

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Annual Financial Statements

As of and for the year ended
November 30, 2016

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Independent Auditor's Report

Kankakee County Board of Health
Kankakee, Illinois

We have audited the accompanying financial statements of the Kankakee County Health Department (a special revenue fund of Kankakee County), as of and for the year ended November 30, 2016, and the related notes to the financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial statement audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Kankakee County Health Department as of November 30, 2016, and the changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.



Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the budgetary comparison information on page 16 be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted Management's Discussion and Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the financial statements. Such missing information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. Our opinion on the financial statements is not affected by this missing information.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements of the Kankakee County Health Department. The Other Supplementary Information as listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements.

The Other Supplementary Information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Other Supplementary Information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Emphasis of Matter

As discussed in Note 1, the financial statements present only the Kankakee County Health Department and do not purport to, and do not present fairly the financial position of Kankakee County as of November 30, 2016, or the changes in its financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 23, 2017, on our consideration of the Kankakee County Health Department's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 Kankakee County Health Department's internal control over financial reporting and compliance.

Smith, Koelling, Dykstra and Ohm, P.C.

Bourbonnais, Illinois
May 23, 2017

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**Independent Auditor's Report on Internal Control
Over Financial Reporting
and on Compliance and Other Matters Based on an Audit of
Financial Statements Performed in Accordance
With Government Auditing Standards**

Kankakee County Board of Health
Kankakee, Illinois

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Kankakee County Health Department (a special revenue fund of Kankakee County), as of and for the year ended November 30, 2016, and the related notes to the financial statements, and have issued our report thereon dated May 23, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Kankakee County Health Department's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Kankakee County Health Department's internal control. Accordingly, we do not express an opinion on the effectiveness of Kankakee County Health Department's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. 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 deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Kankakee County Health Department's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

Smith, Koelling, Dykstra and Ohm, P.C.

Bourbonnais, Illinois
May 23, 2017

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Balance Sheet
November 30, 2016

Assets

Cash - checking	\$ 722,312
Investments	1,210,718
Property tax receivable	470,049
Due from other governments	90,590
Inventory	56,874
Total assets	<u>2,550,543</u>

Liabilities

Accounts payable	20,362
Accrued expenses	60,256
Unearned grant revenue	36,970
Total liabilities	<u>117,588</u>

Deferred inflows of resources

Property taxes related to a future period	<u>470,049</u>
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Fund balance

Nonspendable:	
Inventory	19,904
Unassigned	1,943,002
Total fund balance	<u>\$ 1,962,906</u>

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Statement of Fund Revenues, Expenditures and Changes in Fund Balance
For the year ended November 30, 2016

Revenues:	
Operating grants	\$ 1,715,449
Property taxes	457,827
Licenses and permits	241,999
Charges for services	201,323
Rental income	18,762
Fines and forfeitures	250
Miscellaneous income	7,823
Interest income	3,938
Total revenues	<u>2,647,371</u>
Expenditures:	
Current:	
Personal services	1,574,652
Contractual services	197,222
Supplies	285,008
Other services and charges	53,084
Capital outlay	45,817
Debt service principal	102,023
Debt service interest	60,492
Total expenditures	<u>2,318,298</u>
Net change in fund balance	329,073
Fund balance:	
Beginning of year	<u>1,633,833</u>
End of year	<u>\$ 1,962,906</u>

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016

Note 1 – The Financial Reporting Entity

The Kankakee County Health Department (the Health Department) was established by the County of Kankakee. It is governed by an eight-member board, appointed by the County Board of Kankakee County, which also approves its budget. The Board of Health oversees the activities deemed necessary to protect and improve public health for Kankakee County residents. The Health Department is a special revenue fund of Kankakee County, and its operations are accounted for in the Health Fund which is blended with other Kankakee County funds. These financial statements only present the financial position and changes in financial position of the Health Department and not that of Kankakee County.

