

**CLERMONT COUNTY
GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Single Audit
For the Year Ended December 31, 2010**

***Perry & Associates*
Certified Public Accountants, A.C**



Dave Yost • Auditor of State

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

We have reviewed the *Independent Accountants' Report* of the Clermont County General Health District, Clermont County, prepared by Perry & Associates, Certified Public Accountants, A.C., for the audit period January 1, 2010 through December 31, 2010. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

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

A handwritten signature in cursive script that reads "Dave Yost".

Dave Yost
Auditor of State

August 12, 2011

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**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

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INDEPENDENT ACCOUNTANTS' REPORT

June 24, 2011

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

To the Members of the Board:

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the **Clermont County General Health District**, Clermont County, Ohio (the District), as of and for the year ended December 31, 2010, which collectively comprise the District's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the District's 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 the Comptroller General of the United States' *Government Auditing Standards*. Those standards require that we plan and perform the audit to reasonably assure 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 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, each major fund, and the aggregate remaining fund information of the Clermont County General Health District, as of December 31, 2010, and the respective changes in financial position and where applicable, cash flows, thereof and the respective budgetary comparison for the General, Bioterrorism Grant, WIC Administration and Sewage Program Funds for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated June 24, 2011, on our consideration of the District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. While we did not opine on the internal control over financial reporting or on compliance, that report describes the scope of our testing of internal control over financial reporting and compliance and the results of that testing. That report is an integral part of an audit performed in accordance with *Government Auditing Standards*. You should read it in conjunction with this report in assessing the results of our audit.

Accounting principles generally accepted in the United States of America require this presentation to include *Management's Discussion and Analysis*, as listed in the table of contents, to supplement the basic financial statements. Although this information is not part of the basic financial statements, the Governmental Accounting Standards Board considers it essential for placing the basic financial statements in an appropriate operational, economic, or historical context. We 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 basic financial statements and other knowledge we obtained during our audit of the basic 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 other assurance.

We conducted our audit to opine on the financial statements that collectively comprise the District's basic financial statements taken as a whole. The Schedule of Federal Awards Expenditures provides additional information required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. The Schedule of Federal Awards Expenditures is management's responsibility, and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. This statement was subject to the auditing procedures we applied to the basic financial statements. We also applied certain additional procedures, including comparing and reconciling this information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, in accordance with auditing standards generally accepted in the United States of America. In our opinion, this information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Respectfully Submitted,



Perry and Associates
Certified Public Accountants, A.C.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Management's Discussion and Analysis
For the Year Ended December 31, 2010
Unaudited

The discussion and analysis of the General Health District's financial performance provides an overall review of the Health District's financial activities for the year ended December 31, 2010. The intent of this discussion and analysis is to look at the Health District's financial performance as a whole. Readers should also review the basic financial statements and notes to the basic financial statements to enhance their understanding of the Health District's financial performance.

Financial Highlights

Key financial highlights for the year 2010 are as follows:

- The assets of the Health District exceeded its liabilities at the close of the year ended December 31, 2010, by \$1,936,548 (net assets).
- The Health District's total net assets increased by \$559,873, which represents a 40.67% increase from 2009.
- At the end of 2010, the Health District's governmental funds reported a combined ending fund balance of \$900,704. Of this amount, \$799,938 is available for spending (unreserved fund balance) on behalf of Clermont County citizens.
- At the end of the 2010 fiscal year, the unreserved fund balance for the general fund was \$362,891, or 29.2% of total general fund expenditures and other financing uses.

Using the Basic Financial Statements

This annual report consists of a series of financial statements and notes to those statements. These statements are organized so the reader can understand the Health District as a financial whole or as an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities and conditions.

The Statement of Net Assets and Statement of Activities provide information about the activities of the whole Health District, presenting both an aggregate view of the Health District's finances and a longer-term view of those assets. Major fund financial statements provide the next level of detail. For governmental funds, these statements tell how services were financed in the short-term as well as what dollars remain for future spending. The fund financial statements also look at the Health District's most significant funds with all other non-major funds presented in total in one column.

Reporting the Health District as a Whole

Statement of Net Assets and the Statement of Activities

While this document contains information about the funds used by the Health District to provide services to our citizens, the view of the Health District as a whole looks at all financial transactions and asks the question, "How did we do financially during 2010?" The Statement of Net Assets and the Statement of Activities answer this question. These statements include all assets and liabilities using the accrual basis of accounting similar to the accounting used by the private sector companies. This basis of accounting takes into account all of the current year's

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revenues and expenses regardless of when the cash is received or paid.

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

Reporting the Health District's Most Significant Funds

Fund Financial Statements

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

Based on restrictions on the use of monies, the Health District has established many funds which account for the multitude of services provided. However, these fund financial statements focus on the Health District's most significant funds. In the case of the Clermont County Health District, the major funds are the General, Bioterrorism Grant, WIC Administration and Sewage Program. The analysis of the Health District's major funds begins on page 12.

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

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

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

Proprietary Funds: The Health District maintains one type of proprietary fund; the internal service fund. Internal Service Funds are an accounting device used to accumulate and allocate costs internally among the Health District functions. The Health District was using the internal

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service fund to account for its medical insurance. The Health District closed the internal service fund during the fiscal year after starting to receive benefits through the County at the beginning of 2010. The proprietary fund financial statements can be found on pages 20-21 of this report.

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the governmental-wide and fund financial statements. The notes to the financial statements begin on page 23 of this report.

Government-wide Financial Analysis

As noted earlier, net assets may serve over time as a useful indicator of a government's financial position. In the case of the Health District, assets exceeded liabilities by \$1,936,548 as of December 31, 2010.

Table 1 provides a summary of the Health District's net assets for 2010 compared to 2009.

