STATE OF MINNESOTA

Office of the State Auditor



Rebecca Otto State Auditor

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES HUTCHINSON, MINNESOTA

YEAR ENDED DECEMBER 31, 2006

Description of the Office of the State Auditor

The mission of the State Auditor's Office 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.

Office of the State Auditor 525 Park Street, Suite 500 Saint Paul, Minnesota 55103 (651) 296-2551 state.auditor@state.mn.us www.auditor.state.mn.us

This document can be made available in alternative formats upon request. Call 651-296-2551 [voice] or 1-800-627-3529 [relay service] for assistance; or visit the State Auditor's web site: www.auditor.state.mn.us.

Year Ended December 31, 2006



Audit Practice Division Office of the State Auditor State of Minnesota



TABLE OF CONTENTS

	Reference	Page
Introductory Section		
Organization		1
Financial Section		
Independent Auditor's Report		2
Basic Financial Statements General Fund Balance Sheet and Governmental		
Activities - Statement of Net Assets with Adjustments		
to Convert Modified to Full Accrual	Exhibit 1	4
General Fund Statement of Revenues, Expenditures, and		
Changes in Fund Balance and Governmental Activities -		
Statement of Activities with Adjustments to Convert Modified to Full Accrual	Exhibit 2	5
Notes to the Financial Statements	Exhibit 2	6
Required Supplementary Information		
Budgetary Comparison Schedule General Fund	Schedule 1	11
Notes to the Required Supplementary Information	Schedule 1	12
2.000 to the 1.04mion 2.4pp. Committee in the 1.000 to th		
Other Schedule		
Schedule of Intergovernmental Revenue	Schedule 2	13
Management and Compliance Section		
Schedule of Findings and Questioned Costs	Schedule 3	14
Other Required Reports		
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		16
Report on Compliance with Requirements Applicable to		
Each Major Program and Internal Control Over		
Compliance in Accordance with OMB Circular A-133		19
Schedule of Expenditures of Federal Awards	Schedule 4	22





ORGANIZATION 2006

Name				
Raymond Bayerl				
Grant Knutson				
Beverly Wangerin				
Mel Dose				
Sheldon Nies				
Amy Wilde				
Ron Kutzke				
Jim Swenson				
Hugh Wagner				
David Gabrielson				
Harold Pettis				
Charles Woehler				
Leo Bauer				
Lee Anderly				
William Pinske				
Cindy Schultz				
Becky Felling				
Diane Winter				
Allie Freidrichs				
Ann Bajari				







STATE OF MINNESOTA OFFICE OF THE STATE AUDITOR

SUITE 500 525 PARK STREET SAINT PAUL, MN 55103-2139

(651) 296-2551 (Voice) (651) 296-4755 (Fax) state.auditor@state.mn.us (E-mail) 1-800-627-3529 (Relay Service)

INDEPENDENT AUDITOR'S REPORT

Community Health Board Meeker-McLeod-Sibley Community Health Services

We have audited the accompanying financial statements of the governmental activities and the General Fund of Meeker-McLeod-Sibley Community Health Services as of and for the year ended December 31, 2006, which collectively comprise the Health Services' basic financial statements as listed in the table of contents. These financial statements are the responsibility of the Health Services' management. Our responsibility is to express opinions on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinions.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the General Fund of Meeker-McLeod-Sibley Community Health Services as of December 31, 2006, and the respective changes in financial position thereof for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Meeker-McLeod-Sibley Community Health Services has not presented a Management's Discussion and Analysis that the Governmental Accounting Standards Board has determined is necessary to supplement, although not required to be part of, the basic financial statements.

The budgetary comparison in Schedule 1 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.

Our audit was made for the purpose of forming opinions on the financial statements that collectively comprise Meeker-McLeod-Sibley Community Health Services' basic financial statements. The supplementary information listed in the table of contents as the other schedule is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

In accordance with *Government Auditing Standards*, we have also issued a report dated December 18, 2007, on our consideration of Meeker-McLeod-Sibley Community Health Services' 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 the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

/s/Rebecca Otto

/s/Greg Hierlinger

REBECCA OTTO STATE AUDITOR GREG HIERLINGER, CPA DEPUTY STATE AUDITOR

December 18, 2007





EXHIBIT 1

GENERAL FUND BALANCE SHEET AND GOVERNMENTAL ACTIVITIES STATEMENT OF NET ASSETS WITH ADJUSTMENTS TO CONVERT MODIFIED TO FULL ACCRUAL FOR THE YEAR ENDED DECEMBER 31, 2006