Note 2 – Summary of Significant Accounting Policies

The accompanying financial statements of the Health Department are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) for local government units as prescribed in statements and interpretations issued by Governmental Accounting Standards Board (GASB) and other recognized authoritative sources.

Adoption of Accounting Principles: Effective December 1, 2016, the Health Department implemented GASB Statement No. 72 *Fair Value Measurement and Application* and GASB Statement No. 79 *Certain External Investment Pools and Pool Participants*.

Measurement Focus and Basis of Accounting: Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Health Department considers revenues to be available if they are collected within sixty (60) days of the end of the current fiscal period. Revenues accrued at the end of the year include charges for services, licenses and permits, fines and forfeitures, intergovernmental revenues, investment earnings, and property taxes. All other revenues are considered to be measurable and available only when cash is received by the government. Expenditures generally are recorded when a liability is incurred, as under accrual accounting. However, debt service expenditures, as well as expenditures related to compensated absences and claims and judgments, are recorded only when payment is due. General capital asset acquisitions are reported as expenditures in governmental funds. Proceeds from long-term debt and acquisitions under capital leases are reported as other financing sources.

Under the terms of grant agreements, the Health Department funds certain programs by a combination of specific cost-reimbursement grants, categorical block grants, and general revenues. Thus, when program expenses are incurred, there are both restricted and unrestricted revenues available to finance the program. It is the Health Department's policy to first apply cost-reimbursement grant resources to such programs, followed by categorical block grants, and then by general revenues.

Cash and Investments: Certain cash resources of the Health Department are managed by the County Treasurer of Kankakee County; others are managed by the Health Department. Investments with a maturity of less than one year when purchased and non-negotiable certificates of deposit are stated at cost or amortized cost. Investments with a maturity greater than one year when purchased are stated at fair value. Money market mutual funds (Illinois Funds) are carried at the net asset value (NAV) per share provided by the Fund. The NAV per share is calculated using the amortized cost method which approximates fair value.

**Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016**

Note 2 – Summary of Significant Accounting Policies (Continued)

Receivables: Property taxes receivable are recorded net of an allowance for uncollectible amounts based on historical experience of approximately 0.7 percent of extensions. Other accounts receivable are reported net of any allowance for uncollectibles.

Inventories: Inventories consist of vaccines purchased by the Health Department and vaccines granted by the United States Department of Health and Human Services through the Illinois Department of Public Health. The vaccines are recognized as revenues and expenditures by the Health Department when consumed. Any material vaccines on hand at year-end are recorded as inventory. Granted vaccine inventory is offset by unearned revenue. All purchased inventory items are valued at cost (first-in, first-out) using the consumption method. Granted vaccines are assigned values based on specific identification of vaccines using information provided by the Illinois Department of Public Health.

Deferred Inflows of Resources: In addition to liabilities, the balance sheet reports a separate section for deferred inflows of resources. This separate financial statement element represents an acquisition of fund balance that applies to a future period and thus will not be recognized as an inflow of resources (revenue) until that time. The Health Department has only one item, property taxes levied for a future period, that qualifies for reporting in this category.

Fund Balances: Fund balances are classified as follows:

Nonspendable – amounts that cannot be spent either because they are in nonspendable form or because they are legally or contractually required to be maintained intact.

Restricted – amounts that can be spent only for specific purposes because of constitutional provisions or enabling legislation or because of constraints that are externally imposed by creditors, grantors, contributors, or the laws or regulations of higher levels of governments.

Committed - amounts that are limited to certain purposes by formal action of the Board of Health, and which may be established, modified, or rescinded only through formal action of the Board of Health.

Assigned - amounts that are constrained by the Health Department's intent to be used for a specific purpose, but are neither restricted nor committed. Intent may be expressed by the Board of Health.

Unassigned – net resources in excess of what can be properly classified in one of the above categories.