Table 1
Net Assets
(In Thousands)

	Governmental Activities	
	2010	2009
Current Assets and Other Assets	\$1,918.4	\$1,613.2
Capital Assets, Net	269.5	74.6
Total Assets	2,187.9	1,687.8
Current Liabilities	62.2	81.6
Long-Term Liabilities		
Due within One Year	95.5	84.2
Due over One Year	93.6	145.3
Total Liabilities	251.3	311.1
Net Assets:		
Invested in Capital Assets Net of Debt	269.4	74.6
Restricted		
Other Purposes	1,297.4	1,106.0
Unrestricted	369.7	196.1
Total Net Assets	\$1,936.5	\$1,376.7

The Health District's Current Assets increased approximately \$305,200 due to the Health District controlling expenditures and keeping them below the respective fund revenue levels. Two of the major funds last year (Bioterrorism Grant and WIC Administration) produced a negative change in net assets of \$47,200 but reversed that for the current year by having a positive change of almost \$45,000 for a \$92,000 change in position. Capital Assets increased approximately \$195,000 as an additional truck and trailer, as well as, several donated capital assets were added during the year. Current liabilities decreased approximately \$19,400 as the Health District had fewer vendor and intergovernmental payables due at the end of the year.

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Long-term liabilities decreased as employees were able to use the additional time they built up with the H1N1 additional work last year and restrictions on leave usage during 2009.

Table 2 provides a summary of the changes in net assets for 2010 compared to 2009.

Table 2
Changes in Net Assets
(In Thousands)

	Governmental Activities	
	2010	2009
Program Revenues:		
Charges for Services	\$1,505.9	\$1,533.4
Operating Grants and Contributions	2,436.8	2,373.1
General Revenues:		
Other	0.0	0.0
Total Revenue	3,942.7	3,906.5
Program Expenses		
Health:		
Environmental Health	1,315.4	1,186.1
Community Health Services	824.5	812.8
Health Promotion and Planning	508.3	501.5
Administration	734.7	949.0
Total Expenses	3,382.9	3,449.4
Change in Net Assets	559.8	457.1
Beginning Net Assets	1,376.7	919.6
Ending Net Assets	\$1,936.5	\$1,376.7

Governmental Activities

The Health District's governmental activities include Environmental Health, Community Health Services, Health Promotion and Planning and Administration. Major programs in Environmental Health include Food Service, Marina, Solid Waste, Manufactured Home Park, Private Water, Private Sewage, Swimming Pool, Infectious Waste and Plumbing Inspections. Overall expenses decreased by \$66,500 and revenues increased by \$36,200. The difference for expenses resulted from the health plan fund having more significant balances in 2009. Additional funding was received for the response and additional expenses were incurred included increased supplies for the response and overtime for staff working clinics. Environmental Health saw an increase in expenditures over \$129,300 in 2010 compared to 2009. The overall revenue increase resulted from the donated capital assets the Health District received during the year.

Community Health Services includes the Bureau for Children with Medical Handicaps Program which provides diagnostic and treatment programs that link families with providers, the Tuberculosis Program, providing Tuberculosis skin testing and case management, Vision and Hearing program, providing no cost screenings to families, Senior Safety Program, working to

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reduce injuries among senior citizens, the Pathways Program which assists pregnant teens, and Women, Infants and Children (WIC) whose goal is to improve the nutritional status of mothers, infants, and children during critical stages of growth and development. Expenses for Community Health Services increased by \$11,700 in 2010 compared to 2009.

Major programs in Health Promotion and Planning are the Bioterrorism (Public Health Emergency Preparedness) Program which ensures public health is ready and able to respond to major emergencies or terrorism events and the Safe Communities Program whose goal is to reduce the number of traffic fatalities. Health Promotion and Planning revenues increased by \$6,800 in 2010 compared to 2009. This increase was the result of a significant amount of funding being provided for the 2009 H1N1 response in addition to regular emergency preparedness funding being spread into 2010.

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

The Health District's strategy to secure the maximum amount of grants and contracts that are provided by the state and federal governments continues to be productive. Grants include Safe Communities, Bioterrorism (Infrastructure), Immunization, Preventive Health – Senior Safety, and Women, Infants, and Children (WIC). The Health District also holds contracts with City of Cincinnati Health Department for Cities Readiness Initiative, the Clermont County Board of Commissioners for the Tuberculosis program, Grant Vocational School for the Pathways program and the Ohio Department of Health for the Vision and Hearing program and the SmokeFree Ohio Workplace program.

Financial Analysis of the Health District's Funds

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

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

As of the end of the current fiscal year, the Health District's governmental funds reported combined ending fund balances of \$900,704. Of this amount, \$799,938 constitutes unreserved fund balance, which is available for spending. The remainder of fund balance is reserved to indicate that it is not available for new spending (\$100,766). While the bulk of the governmental fund balances are not reserved in the governmental fund statements, they lead to restricted net assets on the Statement of Net Assets due to their being restricted for use for a particular purpose mandated by the source of the resources such as the state and federal governments.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
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Management's Discussion and Analysis
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The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unreserved fund balance of the general fund was \$362,891. As a measure of the general fund's liquidity, it may be useful to compare unreserved fund balance to total fund expenditures. Unreserved fund balance represents 29.2% of the total general fund expenditures.

Revenues exceeded expenditures in the General Fund by \$87,935 in 2010. Intergovernmental revenues account for 63.7% of revenues in the General Fund. This consists of money from the townships, villages, and the City of Milford. Administration accounts for the majority, \$845,028 (67.9%), of expenditures in the General Fund.

The WIC Administration Special Revenue Fund accounts for federal grant monies for the Women, Infants and Children (WIC) program. WIC is a program for pregnant women, women who recently had a baby, breastfeeding moms, infants and children up to age five. WIC provides nutrition education and support, breastfeeding education and support, referrals to healthcare, immunization screenings and referrals, and supplemental foods. At the end of the current fiscal year the total fund balance was \$60,646 an 11.4% increase over 2009.