	(General Fund	Adj	ustments	Governmental Activities	
<u>Assets</u>						
Cash and pooled investments Due from other governments	\$	196,433 228,352	\$	-	\$	196,433 228,352
Capital assets Depreciable - net of accumulated depreciation				201		201
Total Assets	\$	424,785	\$	201	\$	424,986
<u>Liabilities</u>						
Current liabilities						
Accounts payable Due to other governments	\$	4,734 322,774	\$		\$	4,734 322,774
Total Liabilities	\$	327,508	\$		\$	327,508
Fund Balance/Net Assets						
Fund Balance						
Unreserved Undesignated	\$	97,277	\$	(97,277)		
Total Liabilities and Fund Balance	\$	424,785				
Net Assets						
Invested in capital assets - net of related debt			\$	201	\$	201
Unrestricted				97,277		97,277
Total Net Assets			\$	97,478	\$	97,478
Reconciliation of the General Fund Balance to Net A	ssets					
Fund Balance - General Fund					\$	97,277
Capital assets are reported in the Statement of Net Ass	ets but not in	the Fund Balanc	e Sheet			201
Net Assets - Governmental Activities					\$	97,478

EXHIBIT 2

GENERAL FUND STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE AND GOVERNMENTAL ACTIVITIES STATEMENT OF ACTIVITIES WITH ADJUSTMENTS TO CONVERT MODIFIED TO FULL ACCRUAL FOR THE YEAR ENDED DECEMBER 31, 2006

		General Fund	Adjustments		Governmental Activities	
Revenues						
Intergovernmental	\$	1,717,988	\$	-	\$	1,717,988
Miscellaneous		3,563				3,563
Total Revenues	\$	1,721,551	\$		\$	1,721,551
Expenditures/Expenses Health						
Current	\$	34,985	\$	1.144	\$	36,129
Intergovernmental	Ψ	1,739,079	Ψ	-	Ψ	1,739,079
Total Expenditures/Expenses	\$	1,774,064	\$	1,144	\$	1,775,208
Net Change in Fund Balance/Net Assets	\$	(52,513)	\$	(1,144)	\$	(53,657)
Fund Balance/Net Assets - January 1		149,790		1,345		151,135
Fund Balance/Net Assets - December 31	\$	97,277	\$	201	\$	97,478
Reconciliation of the Statement of General Fund Rev to the Statement of Activities of Governmental Activ Net Change in Fund Balance	rities ures. However	, in the Statemer	nt of Acti	vities, the	\$	(52,513)
cost of those assets is allocated over their estimated us Depreciation expense	eful lives and i	reported as depre	eciation e	expense.		(1,144)
r						(1,111)
Change in Net Assets of Governmental Activities					\$	(53,657)

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

1. Summary of Significant Accounting Policies

Meeker-McLeod-Sibley Community Health Services' financial statements are prepared in accordance with generally accepted accounting principles (GAAP) 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 issued through November 30, 1989, (when applicable) that do not conflict with or contradict GASB pronouncements. The more significant accounting policies established in GAAP and used by the Health Services are discussed below.

A. Financial Reporting Entity

The Meeker-McLeod-Sibley Community Health Board was established pursuant to Minn. Stat. §§ 145A.09-145A.14 and a joint powers agreement as the Meeker-McLeod-Sibley Health Services Board effective April 1, 1980. This joint powers agreement was revised, effective April 19, 1990, and the Board was renamed the Meeker-McLeod-Sibley Community Health Board. The Community Health Board consists of 15 members, five each from Meeker, McLeod, and Sibley Counties. The primary function of the joint venture is to provide health services and to promote efficiency and economy in the delivery of health services.

McLeod County, in an agent capacity, reports the cash transactions of the Health Services as an agency fund on its annual financial statements.

B. Basic Financial Statements

Basic financial statements include information on Meeker-McLeod-Sibley Community Health Services' activities as a whole and information on the General Fund of the Health Services. These separate presentations are reported in different columns on Exhibits 1 and 2. Each of the exhibits starts with a column of information based on activities of the General Fund and reconciles it to a column that reports the "governmental activities" of Meeker-McLeod-Sibley Community Health Services as a whole.