When an expenditure is incurred for purposes for which both restricted and unrestricted (committed, assigned or unassigned) amounts are available, the Health Department considers restricted amounts to have been spent first. When an expenditure is incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used, committed amounts would be reduced first, followed by assigned amounts and then unassigned amounts.

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016

Note 2 – Summary of Significant Accounting Policies (Continued)

Property Tax Revenues: Property taxes are levied on the basis of a calendar year with a January 1 lien date. The County of Kankakee levies property taxes annually on or before the last Tuesday in December based on the assessed valuation determined in April of the same year. Property tax payments are due in two equal installments, usually in June and September, with distributions to the Health Department coming shortly thereafter and continuing through November. Taxes receivable at November 30 that are intended to finance the subsequent fiscal year are appropriately recorded as deferred inflows of resources. Property tax revenues are recognized in the year for which taxes have been levied. The 2015 tax levy collected in 2016 was recorded as revenue during this fiscal year.

Compensated Absences: Vested or accumulated vacation/sick leave that is expected to be liquidated with expendable available financial resources is reported as an expenditure and liability. No liability is recorded for nonvesting, accumulated rights to receive vacation/sick leave benefits. Health Department policy states that an employee must use vacation time by December 31 but may carry over one week to the following year. Sick and extended illness days may be accumulated to a total of 120 days per employee; 50% of these accumulated days may be paid upon retirement.

Estimates: The preparation of financial statements in conformity with GAAP requires the Health Department 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 expenditures during the reporting period. Actual results could differ from those estimates.

Note 3 – Deposits and Investments

State law requires public funds to be invested within the guidelines set forth in the Public Funds Investment Act (30 ILCS/235). The Treasurer of Kankakee County manages certain deposits and investments of the Health Department and may secure those funds with collateral that also secures the County of Kankakee’s funds. As of November 30, 2016, the Health Department did not have a formal investment policy, but generally follows Kankakee County’s investment policy.

At year end, the Health Department investments were comprised of the following:

	Carrying Value	Fair Value Level 2	% of Portfolio
Illinois Funds Money Market	<u>\$1,210,718</u>	<u>\$1,210,718</u>	100%

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis. Level 1 includes investments whose values are based on quoted prices (unadjusted) for identical assets in active markets that a government can access at the measurement date. Level 2 includes investments with inputs other than quoted prices included within Level 1 that are observable for an asset, either directly or indirectly. Investments classified as Level 3 have unobservable inputs for an asset and may require a degree of professional judgment.

**Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016**

Note 3 – Deposits and Investments (Continued)

The Illinois Funds Money Market Fund is an investment pool managed by the State of Illinois, Office of the Treasurer, which allows governments within the State to pool their funds for investment purposes. Illinois Funds Money Market Fund uses amortized cost, which is the share price, to value portfolio assets and follows the criteria for GASB Statement No. 79 for use of amortized cost. Illinois Funds Money Market Fund does not place any limitations or restrictions on withdrawals. Illinois Funds Money Market Fund has a credit rating of AAAM from Standard & Poor’s (S&P). Local government investment pools in this rating category meet the highest standards for credit quality, conservative investment policies, and safety of principal. Illinois Funds Money Market Fund invests in a high quality portfolio of debt securities, money market funds and commercial paper rated in one of the two highest rating categories by S&P with a maximum final maturity of 270 days. These investments are legally permissible for local governments in the state. Audited financial statements for the Illinois Funds are available at www.illinoistreasurer.gov.

Credit Risk. The Health Department’s cash and investments are subject to the risk that an issuer or counterparty to an investment will not fulfill its obligation, or credit risk. State law requires public funds to be invested within the guidelines set forth in the Public Funds Investment Act (30 ILCS/235). The County’s investment policy conforms to these state statutes and does not further limit its investment choices.

Custodial Credit Risk – Deposits. With respect to deposits, custodial credit risk refers to the risk that, in the event of a bank failure, the Health Department’s deposits may not be returned to it. As of November 30, 2016, all deposits were insured or collateralized with collateral held by the Health Department’s agent in the Health Department’s name.