The Bioterrorism Special Revenue Fund accounts for federal grant monies for public health infrastructure and emergency planning efforts. The program is responsible for developing the Health District Emergency Response Plan, all supporting documents, and training and exercise programs. Planning and preparedness are collaborative efforts done on a local level with involvement of key partners in Clermont County as well as regional partners. At the end of the 2010 fiscal year the ending fund balance was \$15,696 after being negative during 2009.

The Sewage Program Special Revenue Fund accounts for permits and licenses for the onsite Sewage Program. The program is responsible for reviewing private sewage treatment system applications, issuing permits for installation and conducting inspections of the installation. The program also conducts basic system assessments of existing private sewage systems to ensure compliance with local and state laws. At the end of the current fiscal year the ending fund balance was \$55,532 a 66.5% increase over 2009.

General Fund Budgeting Highlights

The Health District's budget is prepared according to Ohio Law by October two years prior to the fiscal year and adopted by the Board of Health by December of the same year. The budget is then approved by the Clermont County Budget Commission in May, the year prior to the fiscal year. The 2010 budget, for example, was prepared in October, 2008, adopted by the Board of Health by December, 2008, and approved by the budget commission in May of 2009. The budget is based on accounting for certain transactions on a basis of cash receipts, disbursements, and encumbrances. The most significant budgeted fund is the General Fund.

During the course of 2010, the Health District amended its general fund budget several times, the most significant noted below. All recommendations for the budget were reviewed by the Clermont County Board of Health for adoption on the change. With the General Fund supporting many of the Health District's major activities, the General Fund is monitored closely looking for possible revenue shortfalls or over spending. Budgeted expenditures were relatively constant only changing very slightly. Actual expenditures came in 4.4% percent under final budgets as the Health District was able to make reductions in the administration aspect of the budget.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
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Management's Discussion and Analysis
For the Year Ended December 31, 2010
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Capital Assets

The Health District's investment in capital assets for its governmental activities as of December 31, 2010, amounts to \$269,437 (net of accumulated depreciation). This investment in capital assets includes vehicles, furniture, and equipment.

Note 5 (Capital Assets) provides capital asset activity during 2010.

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

- The purchase of one vehicle, one trailer, a large generator and a smart board.
- The Health District received capital donations including trailers and HVAC units.

Economic Factors and 2012 Budget

Clermont County experienced a downturn in residential growth in 2006 which continued into 2010. This correlates to a decrease in the number of permits and licenses. The Health District maintains a conservative approach to spending while maximizing its revenues. Current economic indicators show that the economy should remain at its current pace. The Health District has taken steps to compensate for the decrease in revenues as a result of down turned growth by eliminating a Plumbing Inspection position and a sanitarian position in the Water and Waste Division, reducing a Nursing position from full time to part time, and leaving a sanitarian position in Environmental Health vacant. Additionally in 2010, the Health District eliminated an administrative position. The Health District's portion of state-based program revenue will be affected by the fiscal year 2012 State budget bill. The Health District anticipates a slight increase in the amount of state based funding for 2012; however, given the small amount of funding provided by the state for public health services and elimination of some MHP programs this increase should not have a significant impact on the Health District's budget.

All of these factors were considered in the preparation of the Health District's 2012 budget. The Health District has decreased its 2012 budget by 3.51% in an attempt to continue providing public health services with the revenue projection based on current economic factors.

Requests for Information

This financial report is designed to provide Clermont citizens, creditors, and investors with a general overview of the Health District's finances and to show the Health District's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact Donna Hart, Clermont County General Health District, Fiscal Officer, 2275 Bauer Rd., Batavia, Ohio 45103, (513)732-7601, (email at cchealth@co.clermont.oh.us) or visit the Health District website at www.clermonthhealthdistrict.org.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Net Assets
December 31, 2010

	Governmental Activities
ASSETS:	
Equity in Pooled Cash and Cash Equivalents	\$ 903,894
Intergovernmental Receivable	1,014,550
Capital Assets:	
Furniture, Fixtures, and Equipment	715,795
Accumulated Depreciation:	
Furniture, Fixtures, and Equipment	(446,358)
<i>Total Assets</i>	<i>2,187,881</i>
LIABILITIES:	
Accounts Payable	14,039
Accrued Wages and Benefits	41,707
Intergovernmental Payable	6,438
Long-Term Liabilities:	
Due Within One Year	95,563
Due in More Than One Year	93,586
<i>Total Liabilities</i>	<i>251,333</i>
NET ASSETS:	
Invested in Capital Assets	269,437
Restricted for Other Purposes	1,297,422
Unrestricted	369,689
<i>Total Net Assets</i>	<i>\$ 1,936,548</i>

See accompanying notes to the basic financial statements.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Activities
For the Year Ended December 31, 2010

	Program Revenues		Net(Expense) Revenue and Changes in Net Assets	
	Expenses	Charges for Services and Sales	Operating Grants and Contributions	
			Governmental Activities	
Governmental Activities:				
Health:				
Environmental Health	\$ 1,315,430	\$ 1,350,922	\$ 38,227	\$ 73,719
Community Health Services	824,527	122,081	799,760	97,314
Health Planning and Promotion	508,247	0	575,222	66,975
Administration	734,675	32,913	1,023,627	321,865
<i>Total Governmental Activities</i>	<u>\$ 3,382,879</u>	<u>\$ 1,505,916</u>	<u>\$ 2,436,836</u>	<u>559,873</u>
				<u>1,376,675</u>
				<u>\$ 1,936,548</u>

See accompanying notes to the basic financial statements.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
 CLERMONT COUNTY
Balance Sheet
 Governmental Funds
 December 31, 2010

