health District at year end. The statement of activities compares disbursements and program receipts for each program or function of the Health District’s governmental activities. Disbursements are reported by function. A function is a group of related activities designed to accomplish a major service or regulatory program for which the Health District is responsible. Program receipts include charges paid by the recipient of the goods or services offered by the program, grants and contributions that are restricted to meeting the operational or capital requirements of a particular program, and receipts of interest earned on grants that are required to be used to support a particular program. Receipts which are not classified as program receipts are presented as general receipts of the Health District, with certain limited exceptions. The comparison of direct disbursements with program receipts identifies the extent to which each governmental program is self-financing on a cash basis or draws from the general receipts of the Health District.

Fund Financial Statements

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

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 2 – Summary of Significant Accounting Policies (Continued)

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 a single category (governmental).

Governmental Funds

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

General Health Fund - The general fund accounts for and reports all financial resources not accounted for and reported in another fund. The general fund balance is available to the Health District for any purpose provided it is expended or transferred according to the general laws of Ohio.

Women, Infants and Children - This fund accounts for and reports federal grant monies restricted to the Women, Infants and Children program.

Food Service - This fund accounts for food safety training, commercial plan reviews and for food services and licenses.

Delaware General Health District Building - This fund accounts for resources used for all costs related to the construction of the Health District's new building.

The other governmental funds of the Health District account for and report grants and other resources whose use is restricted, committed or assigned to a particular purpose.

C. Basis of Accounting

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

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

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 2 – Summary of Significant Accounting Policies (Continued)

D. Budgetary Process

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

ORC Section 5705.28(C)(1) requires the Health District to file an estimate of contemplated revenue and expenses with the municipalities and townships within the Health District by about June 1 (forty-five days prior to July 15). The County Auditor cannot allocate property taxes from the municipalities and townships within the Health District if the filing has not been made.

ORC Section 3709.28 establishes budgetary requirements for the Health District, which are similar to ORC Chapter 5705 budgetary requirements. On or about the first Monday of April, the Health District must adopt an itemized appropriation measure. The appropriation measure, together with an itemized estimate of revenues to be collected during the next fiscal year, shall be certified to the county budget commission.

Subject to estimated resources, the Board of Health may, by resolution, transfer appropriations from one appropriation item to another, reduce or increase any item, create new items, and make additional appropriations or reduce the total appropriation. Such appropriation modifications shall be certified to the county budget commission for approval.

The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources in effect 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 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 budget reflect the first appropriation resolution that covered the entire year, including amounts automatically carried forward from prior years. The amount reported as the final budgeted amounts represents the final appropriations passed by the Board of Health during the year.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 2 – Summary of Significant Accounting Policies (Continued)

E. Cash and Investments

The County Treasurer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County, Michael Ringle, Delaware County Treasurer, 145 North Union Street, Delaware, Ohio 43015. The phone number is (740) 833-2480.

F. Restricted Assets

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

G. Inventory and Prepaid Items

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

H. Capital Assets

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

I. Accumulated Leave

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

J. Employer Contributions to Cost-Sharing Pension Plans

The Health District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 8 and 9, the employer contributions include portions for pension benefits and for other postemployment benefits (OPEB).

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 2 – Summary of Significant Accounting Policies (Continued)

K. Long-Term Obligations

The Health District's cash basis financial statements do not report liabilities for long-term obligations. Proceeds of debt are reported when cash is received, and principal and interest payments are reported when paid. Since recording a capital asset when entering into a capital lease is not the result of a cash transaction, neither an other financing source nor a capital outlay expenditure is reported at inception. Lease payments are reported when paid.

L. Net Position

Net position is reported as restricted when there are limitations imposed on their use 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.

M. Fund Balance

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

Nonspendable The nonspendable fund balance category includes amounts that cannot be spent because they are not in spendable form or are legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash. 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.

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 of Health. Those committed amounts cannot be used for any other purpose unless the Board of Health removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts. 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.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 2 – Summary of Significant Accounting Policies (Continued)

M. Fund Balance (Continued)

Assigned Amounts in the assigned fund balance classification are intended to be used by the Health District 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 of Health or a Health District official delegated that authority by resolution, or by State Statute.

Unassigned Unassigned fund balance is the residual classification for the general fund and includes amounts not contained in the other classifications. In other governmental funds, the unassigned classification is used only to report a deficit balance.

