

# STATE OF MINNESOTA

## Office of the State Auditor



**Rebecca Otto**  
**State Auditor**

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH**  
**MORRIS, MINNESOTA**

FOR THE YEAR ENDED DECEMBER 31, 2006

## **Description of the Office of the State Auditor**

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

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

The State Auditor performs approximately 160 financial and compliance audits per year and has oversight responsibilities for over 3,300 local units of government throughout the state. The office currently maintains five divisions:

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

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

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

**Pension** - monitors investment, financial, and actuarial reporting for approximately 730 public pension funds; and

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

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

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**STEVENS TRAVERSE GRANT  
PUBLIC HEALTH  
MORRIS, MINNESOTA**

**For the Year Ended December 31, 2006**



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

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

ORGANIZATION  
DECEMBER 31, 2006

	<u>Position</u>	<u>County</u>	<u>Term Expires</u>
<b>Joint Public Health Board</b>			
Gerald Kaus	Member	Traverse	December 31, 2006
David Naatz	Member	Traverse	December 31, 2006
Norma Holtz (1)	Member	Traverse	December 31, 2006
Herb Kloos	Member	Stevens	December 31, 2006
Larry Sayre	Chair	Stevens	December 31, 2008
Robert Stevenson (2)	Member	Stevens	December 31, 2006
Todd Schneeberger	Member	Grant	December 31, 2008
Vernell Wagner	Vice Chair	Grant	December 31, 2008
Ronald Woltjer	Member	Grant	December 31, 2006
<b>Joint Public Health Director</b>			
Betty Windom-Kirsch			Indefinite

(1) Replaced by Jerry Deal effective January 1, 2007

(2) Replaced by Paul Watzke effective January 1, 2007

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REBECCA OTTO  
STATE AUDITOR

# STATE OF MINNESOTA OFFICE OF THE STATE AUDITOR

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## INDEPENDENT AUDITOR'S REPORT

Stevens Traverse Grant Joint Public Health Board  
Stevens Traverse Grant Public Health

We have audited the accompanying basic financial statements of Stevens Traverse Grant Public Health as of and for the year ended December 31, 2006, as listed in the table of contents. These financial statements are the responsibility of Stevens Traverse Grant Public Health's management. Our responsibility is to express an opinion on these basic financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the basic financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall basic financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the basic financial statements referred to above present fairly, in all material respects, the financial position of Stevens Traverse Grant Public Health at December 31, 2006, and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

The Management's Discussion and Analysis is not a required part of the basic financial statements but is supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

*/s/Rebecca Otto*

REBECCA OTTO  
STATE AUDITOR

*/s/Greg Hierlinger*

GREG HIERLINGER, CPA  
DEPUTY STATE AUDITOR

April 21, 2008

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## **MANAGEMENT'S DISCUSSION AND ANALYSIS**

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

**MANAGEMENT'S DISCUSSION AND ANALYSIS  
DECEMBER 31, 2006  
(Unaudited)**

Stevens Traverse Grant Public Health's (Health Service) Management's Discussion and Analysis (MD&A) provides an overview of the Health Service's financial activities for the fiscal year ended December 31, 2006. Since this information is designed to focus on the current year's activities, resulting changes, and currently known facts, it should be read in conjunction with the Health Service's financial statements.

The Health Service is a joint powers enterprise operation of Grant, Stevens, and Traverse Counties created to provide community health care for the residents of the tri-county area.

**OVERVIEW OF THE FINANCIAL STATEMENTS**

This MD&A is intended to serve as an introduction to the basic financial statements. The Health Service's basic financial statements consist of two parts: the financial statements and the notes to the financial statements. The MD&A (this section) is required to accompany the basic financial statements and, therefore, is included as required supplementary information.

The financial statements present the Health Service's financial activities and consist of the following:

- The statement of net assets compares assets and liabilities to give an overall view of the financial health of the Health Service.
- The statement of revenues, expenses, and changes in net assets provides information on an aggregate view of the Health Service's operations. All of the current year's revenues and expenses are taken into account regardless of when the cash was received or paid.
- The statement of cash flows provides sources and uses of cash for the Health Service.