	<u>General Fund</u>	<u>Bioterrorism Grant</u>	<u>WIC Administration</u>	<u>Sewage Program</u>
ASSETS:				
Equity in Pooled Cash and Cash Equivalents	\$ 368,268	\$ 48,928	\$ 56,178	\$ 62,886
Interfund Receivable	115,891	0	0	0
Intergovernmental Receivable	<u>0</u>	<u>519,393</u>	<u>448,756</u>	<u>0</u>
<i>Total Assets</i>	<u>484,159</u>	<u>568,321</u>	<u>504,934</u>	<u>62,886</u>
LIABILITIES:				
Accounts Payable	2,934	0	2,912	548
Accrued Wages and Benefits	16,234	2,800	7,717	5,896
Intergovernmental Payable	2,507	432	1,192	910
Interfund Payable	0	30,000	30,000	0
Deferred Revenue	<u>0</u>	<u>519,393</u>	<u>402,467</u>	<u>0</u>
<i>Total Liabilities</i>	<u>21,675</u>	<u>552,625</u>	<u>444,288</u>	<u>7,354</u>
FUND BALANCES:				
Reserved:				
Reserved for Encumbrances	0	0	65	0
Reserved for Advances	99,593	0	0	0
Unreserved, Undesignated, Reported in:				
General Fund	362,891	0	0	0
Special Revenue Funds	<u>0</u>	<u>15,696</u>	<u>60,581</u>	<u>55,532</u>
<i>Total Fund Balances</i>	<u>462,484</u>	<u>15,696</u>	<u>60,646</u>	<u>55,532</u>
<i>Total Liabilities and Fund Balances</i>	<u>\$ 484,159</u>	<u>\$ 568,321</u>	<u>\$ 504,934</u>	<u>\$ 62,886</u>

See accompanying notes to the basic financial statements.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**
*Reconciliation of Total Governmental Fund Balances to
Net Assets of Governmental Activities
December 31, 2010*

All Other Governmental Funds	Total Governmental Funds		
		Total Governmental Fund Balances	\$ 900,704
		<i>Amounts reported for governmental activities in the statement of net assets are different because</i>	
\$ 367,634	\$ 903,894		
0	115,891		
46,401	1,014,550	Capital assets used in governmental activities are not financial resources and therefore are not reported in the funds.	269,437
414,035	2,034,335		
		Other long-term assets are not available to pay for current- period expenditures and therefore are deferred in the funds:	
7,645	14,039	Intergovernmental Revenues	955,556
9,060	41,707		
1,397	6,438	Long-term liabilities, including bonds payable and accrued interest payable, are not due and payable in the current period and therefore are not reported in the funds.	
55,891	115,891		
33,696	955,556	Compensated Absences	(189,149)
107,689	1,133,631	<i>Net Assets of Governmental Activities</i>	<u>\$ 1,936,548</u>
1,108	1,173		
0	99,593		
0	362,891		
305,238	437,047		
306,346	900,704		
\$ 414,035	\$ 2,034,335		

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Revenues, Expenditures and Changes in Fund Balances
Governmental Funds
For the Year Ended December 31, 2010

	<u>General Fund</u>	<u>Bioterrorism Grant</u>	<u>WIC Administration</u>	<u>Sewage Program</u>
REVENUES:				
Other Local Taxes	\$ 319	\$ 0	\$ 0	\$ 0
Charges for Services	142,531	0	0	11
Licenses and Permits	339,172	0	0	438,562
Intergovernmental	848,757	525,183	519,497	0
Other	1,269	0	0	50
<i>Total Revenues</i>	<u>1,332,048</u>	<u>525,183</u>	<u>519,497</u>	<u>438,623</u>
EXPENDITURES:				
Current:				
Health:				
Environmental Health	399,085	0	0	416,451
Community Health Services	0	0	513,292	0
Health Planning and Promotion	0	486,426	0	0
Administration	845,028	0	0	0
<i>Total Expenditures</i>	<u>1,244,113</u>	<u>486,426</u>	<u>513,292</u>	<u>416,451</u>
Excess of Revenues Over Expenditures	87,935	38,757	6,205	22,172
OTHER FINANCING SOURCES AND USES:				
Transfers In	35,390	0	0	0
Proceeds from Sale of Assets	209	0	0	0
<i>Total Other Financing Sources and Uses</i>	<u>35,599</u>	<u>0</u>	<u>0</u>	<u>0</u>
<i>Net Change in Fund Balance</i>	123,534	38,757	6,205	22,172
<i>Fund Balance at Beginning of Year</i>	<u>338,950</u>	<u>(23,061)</u>	<u>54,441</u>	<u>33,360</u>
<i>Fund Balance at End of Year</i>	<u>\$ 462,484</u>	<u>\$ 15,696</u>	<u>\$ 60,646</u>	<u>\$ 55,532</u>

See accompanying notes to the basic financial statements.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**
*Reconciliation of the Statement of Revenues, Expenditures and Changes
in Fund Balances of Governmental Funds to the Statement of Activities
For the Year Ended December 31, 2010*