Custodial Credit Risk – Investments. With respect to investments, custodial credit risk is the risk that, in the event of the failure of the counterparty, the government will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party.

Concentration of Credit Risk. The Health Department generally follows Kankakee County’s investment policy, which states investments shall be diversified to avoid incurring unreasonable risks regarding specific security types and/or individual financial institutions.

Interest Rate Risk. The Health Department does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. However, Kankakee County’s policy states investments shall provide sufficient liquidity to meet all operating requirements that may be reasonably anticipated.

Note 4 – Fund Balance

Nonspendable fund balance consists of purchased inventory only. Amounts granted to the Health Department by the State of Illinois are not earned until used; therefore, the grant inventory is offset by unearned grant revenue and this amount is not recorded in fund balance.

Inventory	\$56,874
Unearned grant revenues related to inventory	(36,970)
Nonspendable fund balance	<u>\$19,904</u>

**Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016**

Note 5 – Long-Term Debt

Capital Lease:

In January 2002, the Health Department was included as a party to a lease agreement involving the Kankakee County Public Building Commission as lessor and Kankakee County as lessee for lease of facilities to be occupied by the Health Department. Simultaneously, the Health Department entered into an intergovernmental agreement with Kankakee County whereby the Health Department agreed to pay 88% of the County's obligations under the aforementioned lease. In January 2007, the lease was amended due to the refunding of the underlying bonds issued by the Kankakee County Building Commission. The lease is for a period of 20 years beginning November 1, 2007 and provides for annual rents ranging from \$155,304 to \$163,302 with an effective interest rate of 4.426%. Upon payment of all lease rentals, the Public Building Commission shall transfer fee simple title to the Health Department, provided that the Health Department is authorized by law to take such title. If such transfer is not then permitted, title shall then be transferred to Kankakee County.

Under GAAP, leases that transfer ownership at their conclusion or are otherwise tantamount to a transfer of property rights over the estimated service life of the underlying leasehold are accorded treatment similar to asset purchases.

Future minimum lease payments under this capital lease are as follows:

<u>Year Ended November 30,</u>	
2017	\$ 163,020
2018	163,302
2019	158,902
2020	163,302
2021	162,950
2022-2026	<u>778,986</u>
Total minimum lease payments	1,590,462
Less: Amount representing estimated executory costs (such as maintenance and insurance), included in total minimum lease payments	<u>(30,800)</u>
Net minimum lease payments	1,559,662
Less: Amount representing interest	<u>(293,847)</u>
Present value of net minimum lease payments	<u>\$1,265,815</u>

The total interest incurred for long-term debt for the year ended November 30, 2016, was \$60,492, all of which was charged to expense.

Note 6 – Operating Leases

In April 2002, the Kankakee County Emergency Telephone System Board entered into a sublease agreement with the Kankakee County Public Health Department for 5,285 square feet of space which the Health Department leases indirectly from the Kankakee County Public Building Commission. The lease term is for 25 years at an initial annual rent of \$18,762 subject to review every five years with a maximum increase at that time of 15%. The rate increased 15% to \$21,576 effective for fiscal year 2017.

**Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016**

Note 6 – Operating Leases (Continued)

Future minimum sublease rentals to be received for this lease as of November 30, 2016 are as follows:

2017	\$ 21,576
2018	21,576
2019	21,576
2020	21,576
2021	21,576
2022-2026	107,880
2027	<u>8,990</u>
	<u>\$224,750</u>

Rental income for this operating lease for the year ended November 30, 2016 was \$18,762.

Note 7 – Retirement Funds

Employees of the Health Department are included with other Kankakee County employees as participants in the Illinois Municipal Retirement Fund (IMRF). The County’s defined benefit pension plan for regular employees provides retirement and disability benefits, post retirement increases, and death benefits to plan members and beneficiaries. IMRF is an agent-multiple employer plan. Benefit provisions are established by statute and may only be changed by the General Assembly of the State of Illinois.