## FINANCIAL ANALYSIS

	<b>Net Assets</b>			
	<u>2006</u>	<u>2005</u>	<u>Increase (Decrease)</u>	<u>Percent Change (%)</u>
<b>Assets</b>				
Current and other assets	\$ 806,106	\$ 665,796	\$ 140,310	21.08
Capital assets	5,812	682	5,130	752.20
<b>Total Assets</b>	<u>\$ 811,918</u>	<u>\$ 666,478</u>	<u>\$ 145,440</u>	21.83
<b>Liabilities</b>				
Current liabilities	\$ 85,564	\$ 74,036	\$ 11,528	15.58
Noncurrent liabilities	31,755	19,964	11,791	59.06
<b>Total Liabilities</b>	<u>\$ 117,319</u>	<u>\$ 94,000</u>	<u>\$ 23,319</u>	24.81
<b>Net Assets</b>				
Invested in capital assets	\$ 5,812	\$ 682	\$ 5,130	752.20
Unrestricted	688,787	571,796	116,991	20.47
<b>Total Net Assets</b>	<u>\$ 694,599</u>	<u>\$ 572,478</u>	<u>\$ 122,121</u>	21.33

The increase in total assets from 2005 to 2006 is mainly due to an increase in due from other governments of \$97,777. Alternative care receivables increased dramatically due to a change in Prime West managed care.

The increase in total liabilities from 2005 to 2006 is due to an increase in due to other governments of \$14,269. There were two large payables in 2006 to Mid-State Community Health Services relating to overpayments on the tobacco-free grant that contributed to the variance.

	<b>Changes in Net Assets</b>			
	<u>2006</u>	<u>2005</u>	<u>Increase (Decrease)</u>	<u>Percent Change (%)</u>
<b>Operating revenues</b>				
Charges for services	\$ 886,775	\$ 564,112	\$ 322,663	57.20
Intergovernmental	333,537	345,271	(11,734)	(3.40)
Miscellaneous	6,469	7,275	(806)	(11.08)
<b>Total operating revenues</b>	<u>\$ 1,226,781</u>	<u>\$ 916,658</u>	<u>\$ 310,123</u>	33.84
<b>Nonoperating revenues</b>				
Interest income	24,098	13,485	10,613	78.70
Transfers from member counties	306,756	281,620	25,136	8.93
<b>Total Revenues</b>	<u>\$ 1,557,635</u>	<u>\$ 1,211,763</u>	<u>\$ 345,872</u>	28.54

	2006	2005	Increase (Decrease)	Percent Change (%)
Operating expenses				
Personal services	\$ 969,154	\$ 804,673	\$ 164,481	20.45
Nursing services	236,945	186,399	50,546	27.12
Supplies	47,443	60,166	(12,723)	(21.15)
Maternal and child health	29,829	31,801	(1,972)	(6.20)
Women, Infants, and Children program	91,752	80,444	11,308	14.06
Title III-B aging	-	16,878	(16,878)	(100.00)
Tobacco-Free Communities for Children program	59,402	45,210	14,192	31.40
Depreciation	989	10,417	(9,428)	(90.51)
 Total Expenses	 \$ 1,435,514	 \$ 1,235,988	 \$ 199,526	 16.15
 Change in Net Assets	 \$ 122,121	 \$ (24,225)	 \$ 146,346	 (604.12)

The increase in total operating revenues from 2005 to 2006 is mainly due to an increase in charges for services of \$322,663. The revenues from alternative care increased \$205,183, causing the large increase in charges for services.

The increase in total revenues is due to the large increase in operating revenues.

Total expenses increased \$199,526 from 2005 to 2006. The increase is mainly due to large increases in personal service and nursing service expenses. Personal services increased due to additional staff being hired, and nursing services increased because of an increase in the Prime West roster.

## CAPITAL ASSETS ADMINISTRATION

### Capital Assets (Net of Depreciation)

	2006	2005	Increase (Decrease)	Percent Change (%)
Furniture and equipment	\$ 5,812	\$ 682	\$ 5,130	753.00

## ECONOMIC FACTORS

- The State of Minnesota's finances have been improving, and the state could achieve a balanced budget.
- Stevens County's unemployment rate continues to be one of the lowest in the state.

## **CONTACTING THE HEALTH SERVICE'S FINANCIAL MANAGEMENT**

This financial report is designed to provide our citizens, customers, and creditors with a general overview of the Health Service's finances and to show the Health Service's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact the Public Health Administrator, Betty Windom-Kirsch, 621 Pacific Avenue, Morris, Minnesota 56267.