All Other Governmental Funds	Total Governmental Funds		
		Net Change in Fund Balances - Total Governmental Funds	\$ 239,879
		<i>Amounts reported for governmental activities in the statement of activities are different because</i>	
<p>\$ 0</p> <p>52,723</p> <p>469,353</p> <p>210,130</p> <p>62,036</p> <hr/> <p>794,242</p>	<p>\$ 319</p> <p>195,265</p> <p>1,247,087</p> <p>2,103,567</p> <p>63,355</p> <hr/> <p>3,609,593</p>	Governmental funds report capital outlays as expenditures. However in the statement of activities, the cost of those assets is allocated over their estimated useful lives as depreciation expense. This is the amount by which capital outlays exceeded depreciation in the current period.	
		Capital Outlay	259,190
		Depreciation expense	(64,373)
		Certain licenses and other revenues that do not provide current financial resources are not reported as revenues in the fund.	
<p>402,872</p> <p>296,973</p> <p>45,186</p> <p>0</p> <hr/> <p>745,031</p>	<p>1,218,408</p> <p>810,265</p> <p>531,612</p> <p>845,028</p> <hr/> <p>3,405,313</p>	Intergovernmental revenue	120,172
		Some expenses reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds.	
<p>49,211</p>	<p>204,280</p>	Compensated Absences Payable	40,395
		The internal service funds are used by management to charge the costs of insurance to individual funds. The net revenue (expense) of the internal service funds are reported with governmental activities.	(35,390)
<p>0</p> <p>0</p> <hr/> <p>0</p>	<p>35,390</p> <p>209</p> <hr/> <p>35,599</p>		
<p>49,211</p>	<p>239,879</p>		
<p>257,135</p>	<p>660,825</p>		
<p>\$ 306,346</p>	<p>\$ 900,704</p>	<i>Change in Net Assets of Governmental Activities</i>	<u>\$ 559,873</u>

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Revenues
Expenditures and Changes in
Fund Balance - Budget and Actual
(Non-GAAP Budgetary Basis)
For the Year Ended December 31, 2010

General Fund

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Charges for services	\$ 102,000	\$ 102,000	\$ 142,531	\$ 40,531
Taxes	0	0	319	319
Licenses and permits	300,000	300,000	339,172	39,172
Intergovernmental	864,679	896,323	848,757	(47,566)
Other revenues	5,500	5,500	1,269	(4,231)
Total revenues	<u>1,272,179</u>	<u>1,303,823</u>	<u>1,332,048</u>	<u>28,225</u>
Expenditures:				
Current:				
Environmental health	451,500	451,500	406,250	45,250
Administration	851,323	851,595	838,977	12,618
Total expenditures	<u>1,302,823</u>	<u>1,303,095</u>	<u>1,245,227</u>	<u>57,868</u>
Excess (Deficiency) of revenues over (under) expenditures	<u>(30,644)</u>	<u>728</u>	<u>86,821</u>	<u>86,093</u>
Other financing sources (uses):				
Transfers in	0	0	35,390	35,390
Advances in	0	0	100,000	100,000
Proceeds from the sale of assets	0	0	209	209
Transfers (out)	(1,000)	(1,000)	0	1,000
Total other financing sources (uses)	<u>(1,000)</u>	<u>(1,000)</u>	<u>135,599</u>	<u>136,599</u>
Net Change in Fund Balance	(31,644)	(272)	222,420	222,692
Fund balance at beginning of year	<u>145,848</u>	<u>145,848</u>	<u>145,848</u>	<u>0</u>
Fund balance at end of year	<u>\$ 114,204</u>	<u>\$ 145,576</u>	<u>\$ 368,268</u>	<u>\$ 222,692</u>

See accompanying notes to the basic financial statements

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Revenues
Expenditures and Changes in
Fund Balance - Budget and Actual
(Non-GAAP Budgetary Basis)
For the Year Ended December 31, 2010

Bioterrorism Grant Special Revenue Fund

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final budget Positive (Negative)</u>
Revenues:				
Intergovernmental	\$ 242,000	\$ 618,210	\$ 525,183	\$ (93,027)
Total revenues	<u>242,000</u>	<u>618,210</u>	<u>525,183</u>	<u>(93,027)</u>
Expenditures:				
Current:				
Health planning and promotion	<u>242,000</u>	<u>454,870</u>	<u>506,526</u>	<u>(51,656)</u>
Total expenditures	<u>242,000</u>	<u>454,870</u>	<u>506,526</u>	<u>(51,656)</u>
Excess (deficiency) of revenues over (under) expenditures	<u>0</u>	<u>163,340</u>	<u>18,657</u>	<u>(144,683)</u>
Other financing sources (uses):				
Advances (out)	<u>0</u>	<u>(163,526)</u>	<u>(100,000)</u>	<u>63,526</u>
Total other financing sources (uses)	<u>0</u>	<u>(163,526)</u>	<u>(100,000)</u>	<u>63,526</u>
Net Change in Fund Balance	0	(186)	(81,343)	(81,157)
Fund balance at beginning of year	<u>130,271</u>	<u>130,271</u>	<u>130,271</u>	<u>0</u>
Fund balance at end of year	<u>\$ 130,271</u>	<u>\$ 130,085</u>	<u>\$ 48,928</u>	<u>\$ (81,157)</u>

See accompanying notes to the basic financial statements

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Revenues
Expenditures and Changes in
Fund Balance - Budget and Actual
(Non-GAAP Budgetary Basis)
For the Year Ended December 31, 2010

WIC Administration Special Revenue Fund

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Intergovernmental	\$ 498,056	\$ 511,055	\$ 514,712	\$ 3,657
Total revenues	<u>498,056</u>	<u>511,055</u>	<u>514,712</u>	<u>3,657</u>
Expenditures:				
Current:				
Community health services	498,056	511,055	511,009	46
Total expenditures	<u>498,056</u>	<u>511,055</u>	<u>511,009</u>	<u>46</u>
Net Change in Fund Balance	0	0	3,703	3,703
Fund balance at beginning of year	<u>50,011</u>	<u>50,011</u>	<u>50,011</u>	<u>0</u>
Fund balance at end of year	<u>\$ 50,011</u>	<u>\$ 50,011</u>	<u>\$ 53,714</u>	<u>\$ 3,703</u>

See accompanying notes to the basic financial statements

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Revenues
Expenditures and Changes in
Fund Balance - Budget and Actual
(Non-GAAP Budgetary Basis)
For the Year Ended December 31, 2010