The Health District 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.

N. Internal Activity

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

Note 3 – Change in Accounting Principles

For fiscal year 2019, the Health District has implemented Governmental Accounting Standards Board (GASB) Statement No. 83, *Certain Asset Retirement Obligations*, Statement No. 84, *Fiduciary Activities*, and Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*. GASB 83 addresses accounting and financial reporting for certain asset retirement obligations (AROs). GASB 84 established specific criteria for identifying activities that should be reported as fiduciary activities and clarifies whether and how business-type activities should report their fiduciary activities. GASB 88 provides a definition of debt and identifies additional disclosures for debt, including direct borrowings and direct placements. The implementation of GASB Statements 83, 84, and 88 did not have an effect on the financial statements of the Health District.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 4 – Budgetary Basis of Accounting

The budgetary basis as provided by law is based upon accounting for certain transactions on the basis of cash receipts, disbursements, and encumbrances. The Statement of Receipts, Disbursements and Changes in Fund Balance – Budget and Actual – Budgetary Basis presented for the general fund, women infant and children (WIC) fund and food service fund prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The difference between the budgetary basis and the cash basis is outstanding year end encumbrances are treated as cash disbursements (budgetary basis) rather than as restricted, committed or assigned fund balance (cash basis).

The following table summarizes the adjustments necessary to reconcile the cash basis statements to the budgetary basis statements.

	General	WIC	Food Service
Cash Basis	\$4,068,966	\$103,407	\$161,189
Encumbrances	(7,265)	0	0
Budget Basis	\$4,061,701	\$103,407	\$161,189

Note 5 – Deposits and Investments

As required by the Ohio Revised Code, the Delaware County Treasurer is custodian for the Health District’s deposits. The County’s deposit and investment pool holds the Health District’s assets, valued at the Treasurer’s reported carrying amount.

Note 6 – Property Taxes

Property taxes include amounts levied against all real and public utility property located in the Health District. Property tax revenue received during 2019 for real and public utility property taxes represents collections of 2018 taxes.

2019 real property taxes are levied after October 1, 2019, on the assessed value as of January 1, 2019, the lien date. Assessed values are established by State law at 35 percent of appraised market value. 2019 real property taxes are collected in and intended to finance 2020.

Real property taxes are payable annually or semi-annually. If paid annually, payment is due December 31; if paid semi-annually, the first payment is due December 31, with the remainder payable by June 20. Under certain circumstances, State statute permits later payment dates to be established.

Public utility tangible personal property currently is assessed at varying percentages of true value; public utility real property is assessed at 35 percent of true value. 2019 public utility property taxes which became a lien December 31, 2018, are levied after October 1, 2019, and are collected in 2020 with real property taxes.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 6 – Property Taxes (Continued)

The full tax rate for all Health District operations for the year ended December 31, 2019, was \$.70 per \$1,000 of assessed value. The assessed values of real property and public utility tangible property upon which 2019 property tax receipts were based are as follows:

	<u>Tax Year 2018</u>
Real Property	\$7,664,489,990
Tangible Public Utility Property	<u>369,644,060</u>
Total Assessed Valuation	<u>\$8,034,134,050</u>

The County Treasurer collects property taxes on behalf of all taxing districts in the County, including the County. The County Auditor periodically remits to the Health District its portion of the taxes collected.

Note 7 – Transfers

During 2019, the following transfers were made:

<u>Transfer from the General Fund to:</u>	
Delaware General Health District Building	6,182,295

The transfer above represents the allocation of unrestricted receipts collected in the general fund which will be used to finance the construction cost related to the new Health District building which will be completed in 2021.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 8 – Risk Management

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

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. American Risk Pooling Consultants, Inc. (ARPCO), a division of 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 ARPCO. 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, 2017, 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.

Financial Position

PEP’s financial statements (audited by other accountants) conform with generally accepted accounting principles, and reported the following assets, liabilities and net position at December 31, 2019:

	<u>2019</u>
Assets	\$54,973,597
Liabilities	<u>(16,440,940)</u>
Net Position	\$38,532,657

At December 31, 2019, the liabilities above include approximately \$15 million of estimated incurred claims payable. The assets above also include approximately \$13.7 million of unpaid claims to be billed. The Pool’s membership increased from 538 members in 2018 to 553 members in 2019. These amounts will be included in future contributions from members when the related claims are due for payment.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 8 – Risk Management (Continued)

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 liability of each member is limited to the amount of financial contributions required to be made to PEP for each year of membership.