## **BASIC FINANCIAL STATEMENTS**

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

**EXHIBIT 1**

**STATEMENT OF NET ASSETS  
DECEMBER 31, 2006**

**Assets**

**Current Assets**

Cash in custody of Stevens County Treasurer	\$ 566,954
Petty cash and change funds	25
Accounts receivable	13,228
Due from other governments	225,899
	<hr/>
<b>Total current assets</b>	<b>\$ 806,106</b>

**Capital Assets**

Furniture and equipment	\$ 19,260
Less: accumulated depreciation	(13,448)
	<hr/>

**Net capital assets**

**\$ 5,812**

**Total Assets**

**\$ 811,918**

**Liabilities**

**Current Liabilities**

Accounts payable	\$ 6,413
Salaries payable	6,687
Compensated absences payable	43,535
Due to other governments	28,929
	<hr/>

**Total current liabilities**

**\$ 85,564**

**Noncurrent Liabilities**

Compensated absences	31,755
	<hr/>

**Total Liabilities**

**\$ 117,319**

**Net Assets**

Invested in capital assets	\$ 5,812
Unrestricted	688,787
	<hr/>
<b>Total Net Assets</b>	<b>\$ 694,599</b>

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

**EXHIBIT 2**

**STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS  
FOR THE YEAR ENDED DECEMBER 31, 2006**

<b>Operating Revenues</b>	
Charges for services	\$ <u>886,775</u>
<b>Intergovernmental</b>	
Minnesota Department of Health	
Community health services	\$ 112,648
Family planning	18,573
Tobacco-Free Communities for Children program	59,402
Federal grants	
Women, Infants, and Children program	91,750
Temporary Assistance for Needy Families	21,335
Maternal and child health	<u>29,829</u>
<b>Total intergovernmental</b>	<b>\$ <u>333,537</u></b>
<b>Miscellaneous</b>	<b>\$ <u>6,469</u></b>
<b>Total Operating Revenues</b>	<b>\$ <u>1,226,781</u></b>
<b>Operating Expenses</b>	
Personal services	\$ 969,154
Nursing services	236,945
Supplies	47,443
Women, Infants, and Children program	91,752
Maternal and child health	29,829
Tobacco-Free Communities for Children program	59,402
Depreciation	<u>989</u>
<b>Total Operating Expenses</b>	<b>\$ <u>1,435,514</u></b>
<b>Operating Income (Loss)</b>	<b>\$ <u>(208,733)</u></b>
<b>Nonoperating Revenues (Expenses)</b>	
Interest income	\$ 24,098
Transfers from member counties	<u>306,756</u>
<b>Total Nonoperating Revenues (Expenses)</b>	<b>\$ <u>330,854</u></b>
<b>Change in Net Assets</b>	<b>\$ <u>122,121</u></b>
<b>Net Assets - January 1</b>	<b><u>572,478</u></b>
<b>Net Assets - December 31</b>	<b>\$ <u><u>694,599</u></u></b>

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

**EXHIBIT 3**

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED DECEMBER 31, 2006  
Increase (Decrease) in Cash and Cash Equivalents**

<b>Cash Flows from Operating Activities</b>	
Receipts from customers	\$ 807,195
Payments to suppliers	(466,939)
Payments to employees	(952,405)
	(612,149)
<b>Net cash provided by (used in) operating activities</b>	<b>\$ (612,149)</b>
<b>Cash Flows from Noncapital Financing Activities</b>	
Intergovernmental receipts	\$ 385,786
Transfers from member counties	306,756
	692,542
<b>Net cash provided by (used in) noncapital financing activities</b>	<b>\$ 692,542</b>
<b>Cash Flows from Capital and Related Financing Activities</b>	
Acquisition of capital assets	\$ (6,119)
	(6,119)
<b>Cash Flows from Investing Activities</b>	
Interest receipts	\$ 23,227
	23,227
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>\$ 97,501</b>
<b>Cash and Cash Equivalents at January 1</b>	<b>469,478</b>
	469,478
<b>Cash and Cash Equivalents at December 31</b>	<b>\$ 566,979</b>
	566,979
<b>Reconciliation of operating income (loss) to net cash provided by (used in) operating activities</b>	
<b>Operating income (loss)</b>	<b>\$ (208,733)</b>
<b>Adjustments to reconcile net operating income (loss) to net cash provided by (used in) operating activities</b>	
Depreciation	\$ 989
Intergovernmental revenue included in operating income (loss)	(333,537)
Changes in assets and liabilities	
Accounts receivable	4,968
Due from other governments	(91,017)
Accounts payable	(7,699)
Salaries payable	2,456
Due to other governments	6,131
Compensated absences - current	2,502
Compensated absences - long-term	11,791
	(403,416)
<b>Total adjustments</b>	<b>\$ (403,416)</b>
<b>Net Cash Provided by (Used in) Operating Activities</b>	<b>\$ (612,149)</b>
	(612,149)