Sewage Program Special Revenue Fund

	Original Budget	Final Budget	Actual	Variance with Final budget Positive (Negative)
Revenues:				
Licenses and permits	\$ 467,000	\$ 467,000	\$ 438,562	\$ (28,438)
Charges for Services	0	0	11	11
Other	0	0	50	50
Total revenues	<u>467,000</u>	<u>467,000</u>	<u>438,623</u>	<u>(28,377)</u>
Expenditures:				
Current:				
Environmental Health	465,000	466,317	417,249	49,068
Total expenditures	<u>465,000</u>	<u>466,317</u>	<u>417,249</u>	<u>49,068</u>
Excess (deficiency) of revenues over (under) expenditures	<u>2,000</u>	<u>683</u>	<u>21,374</u>	<u>20,691</u>
Other financing sources (uses):				
Transfers out	(2,000)	(2,000)	0	(2,000)
Total other financing sources (uses)	<u>(2,000)</u>	<u>(2,000)</u>	<u>0</u>	<u>(2,000)</u>
Net Change in Fund Balance	0	(1,317)	21,374	18,691
Fund balance at beginning of year	<u>41,512</u>	<u>41,512</u>	<u>41,512</u>	<u>0</u>
Fund balance at end of year	<u>\$ 41,512</u>	<u>\$ 40,195</u>	<u>\$ 62,886</u>	<u>\$ 22,691</u>

See accompanying notes to the basic financial statements

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Revenues, Expenses and Changes in Fund Net Assets
Internal Service Fund
For the Year Ended December 31, 2010

Transfers Out	<u>\$ (35,390)</u>
Change in Net Assets	(35,390)
Net Assets at Beginning of Year	<u>35,390</u>
Net Assets at End of Year	<u><u>\$ 0</u></u>

See accompanying notes to the basic financial statements.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Statement of Cash Flows
Internal Service Funds
For the Year Ended December 31, 2010

	Internal Service Fund
Cash Flows From Non-Capital Financing Activities:	
Transfers Out	\$ (35,390)
<i>Net Cash Used for Noncapital Financing Activities</i>	<i>(35,390)</i>
<i>Net Decrease in Cash and Cash Equivalents</i>	<i>(35,390)</i>
 <i>Cash and Cash Equivalents-January 1</i>	 35,390
<i>Cash and Cash Equivalents December 31</i>	<i>\$ 0</i>

See accompanying notes to the basic financial statements

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CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 1 – Reporting Entity

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

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

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

Note 2 - Summary of Significant Accounting Policies

The financial statements of the Health District have been prepared in conformity with the generally accepted accounting principles (GAAP) as applied to government units. Generally accepted accounting principles include all relevant Governmental Accounting Standards Board (GASB) pronouncements. In the government-wide financial statements, Financial Accounting Standards Board (FASB) pronouncements and Accounting Principles Board (APB) opinions issued on or before November 30, 1989, have been applied, unless those pronouncements conflict with or contradict GASB pronouncements, in which case GASB prevails. Following are the more significant of the Health District's accounting policies.

A. Basis of Presentation

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

Government-Wide Financial Statements

The statement of net assets and the statement of activities display information about the Health District as a whole. These statements include the financial activities of the primary government. Governmental activities generally are financed through payments from townships and villages, intergovernmental receipts or other nonexchange transactions. The activity of the internal service fund is eliminated to avoid "doubling up" revenues and expenses; although there was no activity during the fiscal year as the fund was closed during the year.

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

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

Fund Financial Statements

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

B. Fund Accounting

The Health District uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The funds of the Health District are presented in two categories; governmental and proprietary.

Governmental Funds

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

General Fund - The General Fund accounts for all financial resources, except those required to be accounted for in another fund. The General Fund balance is available to the Health District for any purpose provided it is expended or transferred according to the general laws of Ohio.

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

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

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

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

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

Proprietary Funds

Proprietary fund reporting focuses on the determination of operating income, changes in net assets, financial position and cash flows. Proprietary funds for the Health District are classified as internal service.

Internal Service Fund - The Internal Service Funds accounts for the financing of services provided by one fund to another fund within the Health District on a cost-reimbursement basis. The Health District's internal service fund reports on insurance programs for employee medical benefits. This fund was closed during 2010.

C. Measurement Focus

Government-wide Financial Statements

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

Fund Financial Statements

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

Like the government-wide statements, all proprietary fund types are accounted for on a flow of economic resources measurement focus. The statement of revenues, expenses and changes in fund net assets presents increases (i.e., revenues) and decreases (i.e., expenses) in net total assets. The statement of cash flows provides information about how the Health District finances and meets the cash flow needs of its proprietary activities.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

D. Basis of Accounting

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

Revenues-Exchange and Non-Exchange Transactions

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

Non-exchange transactions, in which the Health District receives value without directly giving equal value in return include monies from villages, townships, and the City of Milford, grants, entitlements and donations. Revenue from township and village monies, grants, entitlements and donations is recognized in the fiscal year in which all eligibility requirements have been satisfied. Eligibility requirements include timing requirements, which specify the year when the resources are required to be used or the year when use is first permitted, matching requirements, in which the District must provide local resources to be used for a specified purpose, and expenditure requirements, in which the resources are provided to the District on a reimbursement basis.

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

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

Deferred Revenue

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

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

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

Expenses/Expenditures

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

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

Operating Revenues and Expenses

Operating revenues are those revenues that are generated directly from the primary activity of the proprietary funds. For the Health District, these revenues are charges for services for self-insurance programs. Operating expenses are necessary costs incurred to provide the good or service that are the primary activity of the fund. Revenues and expenses which do not meet these criteria are considered non-operating and reported as such.

E. Budgetary Process

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

The certificate of estimated resources may be amended during the year if projected increases or decreases in receipts are identified by the Health District. The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources when the original appropriations were adopted. The amounts reported as the final budgeted amounts on the budgetary statements reflect the amounts on the amended certificate of estimated resources in effect at the time final appropriations were passed by the County Board of Health.