1. Summary of Significant Accounting Policies

B. Basic Financial Statements (Continued)

The governmental activities columns are reported on a full accrual, economic resources basis, which recognizes all long-term assets and receivables as well as long-term debt and obligations. Meeker-McLeod-Sibley Community Health Services' net assets are reported in two parts: invested in capital assets and unrestricted net assets. The statement of activities demonstrates the degree to which the expenses of Meeker-McLeod-Sibley Community Health Services are offset by revenues.

The balance sheet and statement of revenues, expenditures, and changes in fund balance for the General Fund are presented on the modified accrual basis of accounting and report current financial resources.

C. Measurement Focus and Basis of Accounting

The government-wide 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 revenue as soon as all eligibility requirements imposed by the provider have been met.

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. Meeker-McLeod-Sibley Community Health Services considers all revenues to be available if collected within 90 days after the end of the current period. Charges for services are considered to be susceptible to accrual. Expenditures are recorded when the related fund liability is incurred.

D. Assets, Liabilities, and Net Assets or Equity

1. Capital Assets

Capital assets are recorded in the governmental activities column in the statement of net assets. Meeker-McLeod-Sibley Community Health Services defines capital assets as assets with an initial, individual cost of more than \$500 and an estimated useful life in excess of one year. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair market value at the date of donation.

1. Summary of Significant Accounting Policies

D. Assets, Liabilities, and Net Assets or Equity

1. Capital Assets (Continued)

Capital assets of Meeker-McLeod-Sibley Community Health Services are depreciated using the straight-line method over an estimated five-year useful life.

2. Fund Equity

In the General Fund column of the financial statements, the Health Services reports fund balance. The unreserved, undesignated fund balance account indicates the portion of equity, which is available for budgeting and expending in future periods.

3. Budgetary Information

The Health Services adopts estimated revenue and expenditure budgets for the General Fund on the modified accrual basis. The legal level of budgetary control is the function level. Appropriations and encumbrances lapse at year-end. The budgets may be amended or modified at any time by the Community Health Board.

2. Detailed Notes on All Funds

A. Assets

1. Deposits and Investments

Cash is on deposit with McLeod County. Cash transactions are administered by the McLeod County Treasurer who is, according to Minn. Stat. §§ 118A.02 and 118A.04, authorized to deposit cash in financial institutions designated by the County Board. Minnesota statutes require that all county deposits be covered by insurance, surety bond, or collateral, a requirement with which the County was in compliance at December 31, 2006.

2. Detailed Notes on All Funds

A. Assets (Continued)

2. <u>Capital Assets</u>

Capital asset activity for the year ended December 31, 2006, was as follows:

	ginning alance	I	ncrease	De	crease	nding alance
Capital assets depreciated Office equipment	\$ 8,460	\$	-	\$	-	\$ 8,460
Less: accumulated depreciation for Office equipment	 7,115		1,144		<u>-</u>	 8,259
Total Capital Assets Depreciated, Net	\$ 1,345	\$	(1,144)	\$	-	\$ 201

Depreciation expense was charged to current heath expenditures in the amount of \$1,144.

3. Receivables

The Health Services did not have any receivables scheduled to be collected beyond one year as of December 31, 2006.

3. <u>Summary of Significant Contingencies and Other Items</u>

A. Risk Management

Meeker-McLeod-Sibley Community Health Services is exposed to various risks of loss related to torts; theft of, damage to, or destruction of assets; errors or omissions; injuries to employees; or natural disasters. The Health Services has entered into a joint powers agreement with Minnesota counties to form the Minnesota Counties Insurance Trust (MCIT) to cover its property and casualty liabilities. There were no significant reductions in insurance from the previous year or settlements in excess of insurance for any of the past three years.

3. Summary of Significant Contingencies and Other Items

A. Risk Management (Continued)

The Property and Casualty Division of MCIT is self-sustaining, and the Health Services pays an annual premium to cover current and future losses. The MCIT carries reinsurance for its property lines to protect against catastrophic losses. Should the MCIT Property and Casualty Division liabilities exceed assets, MCIT may assess the Health Services in a method and amount to be determined by MCIT.