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

**NOTES TO THE FINANCIAL STATEMENTS  
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2006**

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1. Summary of Significant Accounting Policies

Stevens Traverse Grant Public Health's (Health Service) financial statements are prepared in accordance with generally accepted accounting principles (GAAP) as of and for the year ended December 31, 2006. The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). Governments are also required to follow the pronouncements of the Financial Accounting Standards Board (FASB) issued through November 30, 1989, (when applicable) that do not conflict with or contradict GASB pronouncements. Although the Health Service has the option to apply FASB pronouncements issued after that date, the Health Service has chosen not to do so. The more significant accounting policies established in GAAP and used by the Health Service are discussed below.

A. Financial Reporting Entity

Stevens Traverse Public Health was established pursuant to Minn. Stat. ch. 145A and a joint powers agreement effective July 1, 1995. Effective July 1, 2004, Grant County Public Health formally joined the organization resulting in the new entity, Stevens Traverse Grant Public Health. The Stevens Traverse Grant Joint Public Health Board consists of nine members--comprised of three Commissioners from each of the respective counties.

The primary functions of the Health Service are to prevent illness and to promote efficiency and economy in the delivery of community health services.

The Health Service is not a component unit of any of the three member counties, nor does it have any component units. The Health Service's financial statements will not be included in any member county's financial statements.

Stevens County, as an agent, reports the cash transactions of Stevens Traverse Grant Public Health in an agency fund on its annual financial statements.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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1. Summary of Significant Accounting Policies (Continued)

B. Basic Financial Statements

The Health Service's operations are accounted for as an enterprise fund, with a set of self-balancing accounts that comprise its assets, liabilities, net assets, revenues, and expenses. Enterprise funds are used to account for: (1) operations that provide a service to citizens financed primarily by charging users for that service; and (2) activities where the periodic measurement of net income is considered appropriate for capital maintenance, public policy, management control, accountability, or other purposes.

C. Measurement Focus and Basis of Accounting

Stevens Traverse Grant Public Health's financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenues as soon as all eligibility requirements imposed by the provider have been met.

When both restricted and unrestricted resources are available for use, it is the Health Service's policy to use restricted resources first and then unrestricted resources as needed.

D. Budget

The Health Service adopts an annual budget prepared on the accrual basis. The budget is approved by the Stevens Traverse Grant Joint Public Health Board and submitted to all member counties. The County Board of each county represented approves or disapproves its portion of the budget.

E. Assets, Liabilities, and Net Assets

1. Assets

Cash and Cash Equivalents

For the purposes of the Statement of Cash Flows, cash and cash equivalents include cash in custody of the Stevens County Treasurer and petty cash and change funds.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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1. Summary of Significant Accounting Policies

E. Assets, Liabilities, and Net Assets

1. Assets (Continued)

Receivables

The Health Service provides services to certain clients covered by various third-party reimbursement programs at varying rates, generally below established charges. Variances from established charges are recorded on the basis of preliminary estimates of the amounts to be received from third parties and adjusted in future periods as final settlements are determined.

Capital Assets and Depreciation

Capital assets, which include furniture and equipment, are reported in the financial statements. Capital assets are defined by the Health Service as assets with an initial, individual cost of more than \$5,000 and an estimated useful life in excess of three years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair value at the date of donation.

Depreciation is determined using the straight-line method for the estimated useful lives of the assets:

Furniture and equipment	3 - 20 years
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2. Liabilities

Compensated Absences

The accompanying financial statements include a liability for unused vacation that has vested. The Health Service's personnel policy provides that employees earn vacation leave dependent upon their years of service. Vacation leave may be accumulated to a maximum of 31 days. Sick leave is accumulated at one day per month for full-time employees. Part-time employees earn sick leave on a prorated basis. Unvested sick leave, approximately \$67,581 at December 31, 2006, is available to employees in the event of illness-related absences and is not paid to them at termination.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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1. Summary of Significant Accounting Policies (Continued)

F. Revenues and Expenses

1. Revenues

In accordance with GASB Statement No. 33, *Accounting and Financial Reporting for Nonexchange Transactions*, revenues for nonexchange transactions are recognized based on the principal characteristics of the revenue. Exchange transactions are recognized as revenue when the exchange occurs.