The appropriations resolution is subject to amendment throughout the year with the restriction that appropriations cannot exceed estimated resources. The amounts reported as the original budgeted amounts reflect the first appropriation resolution for that fund that covered the entire year, including amounts automatically carried forward from prior years. The amounts reported as the final budgeted amounts represent the final appropriation amounts passed by the County Board of Health during the year.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

F. Cash and Investments

The County Treasurer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the Clermont County Auditor, Linda L. Fraley, 101 E Main St. 2nd Floor, Batavia, Ohio 45103, www.clermontauditor.org, (513) 732-7150.

G. Capital Assets

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

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

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

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

H. Interfund Transactions

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

I. Compensated Absences

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

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

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

J. Accrued Liabilities and Long-Term Obligations

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

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

K. Net Assets

Net Assets represent the difference between assets and liabilities. Net assets invested in capital assets consists of capital assets net of accumulated depreciation. Net assets are reported as restricted when there are limitations imposed on their use either through enabling legislation adopted by the Board of Health or through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available. Net assets restricted for other purposes are restricted by grantors and regulations of other governments.

L. Fund Balance Reserves

The Health District reserves any portion of fund balances which is not available for appropriation or which is legally segregated for a specific future use. Unreserved fund balance indicates that portion of fund balance which is available for appropriation in future periods. Fund balance reserves have been established for encumbrances and for prior year interfund receivables.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 2 - Summary of Significant Accounting Policies (continued)

M. Interfund Transactions

Exchange transactions between funds are reported as revenues in the seller funds and as expenditures/expenses in the purchaser funds. Flows of cash or goods from one fund to another without a requirement for repayment are reported as interfund transfers. Interfund transfers are reported as other financing sources/uses in governmental funds. Repayments from funds responsible for particular expenditures/expenses to the funds that initially paid for them are not presented on the financial statements.

N. Estimates

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

Note 3 – Budgetary Basis of Accounting

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

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

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

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 3 – Budgetary Basis of Accounting (continued)

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

	General	Bioterrorism Grant	WIC Administration	Sewage Program
GAAP Basis	\$123,534	\$38,757	\$6,205	\$22,172
Adjustments:				
Revenue Accruals	0	0	(4,785)	0
Expenditure Accruals	(839)	(20,100)	4,747	(798)
Advances	100,000	(100,000)	0	0
Encumbrances	(275)	0	(2,464)	0
Budget Basis	<u>\$222,420</u>	<u>(\$81,343)</u>	<u>\$3,703</u>	<u>\$21,374</u>

Note 4 – Receivables

Receivables at December 31, 2010 consisted interfund and intergovernmental receivables arising from grants. A summary of the items of intergovernmental receivables follows:

<u>Governmental Activities</u>	<u>Amount</u>
Bioterrorism Grant	\$519,393
WIC Administration	448,756
Immunization Action Plan Grant	12,630
PHHS Block Grant	18,844
Safe Communities Grant	14,927
Totals	<u>\$1,014,550</u>

Note 5 - Capital Assets

Capital asset activity for the year ended December 31, 2010, was as follows:

	Balance 12/31/09	Increases	Decreases	Balance 12/31/10
Capital Assets, being depreciated:				
Machinery, Equipment and Vehicles	\$456,605	\$259,190	\$0	\$715,795
Accumulated Depreciation:				
Machinery, Equipment and Vehicles	(381,985)	(64,373)	0	(446,358)
Governmental Activities Capital Assets	<u>\$74,620</u>	<u>\$194,817</u>	<u>\$0</u>	<u>\$269,437</u>

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 5 - Capital Assets (continued)

Depreciation expense was charged to governmental functions as follows:

Environmental Health	\$16,873
Community Health Services	9,594
Administration	37,906
Total Depreciation Expense - Governmental Activities	\$64,373

Note 6 – Interfund Receivables/Payables

Individual fund interfund assets/liabilities balances as of December 31, 2010, related to the primary government were as follows:

<u>Governmental Activities</u>	<u>Asset Interfund Receivable</u>	<u>Liability Interfund Payable</u>
General	\$115,891	\$0
Bioterrorism Grant	0	30,000
WIC Administration	0	30,000
Non-Major Governmental Funds	0	55,891
Total All Funds	\$115,891	\$115,891

Note 7 – Amendments to Original Appropriations Budget

Amendments beyond the object level must be approved by the Board of Health. In 2010, the original appropriation measure was increased and decreased by the Board with the net effect as follows: General Fund \$272 and Special Revenue Funds \$404,927.

Note 8 - Risk Management

The Health District is exposed to various risks of property and casualty losses, and injuries to employees.

The Health District insures against injuries to employees through the Ohio Bureau of Worker's Compensation.

The Health District belongs to the Public Entities Pool of Ohio (PEP), a risk-sharing pool available to Ohio local Health Districts. PEP provides property and casualty coverage for its members. American Risk Pooling Consultants, Inc. (ARPCO), a division of York Insurance Services Group, Inc. (York), functions as the administrator of PEP and provides underwriting, claims, loss control, risk management, and reinsurance services for PEP. PEP is a member of the American Public Entity Excess Pool (APEEP), which is also administered by ARPCO. Member governments pay annual contributions to fund PEP. PEP pays judgments, settlements and other expenses resulting from covered claims that exceed the members' deductibles.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 8 - Risk Management (continued)

Casualty and Property Coverage

APEEP provides PEP with an excess risk-sharing program. Under this arrangement, PEP retains insured risks up to an amount specified in the contracts. At December 31, 2009, PEP retained \$350,000 for casualty claims and \$150,000 for property claims.