Contributions to PEP		
2019	2018	2017
\$36,286	\$33,718	\$34,520

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 was incurred or reported prior to the withdrawal

Note 9– Defined Benefit Pension Plans

Ohio Public Employees Retirement System (OPERS)

Plan Description – Health 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 combination cost-sharing, multiple-employer defined benefit/defined contribution pension plan. Participating employers are divided into state, local, law enforcement and public safety divisions. While members in the state and local divisions may participate in all three plans, law enforcement and public safety divisions exist only within the traditional plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost-of-living adjustments to members of the traditional and combined plans. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 9 – Defined Benefit Pension Plans (Continued)

Ohio Public Employees Retirement System (OPERS) (Continued)

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 in the traditional and combined plans 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 and combined plans as per the reduced benefits adopted by SB 343 (see OPERS CAFR referenced above for additional information, including requirements for reduced and unreduced benefits):

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

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.

When a traditional plan 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. Members retiring under the combined plan receive a cost-of-living adjustment of the defined benefit portion of their pension benefit. 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.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 9 – Defined Benefit Pension Plans (Continued)

Ohio Public Employees Retirement System (OPERS) (Continued)

Defined contribution plan benefits are established in the plan documents, which may be amended by the Board. Member-directed plan and combined plan members who have met the retirement eligibility requirements may apply for retirement benefits. The amount available for defined contribution benefits in the combined plan consists of the member's contributions plus or minus the investment gains or losses resulting from the member's investment selections. Combined plan members wishing to receive benefits must meet the requirements for both the defined benefit and defined contribution plans. Member-directed participants must have attained the age of 55, have money on deposit in the defined contribution plan and have terminated public service to apply for retirement benefits. The amount available for defined contribution benefits in the member-directed plan consists of the members' contributions, vested employer contributions and investment gains or losses resulting from the members' investment selections. Employer contributions and associated investment earnings vest over a five-year period, at a rate of 20 percent each year. At retirement, members may select one of several distribution options for payment of the vested balance in their individual OPERS accounts. Options include the purchase of a monthly defined benefit annuity from OPERS (which includes joint and survivor options), partial lump-sum payments (subject to limitations), a rollover of the vested account balance to another financial institution, receipt of entire account balance, net of taxes withheld, or a combination of these options.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 9 – Defined Benefit Pension Plans (Continued)

Ohio Public Employees Retirement System (OPERS) (Continued)

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

	State and Local
2019 Statutory Maximum Contribution Rates	
Employer	14.0 %
Employee	10.0 %
 2018 Actual Contribution Rates	
Employer:	
Pension	14.0 %
Post-employment Health Care Benefits	0.0
Total Employer	14.0 %
Employee	10.0 %

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District’s contractually required contribution was \$929,516 for the year 2019.

Social Security

All the Health District’s board members contribute to Social Security. This plan provides retirement benefits, including survivor and disability benefits to participants. Board members contributed 6.2 percent of their gross salary, and the Health District contributed an amount equal to 6.2 percent of their gross salary. The Health District has paid all contributions required through December 31, 2019.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 10 – Postemployment Benefits

Ohio Public Employees Retirement System

Plan Description – The 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.

OPERS maintains a cost-sharing, multiple-employer defined benefit postemployment 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. This trust is also used to fund health care for member-directed plan participants, in the form of a Retiree Medical Account (RMA).

At retirement or refund, member directed plan participants may be eligible for reimbursement of qualified medical expenses from their vested RMA balance.

In order to qualify for postemployment health care coverage, age and service retirees under the traditional pension and combined plans must have twenty 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 another Post Employment Benefit (OPEB) as described in GASB Statement 75. See OPERS CAFR referenced below for additional information.

The Ohio Revised Code permits but does not require OPERS to provide health care to its eligible benefit recipients. Authority to establish and amend health care coverage is provided to the Board in Chapter 145 of the Ohio Revised Code.

Disclosures for the health care plan are presented separately in the OPERS financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/financial/reports.shtml>, by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling (614) 222-5601 or 800-222-7377.