Nonexchange Transactions

Government-mandated nonexchange transactions occur when a government at one level provides resources to a government at another level and requires that government to use them for a specific purpose. The provider government establishes purpose restrictions and also may establish time requirements. Federal and state grants mandating the Health Service perform particular programs are government-mandated nonexchange transactions. Revenues are recognized when eligibility and time requirements are met, usually when the corresponding expense is incurred.

Voluntary nonexchange transactions result from legislative or contractual agreements, such as grants, entitlements, appropriations, and donations. The provider may establish purpose restrictions or eligibility requirements. Revenues are recognized in the year to which they apply according to the statute or contract. Gifts and contributions from individuals are also considered voluntary nonexchange transactions and are generally recognized when received.

Exchange Transactions

Other revenues, such as charges for services and investment income, are recognized as revenue when earned.

Operating and Nonoperating Revenues

The Health Service distinguishes operating revenues from nonoperating revenues. Operating revenues generally result from providing services and producing and delivering goods in connection with an activity's principal ongoing operations. Operating revenues include charges for services and intergovernmental operating grants, since they constitute the Health Service's ongoing operations. All revenues not meeting this definition are reported as nonoperating revenues.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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1. Summary of Significant Accounting Policies

F. Revenues and Expenses (Continued)

2. Expenses

Stevens Traverse Grant Public Health recognizes expenses, including compensated absences, when incurred. Operating expenses include the cost of services, administrative expenses, and depreciation on capital assets.

G. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. Detailed Notes

A. Assets

1. Receivables

Receivables as of December 31, 2006, are as follows:

Accounts	\$ 13,228
Due from other governments	<u>225,899</u>
Total	<u>\$ 239,127</u>

Stevens Traverse Grant Public Health did not have any receivables scheduled to be collected beyond one year.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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2. Detailed Notes

A. Assets (Continued)

2. Capital Assets

A summary of the changes in capital asset accounts for the year ended December 31, 2006, is:

	Balance January 1, 2006	Depreciation Expense	Additions	Deletions	Balance December 31, 2006
Capital assets, depreciated					
Furniture and equipment	\$ 13,141	\$ -	\$ 6,119	\$ -	\$ 19,260
Less: accumulated depreciation	(12,459)	(989)	-	-	(13,448)
Net Capital Assets	<u>\$ 682</u>	<u>\$ (989)</u>	<u>\$ 6,119</u>	<u>\$ -</u>	<u>\$ 5,812</u>

B. Liabilities

Long-Term Debt

The following is a summary of the changes in long-term debt of Stevens Traverse Grant Public Health.

Compensated absences payable - January 1	\$ 60,997
Change in compensated absences	<u>14,293</u>
Compensated absences payable - December 31	<u>\$ 75,290</u>
Due Within One Year	<u>\$ 43,535</u>

3. Pension Plans

A. Plan Description

All full-time and certain part-time employees of Stevens Traverse Grant Public Health are covered by defined benefit plans administered by the Public Employees Retirement Association of Minnesota (PERA). The PERA administers the Public Employees Retirement Fund, which is a cost-sharing, multiple-employer retirement plan. The plan is established and administered in accordance with Minn. Stat. chs. 353 and 356.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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3. Pension Plans

A. Plan Description (Continued)

Public Employees Retirement Fund members belong to either the Coordinated Plan or the Basic Plan. Coordinated Plan members are covered by Social Security, and Basic Plan members are not. All new members must participate in the Coordinated Plan.

The PERA provides retirement benefits as well as disability benefits to members and benefits to survivors upon death of eligible members. Benefits are established by state statute and vest after three years of credited service. The retirement benefits are based on a member's highest average salary for any five successive years of allowable service, age, and years of credit at termination of service.

Two methods are used to compute benefits for Coordinated and Basic Plan members. The retiring member receives the higher of a step-rate benefit accrual formula (Method 1) or a level accrual formula (Method 2). Under Method 1, the annuity accrual rate for a Basic Plan member is 2.2 percent of average salary for each of the first ten years of service and 2.7 percent for each year thereafter. For a Coordinated Plan member, the annuity accrual rate is 1.2 percent of average salary for each of the first ten years of service and 1.7 percent for each successive year. Using Method 2, the annuity accrual rate is 2.7 percent of average salary for Basic Plan members and 1.7 percent for Coordinated Plan members for each year of service.