Schedule 1

BUDGETARY COMPARISON SCHEDULE GENERAL FUND FOR THE YEAR ENDED DECEMBER 31, 2006

	Budgeted Amounts			Actual		Variance with		
		Original		Final		Amounts	Fir	nal Budget
Revenues								
Intergovernmental	\$	1,608,457	\$	1,608,457	\$	1,717,988	\$	109,531
Miscellaneous		<u> </u>		<u> </u>		3,563		3,563
Total Revenues	\$	1,608,457	\$	1,608,457	\$	1,721,551	\$	113,094
Expenditures								
Current								
Health								
Community Health	\$	37,538	\$	37,538	\$	34,985	\$	2,553
Intergovernmental								
CHS Grant	\$	287,959	\$	287,959	\$	326,176	\$	(38,217)
Centers for Disease Control and Prevention		89,893		89,893		122,507		(32,614)
WIC		278,397		278,397		321,359		(42,962)
MCH Grant		83,801		83,801		70,773		13,028
FPSP Grant		120,525		120,525		93,518		27,007
Tobacco-Free Communities		225,000		225,000		287,720		(62,720)
Immunization Grants		-		-		400		(400)
Healthy Communities Activities		7,000		7,000		2,042		4,958
State Indoor Radon Grant		-		-		4,384		(4,384)
Home Visiting TANF		48,728		48,728		41,153		7,575
Drug-Free Communities DOJ		100,000		100,000		94,331		5,669
Fetal Alcohol Program		210,491		210,491		219,193		(8,702)
Child and Teen Checkups MA		155,125		155,125		155,523		(398)
Total intergovernmental	\$	1,606,919	\$	1,606,919	\$	1,739,079	\$	(132,160)
Total Expenditures	\$	1,644,457	\$	1,644,457	\$	1,774,064	\$	(129,607)
Net Change in Fund Balance	\$	(36,000)	\$	(36,000)	\$	(52,513)	\$	(16,513)
Fund Balance - January 1		149,790		149,790		149,790		
Fund Balance - December 31	\$	113,790	\$	113,790	\$	97,277	\$	(16,513)



NOTES TO THE REQUIRED SUPPLEMENTARY INFORMATION FOR THE YEAR ENDED DECEMBER 31, 2006

1. <u>Budgetary Information</u>

Meeker-McLeod-Sibley Community Health Services adopts estimated revenue and expenditure budgets for the General Fund on the modified accrual basis. The legal level of budgetary control is the function level. Appropriations and encumbrances lapse at year-end. The budgets may be amended or modified at any time by the Community Health Board.

2. Excess of Expenditures over Budget

The General Fund has expenditures in excess of budget for the year ended December 31, 2006:

	 Expenditures					
	 Budget Actual				Excess	
General Fund Health						
Intergovernmental	\$ 1,606,919	\$	1,739,079	\$	(132,160)	







Schedule 2

SCHEDULE OF INTERGOVERNMENTAL REVENUE FOR THE YEAR ENDED DECEMBER 31, 2006

Grants	
State	
Minnesota Department of	
Health	\$ 751,280
Human Services	 93,290
Total State	 844,570
Federal	
Special Supplemental Nutrition Program (WIC)	\$ 352,288
Drug-Free Communities Support Program Grant	100,000
State Indoor Radon Grant	4,384
Centers for Disease Control and Prevention	130,937
TANF Home Visiting	53,754
Child and Teen Checkups MA	108,416
Prevention and Treatment of Substance Abuse Block grant	39,838
Maternal and Child Health Services Block Grant	 83,801
Total Federal	\$ 873,418
Total Intergovernmental Revenue	\$ 1,717,988





MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES HUTCHINSON, MINNESOTA

Schedule 3

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2006

I. SUMMARY OF AUDITOR'S RESULTS

- A. Our report expresses unqualified opinions on the basic financial statements of Meeker-McLeod-Sibley Community Health Services.
- B. No matters involving internal control over financial reporting were reported in the "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*."
- C. No instances of noncompliance material to the financial statements of Meeker-McLeod-Sibley Community Health Services were disclosed during the audit.
- D. No matters involving internal control over compliance relating to the audit of the major federal award program were reported in the "Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance in Accordance with OMB Circular A-133."
- E. The Auditor's Report on Compliance for the major federal award program for Meeker-McLeod-Sibley Community Health Services expresses an unqualified opinion.
- F. No findings were disclosed that are required to be reported in accordance with Section 510(a) of OMB Circular A-133.
- G. The major program is:

Special Supplemental Food Program for Women, Infants, and Children

CFDA #10.557

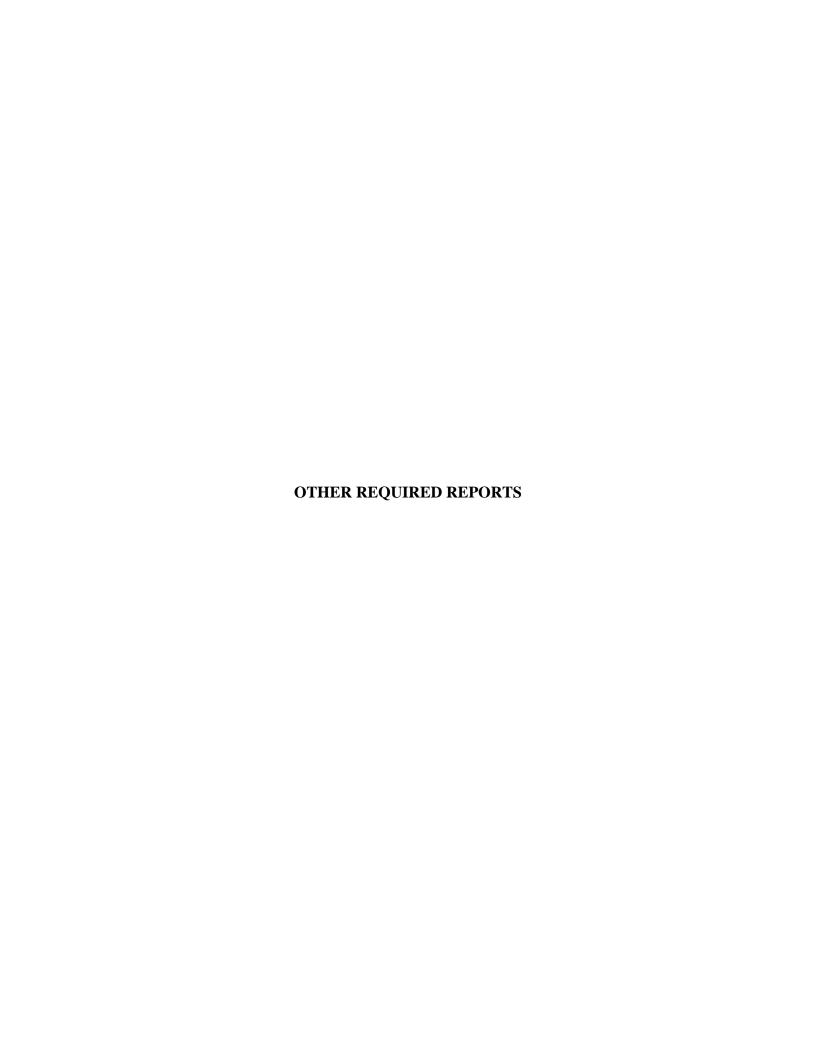
- H. The threshold for distinguishing between Types A and B programs was \$300,000.
- I. Meeker-McLeod-Sibley Community Health Services was determined to be a low-risk auditee.

II.	FINDINGS RELATED TO FINANCIAL STATEMENTS AUDITED IN
	ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

None.

III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARD PROGRAMS

None.







STATE OF MINNESOTA OFFICE OF THE STATE AUDITOR

SUITE 500 525 PARK STREET SAINT PAUL, MN 55103-2139

(651) 296-2551 (Voice) (651) 296-4755 (Fax) state.auditor@state.mn.us (E-mail) 1-800-627-3529 (Relay Service)

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

Community Health Board Meeker-McLeod-Sibley Community Health Services

We have audited the financial statements of the governmental activities and the General Fund of Meeker-McLeod-Sibley Community Health Services as of and for the year ended December 31, 2006, and have issued our report thereon dated December 18, 2007. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Meeker-McLeod-Sibley Community Health Services' internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health Services' internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Health Services' internal control over financial reporting.

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 Health Services' 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 Health Services' financial statements that is more than inconsequential will not be prevented or detected by the Health Services' internal control.

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 Meeker-McLeod-Sibley Community Health Services' 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 or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Meeker-McLeod-Sibley Community Health Services' financial statements are free of 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*.