Funding Policy – The Ohio Revised Code provides the statutory authority requiring public employers to fund postemployment health care through their contributions to OPERS. A portion of each employer's contribution to OPERS is set aside to fund OPERS health care plans.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2018, state and local employers contributed at a rate of 14.0 percent of earnable salary and public safety and law enforcement employers contributed at 18.1 percent. These are the maximum employer contribution rates permitted by the Ohio Revised Code. Active member contributions do not fund health care.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 10 – Postemployment Benefits (Continued)

Ohio Public Employees Retirement System (Continued)

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. For 2018, OPERS did not allocate any employer contribution to health care for members in the Traditional Pension Plan and Combined Plan. 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 2018 was 4.0 percent.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District’s contractually required contribution was \$0 for the year 2019.

Note 11 – Debt

A. Promissory Note

The Health District’s long-term loan activity for the year ended December 31, 2019, was as follows:

	Outstanding 12/31/18	Retired	Outstanding 12/31/19	Interest Rate
Promissory Note	\$407,953	\$170,657	\$237,296	2.85%

The Promissory Note (“Note”) was issued to refinance the initial loan to purchase an office building in downtown Delaware in 2008 and acquire an additional office building. The building houses the Health District office, a local bank, and two law offices. The rate of interest during 2019 was 2.85 percent. The interest rate on the loan is the prime rate +/- 0.5 percent and is assessed every three years. On February 28, 2020 the rate will be reassessed. Monthly installment payments are paid each month through April 2021. The Health District did not pledge any assets as part of the Note. There are also no pre-payment penalties for paying the Note off early. In the event of a default the Health District will be charged an additional 3 percent interest.

The following is a summary of the Health District’s future annual debt service requirements for governmental activities:

Year	Loans	
	Principal	Interest
2020	\$175,452	\$4,548
2021	61,844	341
	\$237,296	\$4,889

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 11 – Debt (Continued)

A. Leases

The Health District leases a satellite office in Sunbury to provide services such as immunization, health screenings, pregnancy and HIV testing, plumbing permits, food licenses and birth/death certificates. The Health District disbursed \$16,296 to pay lease cost for the year ended December 31, 2019. The Health District has signed a five-year agreement to occupy this location, but has the option to cancel the lease agreement in June 2021. Future lease payments are as follows:

Year	Amount
2020	\$28,245
2021	28,570
2022	28,896
2023	29,221
Total	\$114,932

Note 12 – Contingent Grants

The Health District receives significant financial assistance from numerous federal, state, and local agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability of the Health District; however, in the opinion of management, any such disallowed claims will not have a material effect on the financial position of the Health District.

Note 13 – Tax Abatement Agreements Entered into By Delaware County

Delaware County (the “County”) entered into property tax abatement agreements with property owners under Enterprise Zone Agreements (EZAs) and the Ohio Community Reinvestment Area (CRA) program with the taxing districts of the Health District. The County has offered CRA abatements to business based upon substantial project investment into the County.

On July 26, 2006, the County entered into CRA agreement with Citicorp North America Inc. In exchange for the CRA, Citicorp invested over \$500,000,000 million to create 60 high-paying jobs. The County provided a property tax abatement in the amount of \$39,200,000. Under this agreement, the Health District’s property taxes were reduced by \$21,619. The Health District is not receiving any amounts from the County in association with the forgone property tax revenue.

Delaware General Health District
Delaware County
Notes to the Basic Financial Statements
For the Year Ended December 31, 2019
(Continued)

Note 14 – Subsequent Events

The United States and the State of Ohio declared a state of emergency in March 2020 due to the COVID-19 pandemic. The financial impact of COVID-19 and the ensuing emergency measures will impact subsequent periods of the Health District. The Health District's investments in the pension and other employee benefit plan in which the Health District participates have incurred a significant decline in fair value, consistent with the general decline in financial markets. However, because the values of individual investments fluctuate with market conditions, and due to market volatility, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. In addition, the impact on the Health District's future operating costs, revenues, and any recovery from emergency funding, either federal or state, cannot be estimated.