For Public Employees Retirement Fund members whose annuity is calculated using Method 1, a full annuity is available when age plus years of service equal 90. A reduced retirement annuity is also available to eligible members seeking early retirement.

The benefit provisions stated in the previous paragraphs of this section are current provisions and apply to active plan participants. Vested, terminated employees who are entitled to benefits but are not yet receiving them are bound by the provisions in effect at the time they last terminated public service.

The PERA issues a publicly available financial report that includes financial statements and required supplementary information for the Public Employees Retirement Fund. That report may be obtained on the internet at [www.mnpera.org](http://www.mnpera.org); by writing to PERA at 60 Empire Drive, Suite 200, Saint Paul, Minnesota 55103-2088; or by calling 651-296-7460 or 1-800-652-9026.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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3. Pension Plans (Continued)

B. Funding Policy

Pension benefits are funded from member and employer contributions and income from the investment of fund assets. Minn. Stat. ch. 353 sets the rates for employer and employee contributions. These statutes are established and amended by the State Legislature. The Health Service makes annual contributions to the pension plans equal to the amount required by state statutes. Public Employees Retirement Fund Basic Plan members and Coordinated Plan members are required to contribute 9.10 and 5.50 percent, respectively, of their annual covered salary in 2006. Contribution rates in the Coordinated Plan increased in 2007 to 5.75 percent. The Health Service is required to contribute the following percentages of annual covered payroll:

	<u>2006</u>	<u>2007</u>
Public Employees Retirement Fund		
Basic Plan members	11.78%	11.78%
Coordinated Plan members	6.00	6.25

The Health Service's contributions for the years ending December 31, 2006, 2005, and 2004, were \$47,157, \$37,547, and \$32,288, respectively, equal to the contractually required contributions for each year as set by state statute.

4. Risk Management

Stevens Traverse Grant Public Health 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. To cover these risks, the Health Service is a member of the Minnesota Counties Insurance Trust (MCIT). The Health Service retains risk for the deductible portions of the insurance policies. The amounts of these deductibles are considered immaterial to the financial statements. There were no significant reductions in insurance from the previous year or settlements in excess of insurance coverage for any of the past three fiscal years.

The Health Service's risk of loss associated with injuries to employees is covered by membership in the MCIT Workers' Compensation Division. The risk associated with the Health Service operation has not been separately identified.

**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

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5. Summary of Significant Contingencies and Other Items

Prime West Central County-Based Purchasing Initiative

The Prime West Central County-Based Purchasing Initiative was established in December 1998 by a joint powers agreement among Stevens, Traverse, Grant, and seven other counties, under the authority of Minn. Stat. § 471.59. The purpose of this agreement is to plan and administer a multi-county, county-based purchasing program for medical assistance and general assistance medical care services and other health care programs as authorized by Minn. Stat. § 256B.692.

Control of the Prime West Central County-Based Purchasing Initiative is vested in a Joint Powers Board, comprising one Commissioner from each member county. Each member of the Board is appointed by the County Commissioners of the County he or she represents. In the event of termination of the joint powers agreement, all property purchased or owned pursuant to this agreement shall be sold, and the proceeds, together with monies on hand, will be distributed to the current members based on their proportional share.

Financing is provided by medical assistance and general assistance medical care payments from the Minnesota Department of Human Services, initial start-up loans from the member counties, and by proportional contributions from member counties, if necessary, to cover operational costs. In 1999, Steven Traverse Public Health provided \$50,000 in the form of an initial start-up loan to the Prime West Central County-Based Purchasing Initiative. The initial \$50,000 was returned to Stevens Traverse Grant Public Health in 2006. Stevens Traverse Grant Public Health did not contribute any funds in 2006.

Douglas County acts as fiscal agent for the Prime West Central County-Based Purchasing Initiative and reports the cash transactions as an agency fund on its financial statements. Complete financial information can be obtained from its administrative office at Prime West Health Systems, Douglas County Courthouse, 305 - 8th Avenue West, Alexandria, Minnesota 56308.