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 six categories of compliance to be tested: contracting and bidding, deposits and investments, conflicts of interest, public indebtedness, claims and disbursements, and miscellaneous provisions. Our study included all of the listed categories

The results of our tests indicate that, for the items tested, Meeker-McLeod-Sibley Community Health Services complied with the material terms and conditions of applicable legal provisions.

This report is intended solely for the information and use of the Community Health Board, management, others within Meeker-McLeod-Sibley Community Health Services, and federal awarding agencies and pass-through entities and is not intended to be, and should not be, used by anyone other than those specified parties.

/s/Rebecca Otto

/s/Greg Hierlinger

REBECCA OTTO STATE AUDITOR GREG HIERLINGER, CPA DEPUTY STATE AUDITOR

December 18, 2007





STATE OF MINNESOTA OFFICE OF THE STATE AUDITOR

SUITE 500 525 PARK STREET SAINT PAUL, MN 55103-2139

(651) 296-2551 (Voice) (651) 296-4755 (Fax) state.auditor@state.mn.us (E-mail) 1-800-627-3529 (Relay Service)

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Community Health Board Meeker-McLeod-Sibley Community Health Services

Compliance

We have audited the compliance of Meeker-McLeod-Sibley Community Health Services with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that are applicable to its major federal program as of and for the year ended December 31, 2006. Meeker-McLeod-Sibley Community Health Services' major federal program is identified in the Summary of Auditor's Results section of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to its major federal program is the responsibility of the Health Services' management. Our responsibility is to express an opinion on the Health Services' compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Meeker-McLeod-Sibley Community Health Services' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Health Services' compliance with those requirements.

In our opinion, Meeker-McLeod-Sibley Community Health Services complied, in all material respects, with the requirements referred to above that are applicable to its major federal program for the year ended December 31, 2006.

Internal Control Over Compliance

The management of Meeker-McLeod-Sibley Community Health Services is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Health Services' internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Health Services' internal control over compliance.

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

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by Meeker-McLeod-Sibley Community Health Services' internal control.

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

Schedule of Expenditures of Federal Awards

We have audited the financial statements of the governmental activities and the General Fund of Meeker-McLeod-Sibley Community Health Services as of and for the year ended December 31, 2006, and have issued our report thereon dated December 18, 2007. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise Meeker-McLeod-Sibley Community Health Services' basic financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of

additional analysis as required by OMB Circular A-133 and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

This report is intended solely for the information and use of the Community Health Board, management and others within the Community Health Services, and federal awarding agencies and pass-through entities and is not intended to be, and should not be, used by anyone other than those specified parties.

/s/Rebecca Otto

/s/Greg Hierlinger

REBECCA OTTO STATE AUDITOR GREG HIERLINGER, CPA DEPUTY STATE AUDITOR

December 18, 2007



MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES HUTCHINSON, MINNESOTA

Schedule 4

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2006

Federal Grantor Pass-Through Agency Grant Program Title	Federal CFDA Number	Expenditures		Passed Through to Subrecipients	
U.S. Department of Agriculture					
Passed Through Minnesota Department of Health					
Special Supplemental Nutrition Program (WIC)	10.557	\$	352,288	\$	352,288
U.S. Department of Justice					
Direct					
Drug-Free Communities Support Program Grant	93.276	\$	100,000	\$	100,000
U.S. Department of Environmental Protection					
Passed Through Minnesota Department of Health					
State Indoor Radon Grant	66.032	\$	4,384	\$	4,384
U.S. Department of Health and Human Services					
Passed Through Minnesota Department of Health					
Centers for Disease Control and Prevention Block Grant	93.283	\$	130,937		130,937
Temporary Assistance for Needy Families (TANF)	93.558		53,754		53,754
Medical Assistance Program	93.778		108,416		108,416
Block Grant for Prevention and Treatment of Substance Abuse	93.959		39,838		39,838
Maternal and Child Health Services Block Grant	93.994		83,801	_	83,801
Total U.S. Department of Health and Human Services			416,746	\$	416,746
Total Federal Awards		\$	873,418	\$	873,418

Notes to Schedule of Expenditures of Federal Awards

- 1. The Schedule of Expenditures of Federal Awards presents the activity of federal award programs expended by Meeker-McLeod-Sibley Community Health Services. The Health Services' reporting entity is defined in Note 1 to the financial statements.
- 2. The expenditures on this schedule are on the full accrual basis of accounting.
- 3. Pass-through grant numbers were not assigned by the pass-through agencies.