DELAWARE GENERAL HEALTH DISTRICT
DELAWARE COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2019

FEDERAL GRANTOR <i>Pass Through Grantor</i> Program / Cluster Title	Federal CFDA Number	Pass Through Entity Identifying Number	Provided Through to Subrecipients	Total Federal Expenditures
U.S. DEPARTMENT OF AGRICULTURE				
<i>Passed Through Ohio Department of Health and Human Services</i>				
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	02110011WA1219	\$0	\$469,236
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	02110011WA1320	0	115,187
Total U.S. Department of Agriculture			0	584,423
U.S. DEPARTMENT OF TRANSPORTATION				
<i>Passed through Ohio Department of Transportation</i>				
State and Community Highway Safety (Highway Safety Cluster)	20.600	SC-2019-Delaware General Health D-00011	0	31,182
State and Community Highway Safety (Highway Safety Cluster)	20.600	SC-2020-Delaware General Health D-00022	0	9,579
Total U.S. Department of Transportation			0	40,761
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				
<i>Passed Through Ohio Department of Health</i>				
Public Health Emergency Preparedness	93.069	02110012PH1120	0	66,013
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	02110012PH1019	0	84,457
Immunization Cooperative Agreements	93.268	02110012GV0119	0	21,926
Immunization Cooperative Agreements	93.268	02110012GV0220	0	16,917
National State Based Tobacco Control Programs	93.305	02110014CC0619	0	2,778
National State Based Tobacco Control Programs	93.305	02110014TU0320	0	8,600
Preventive Health and Health Service Block Grant	93.991	02110014CC0619	0	89,165
Total U.S. Department of Health and Human Services			0	289,856
Total Expenditures of Federal Awards			\$0	\$915,040

The accompanying notes are an integral part of this schedule.

**DELAWARE GENERAL HEALTH DISTRICT
DELAWARE COUNTY**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
2 CFR 200.510(b)(6)
FOR THE YEAR ENDED DECEMBER 31, 2019**

NOTE A – BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of Delaware General Health District (the Health District) under programs of the federal government for the year ended December 31, 2019. 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 Health District, it is not intended to and does not present the financial position, or changes in net position of the Health District.

NOTE B – 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 Uniform Guidance wherein certain types of expenditures may or may not be allowable or may be limited as to reimbursement.

NOTE C – INDIRECT COST RATE

The Health District has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

NOTE D - MATCHING REQUIREMENTS

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

OHIO AUDITOR OF STATE KEITH FABER



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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

Delaware General Health District
Delaware County
1 West Winter Street
PO Box 570
Delaware, Ohio 43015

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 cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Delaware General Health District, Delaware County, (the Health District) as of and for the year ended December 31, 2019, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements and have issued our report thereon dated Augusts 20, 2020, wherein we noted the Health District uses a special purpose framework other than generally accepted accounting principles, elected to change its financial presentation to a cash basis comparable to the requirement of Government Accounting Standards and the financial impact of COVID-19 and the ensuing emergency measures will impact subsequent periods of the Health District.

Internal Control Over Financial Reporting

As part of our financial statement audit, we considered the Health 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 opinion on the financial statements, but not to the extent necessary to opine on the effectiveness of the Health 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 Health 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 Health 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 Health District's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the Health District's internal control and compliance. Accordingly, this report is not suitable for any other purpose.



Keith Faber
Auditor of State

Columbus, Ohio

August 20, 2020

OHIO AUDITOR OF STATE KEITH FABER



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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

Delaware General Health District
Delaware County
1 West Winter Street
Delaware, Ohio 43015

To the Board of Health:

Report on Compliance for the Major Federal Program

We have audited the Delaware General Health District's (the Health 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 Delaware General Health District's major federal program for the year ended December 31, 2019. The *Summary of Auditor's Results* in the accompanying schedule of findings identifies the Health District's major federal program.

Management's Responsibility

The Health District's Management is responsible for complying with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal program.

Auditor's Responsibility

Our responsibility is to opine on the Health District's compliance for the Health 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 Health 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 Health District's major program. However, our audit does not provide a legal determination of the Health District's compliance.

Opinion on the Major Federal Program

In our opinion, the Delaware 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, 2019.

Report on Internal Control Over Compliance

The Health 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 Health 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 each 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 Health District's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, 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.



Keith Faber
Auditor of State

Columbus, Ohio

August 20, 2020

**DELAWARE GENERAL HEALTH DISTRICT
DELAWARE COUNTY**

**SCHEDULE OF FINDINGS
2 CFR § 200.515
DECEMBER 31, 2019**

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

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

None

3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS
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None

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OHIO AUDITOR OF STATE KEITH FABER



DELAWARE GENERAL HEALTH DISTRICT

DELAWARE COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

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



Certified for Release 9/15/2020

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This report is a matter of public record and is available online at
www.ohioauditor.gov