IMRF issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained online at www.imrf.org.

As set by statute, Regular plan members are required to contribute 4.50 percent of their annual covered salary. The statutes require employers to contribute the amount necessary, in addition to member contributions, to finance the retirement coverage of its own employees. The employer annual required contribution rate for calendar year 2016 was 12.76 percent. The employer also contributes for disability benefits, death benefits and supplemental retirement benefits, all of which are pooled at the IMRF level. Contribution rates for disability and death benefits are set by the IMRF Board of Trustees, while the supplemental retirement benefits rate is set by statute.

Kankakee County pays the pension cost for Health Department employees; therefore the accompanying financial statements provide no provision for pension cost.

Additional information on the plan and funded status can be found in the annual report of Kankakee County.

Note 8 – Insurance and Related Risks

The Health Department is exposed to various risks in the course of its daily operations. These include liability under workers’ compensation laws, employee health insurance, and general liability under tort laws. Kankakee County purchases commercial insurance on behalf of the Health Department for these risks. There have been no significant reductions in coverage from the prior year and settlements have not exceeded coverage in the past three years.

**Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Financial Statements
As of and for the Year Ended November 30, 2016**

Note 9 – Other Post-Employment Benefits

As stated in Note 6, employees of the Health Department are included with other County employees as participants in IMRF. Under Public Act 06-1444, an IMRF employer is required to offer the same health insurance to disabled members, retirees, and surviving spouses eligible for IMRF benefits at the same premium rate as active employees. Health Department employees are eligible, upon retirement, to participate in the County health insurance plan at their own cost until attainment of Medicare eligibility. Additional information on this other post-employment benefit plan and its funded status can be found in the annual report of the County of Kankakee.

Note 10 – Contingencies and Commitments

Under terms of federal and state grants, periodic audits are required and certain costs may be questioned leading to possible reimbursement claims by grantor agencies.

Note 11 – Concentrations

The Health Department receives the majority of its revenue from the State of Illinois and the federal government in the form of operating grants; therefore, services provided at the current levels are dependent on continued funding.

Required Supplementary Information

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Statement of Fund Revenues, Expenditures, and Changes in Fund Balance -
Comparison With Budget
For the year ended November 30, 2016

	Original Budget	Final Budget	Actual, Budgetary Basis	Over (Under) Budget
Revenues:				
Operating grants	\$ 1,655,864	\$ 1,547,641	\$ 1,562,449	\$ 14,808
Property taxes	460,000	460,000	457,827	(2,173)
Licenses and permits	170,300	200,300	241,999	41,699
Charges for services	158,800	158,800	201,323	42,523
Rental income	18,762	18,762	18,762	-
Fines and forfeitures	500	500	250	(250)
Miscellaneous income	12,852	11,500	7,823	(3,677)
Interest income	500	1,000	3,938	2,938
Total revenues	<u>2,477,578</u>	<u>2,398,503</u>	<u>2,494,371</u>	<u>95,868</u>
Expenditures:				
Salaries and wages	1,508,196	1,369,432	1,324,634	(44,798)
Payroll taxes	119,597	108,870	91,030	(17,840)
Employee insurance	190,085	169,711	158,988	(10,723)
Professional development	5,000	5,000	3,941	(1,059)
Office expense	10,000	11,000	10,009	(991)
Postage	3,000	3,000	181	(2,819)
Supplies	27,200	27,200	15,724	(11,476)
Medical supplies	60,000	60,000	87,072	27,072
Educational supplies	5,000	14,423	18,483	4,060
Professional services	105,000	10,875	3,350	(7,525)
Communications	17,000	17,000	16,156	(844)
Travel expense	25,500	26,000	25,026	(974)
Utilities	40,000	40,000	31,141	(8,859)
Rent	158,000	158,000	162,515	4,515
Repairs and maintenance	15,000	15,000	15,897	897
Books and periodicals	500	500	539	39
Printing and duplication	2,500	12,500	9,624	(2,876)
Outside contracting	157,000	205,000	136,951	(68,049)
Miscellaneous	14,000	116,992	8,220	(108,772)
Capital expenditures	15,000	28,000	45,817	17,817
Total expenditures	<u>2,477,578</u>	<u>2,398,503</u>	<u>2,165,298</u>	<u>(233,205)</u>
Excess (deficiency) of revenues over expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 329,073</u>	<u>\$ 329,073</u>