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**STEVENS TRAVERSE GRANT PUBLIC HEALTH  
MORRIS, MINNESOTA**

**SCHEDULE OF FINDINGS AND RECOMMENDATIONS  
FOR THE YEAR ENDED DECEMBER 31, 2006**

**INTERNAL CONTROL OVER FINANCIAL REPORTING**

ITEM ARISING THIS YEAR

06-1 Internal Control/Segregation of Duties

Management is responsible for establishing and maintaining internal control. This responsibility includes the internal control over the various accounting cycles, the fair presentation of the financial statements and related notes, and the accuracy and completeness of all financial records and related information. Adequate segregation of duties is a key internal control in an organization's accounting system. The size of Stevens Traverse Grant Public Health and its staffing limits the internal control that management can design and implement into the organization. Management should be aware that segregation of duties is not adequate from an internal control point of view.

Management is responsible for the accuracy and completeness of all financial records and related information. Also, management is responsible for controls over the period-end financial reporting process, including controls over procedures used to enter transaction totals into the general ledger; initiate, authorize, record, and process journal entries into the general ledger; and record recurring and nonrecurring adjustments to the financial statements. Stevens Traverse Grant Public Health has established controls and procedures for the recording, processing, and summarizing of their accounting data used in the preparation of its financial statements.

Management has requested that we prepare the annual financial statements and related notes. This arrangement is not unusual for an organization the size of Stevens Traverse Grant Public Health. This decision was based on the availability of Stevens Traverse Grant Public Health's staff and the cost benefit of using our expertise.

During our audit, an adjustment was made to record additional payables of \$19,566, which was offset by an increase in expense and a reduction in revenue.

Proposed audit adjustments were reviewed and approved by the appropriate staff and are reflected in the financial statements. By definition, however, independent external auditors cannot be considered part of the government's internal control.

We recommend the Stevens Traverse Grant Public Health Board be mindful that limited staffing causes inherent risks in safeguarding the agency's assets and the proper reporting of its financial activity. We recommend Stevens Traverse Grant Public Health establish internal procedures to ensure that all adjustments necessary for proper presentation of the financial statements are known and calculated prior to the annual audit.



REBECCA OTTO  
STATE AUDITOR

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## **REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND MINNESOTA LEGAL COMPLIANCE**

Stevens Traverse Grant Joint Public Health Board  
Stevens Traverse Grant Public Health

We have audited the basic financial statements of Stevens Traverse Grant Public Health as of and for the year ended December 31, 2006, and have issued our report thereon dated April 21, 2008. We conducted our audit in accordance with auditing standards generally accepted in the United States of America.

### Internal Control Over Financial Reporting

In planning and performing our audit, we considered Stevens Traverse Grant Public Health's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the public health services' internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Public Health's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses. However, as discussed below, we identified a deficiency in internal control over financial reporting that we consider to be a significant deficiency.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the Public Health's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the Public Health's financial statements that is more than inconsequential will not be prevented or detected by the Public Health's internal control over financial reporting. We considered the deficiency described in the accompanying Schedule of Findings and Recommendations as item 06-1 to be a significant deficiency in internal control over financial reporting

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by Stevens Traverse Grant Public Health's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies and, accordingly, would not necessarily disclose all significant deficiencies that are also considered to be material weaknesses. However, we believe the significant deficiency described above is not a material weakness.

### Minnesota Legal Compliance

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the provisions of the *Minnesota Legal Compliance Audit Guide for Local Government*, promulgated by the State Auditor pursuant to Minn. Stat. § 6.65. Accordingly, the audit included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

The *Minnesota Legal Compliance Audit Guide for Local Government* contains five categories of compliance to be tested: contracting and bidding, deposits and investments, conflicts of interest, public indebtedness, and claims and disbursements. Our study included all of the listed categories, except that we did not test for compliance in contracting and bidding and public indebtedness because Stevens Traverse Grant Public Health did not let any contracts and has no debt.

The results of our tests indicate that, for the items tested, Stevens Traverse Grant Public Health complied with the material terms and conditions of applicable legal provisions.

Stevens Traverse Grant Public Health's written response to the significant deficiency identified in our audit has not been subjected to any auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

This report is intended solely for the information and use of the Stevens Traverse Grant Joint Public Health Board, management, and other within Stevens Traverse Grant Public Health and is not intended to be, and should not be, used by anyone other than those specified parties.

*/s/Rebecca Otto*

REBECCA OTTO  
STATE AUDITOR

*/s/Greg Hierlinger*

GREG HIERLINGER, CPA  
DEPUTY STATE AUDITOR

April 21, 2008