Note: Granted commodities are not recorded in revenues and expenditures on the budgetary basis. The reconciliation of budgetary basis to GAAP basis follows.

	Revenues	Expenditures
Total actual, budgetary basis	\$ 2,494,371	\$ 2,165,298
Granted commodities	153,000	153,000
Total actual, GAAP basis	<u>\$ 2,647,371</u>	<u>\$ 2,318,298</u>

**Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Notes to Required Supplementary Information
As of and for the Year Ended November 30, 2016**

Note 1 - Budgetary Accounting and Control

The Health Department prepares an annual budget and submits it to the Kankakee County Board for approval. The County adopts an annual budget and appropriation ordinance in accordance with Illinois law. The budget covers the fiscal year ending November 30, and is available for public inspection at least fifteen days prior to final adoption. The budget document is prepared for all budgetary funds using the modified accrual basis with the exception of granted commodities, which are not included in the budget. Once the County budget has been adopted, no further appropriations shall be made during the year, except in the event of an immediate emergency at which time the County board by a two-thirds vote may make appropriations in excess of those authorized in the original budget. The original budget and all budgetary amendments and supplemental appropriations necessary during the year are included in the final budget amounts presented in the budget-to-actual comparisons.

Other Supplementary Information

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Balance Sheet
November 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Cash - checking	\$ 722,312	\$ 393,893
Investments	1,210,718	1,206,939
Property tax receivable	470,049	457,439
Due from other governments	90,590	105,078
Inventory	56,874	43,276
Total assets	<u>2,550,543</u>	<u>2,206,625</u>
Liabilities		
Accounts payable and accrued expenses	80,618	89,493
Unearned grant revenue	36,970	25,860
Total liabilities	<u>117,588</u>	<u>115,353</u>
Deferred inflows of resources		
Property taxes related to a future period	<u>470,049</u>	<u>457,439</u>
Fund balance		
Nonspendable:		
Inventory	19,904	17,416
Unassigned	1,943,002	1,616,417
Total fund balance	<u>\$ 1,962,906</u>	<u>\$ 1,633,833</u>

Kankakee County Health Department
(A Special Revenue Fund of Kankakee County)
Statement of Fund Revenues, Expenditures and Changes in Fund Balance
For the years ended November 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Revenues:		
Operating grants	\$ 1,715,449	\$ 1,743,225
Property taxes	457,827	449,674
Licenses and permits	241,999	179,510
Charges for services	201,323	104,210
Rental income	18,762	18,762
Fines and forfeitures	250	250
Miscellaneous income	7,823	23,226
Interest income	3,938	515
Total revenues	<u>2,647,371</u>	<u>2,519,372</u>
Expenditures:		
Personal services	1,574,652	1,766,257
Contractual services	197,222	400,396
Supplies	285,008	314,854
Capital outlay	45,817	29,476
Other services and charges	53,084	84,106
Debt service principal	102,023	97,100
Debt service interest	60,492	64,768
Total expenditures/expenses	<u>2,318,298</u>	<u>2,756,957</u>
Excess (deficiency) of revenues over expenditures	329,073	(237,585)
Fund balance:		
Beginning of year	<u>1,633,833</u>	<u>1,871,418</u>
End of year	<u>\$ 1,962,906</u>	<u>\$ 1,633,833</u>