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

Financial Position

PEP's financial statements (audited by other accountants) conform with generally accepted accounting principles, and reported the following assets, liabilities and retained earnings at December 31, 2009 and 2008 (the latest information available):

	<u>2009</u>	<u>2008</u>
Assets	\$36,374,898	\$35,769,535
Liabilities	<u>(15,256,862)</u>	<u>(15,310,206)</u>
Net Assets	<u>\$21,118,036</u>	<u>\$20,459,329</u>

At December 31, 2009 and 2008, respectively, the liabilities above include approximately \$14.1 million and \$13.7 million of estimated incurred claims payable. The assets above also include approximately \$13.7 million and \$12.9 million of unpaid claims to be billed to approximately 447 member Health Districts in the future, as of December 31, 2009 and 2008, respectively. These amounts will be included in future contributions from members when the related claims are due for payment. As of December 31, 2009, the Health District's share of these unpaid claims collectible in future years is approximately \$26,010.

Contributions to PEP

2008		\$23,077
2009		\$23,641
2010		\$27,670

After completing one year of membership, members may withdraw on each anniversary of the date they joined PEP. They must provide written notice to PEP 60 days in advance of the anniversary date. Upon withdrawal, members are eligible for a full or partial refund of their capital contributions, minus the subsequent year's contribution. Withdrawing members have no other future obligation to the pool. Also upon withdrawal, payments for all casualty claims and claim expenses become the sole responsibility of the withdrawing member, regardless of whether a claim was incurred or reported prior to the withdrawal.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 9 - Defined Benefit Pension Plans

Ohio Public Employees Retirement System

All full-time employees, other than teachers, participate in the Ohio Public Employees Retirement System (OPERS) which is a public employee retirement system created by the State of Ohio. OPERS administers three separate pension plans as described below:

- The Traditional Pension Plan - a cost sharing multiple-employer defined benefit pension plan;
- The Member-Directed Plan - a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20 percent per year). Under the Member-Directed Plan members accumulate retirement assets equal to the value of member and vested employer contributions plus any investment earnings.
- The Combined Plan - a cost-sharing multiple-employer defined benefit pension plan. Under the Combined Plan, OPERS invests employer contributions to provide a formula retirement benefit similar in nature to the Traditional Pension Plan benefit. Member contributions, the investment of which is self-directed by the members, accumulate retirement assets in a manner similar to the Member-Directed Plan.

OPERS, provides retirement, disability, survivor and death benefits and annual cost of living adjustments to members of the Traditional Pension and Combined Plans. Members of the Member-Directed plan do not qualify for ancillary benefits. The authority to establish and amend benefits is provided in Chapter 145 of the Ohio Revised Code. OPERS, issues a stand-alone financial report. Interested parties may obtain a copy by writing to OPERS, Attention: Finance Director, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling 614-222-5601 or 800-222-7377.

The Ohio Revised Code provides statutory authority for employee and employer contributions. For 2010, member and employer contribution rates were consistent across all three plans. The employee contribution rate for 2010 was 10.0% for employees. The 2010 employer contribution rate was 14.0% of covered payroll. The District's contributions to PERS for the years ended December 31, 2010, 2009, and 2008 were \$298,410; \$319,863; and \$307,203, respectively, 100% has been contributed for the years 2010, 2009 and 2008.

Note 10 - Post-Employment Benefits Other Than Pension Benefits

OPERS maintains a cost-sharing multiple employer defined benefit post-employment healthcare plan, which includes a medical plan, prescription drug program and Medicare Part B premium reimbursement, to qualifying members of both the Tradition Pension and the Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits, including post-employment health care coverage.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 10 - Post-Employment Benefits Other Than Pension Benefits (continued)

In order to qualify for post-retirement health care coverage, age and service retirees under the Tradition Pension and Combined Plans must have 10 or more years of qualifying Ohio service credit. Health care coverage for disability recipients and qualified survivor benefit recipients is available. The health care coverage provided by the retirement system meets the definition of an Other Post-employment Benefit (OPEB) as described in GASB Statement 45.

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

A portion of each employer's contribution to OPERS is set aside for the funding of post-retirement health care based on authority granted by state statute. The 2010 employer contribution rate was 14.0% of covered payroll for employees. The Ohio Revised Code currently limits the employer contribution to a rate not to exceed 14.0% of covered payroll for employees. Active members do not make contributions to the OPEB plan.

OPERS' Post Employment Health Care plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). Each year, the OPERS Retirement Board determines the portion of the employer contribution rate that will be set aside for funding of post employment health care benefits. The portion of employer contributions allocated to health care was 5.50% from January 1 through February 28, 2010 and 5% from March 1 to December 31, 2010. The District's actual contributions for 2010 which was used to fund OPEB were \$106,575 for employees. The OPERS Retirement Board is also authorized to establish rules for the payment of a portion of the health care benefits provided, by the retiree or their surviving beneficiaries. Payment amounts vary depending on the number of covered dependents and the coverage selected.

The Health Care Preservation Plan (HCPP) adopted by the OPERS Retirement Board on September 9, 2004, was effective January 1, 2007. Member and employer contribution rates increased as of January 1, 2006, January 1, 2007, and January 1, 2008. Member and employer contribution rates for law enforcement and public safety increased over a six year period beginning on January 1, 2006 with a final rate increase on January 1, 2011. These rate increases allow additional funds to be allocated to the health care plan.

CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY
Notes to the Financial Statements
For the Year Ended December 31, 2010

Note 11 – Other Employee Benefits

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

Note 12 – Long-Term Obligations

Long-term obligations of the Health District at December 31, 2010 were as follows:

	<u>Balance</u> <u>12/31/2009</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>12/31/2010</u>	<u>Amounts Due</u> <u>in One Year</u>
Compensated Absences	<u>\$ 229,544</u>	<u>\$ 43,803</u>	<u>\$ 84,198</u>	<u>\$ 189,149</u>	<u>\$ 95,563</u>

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

Note 13 – Contingent Liabilities

Amounts grantor agencies pay to the Health District are subject to audit and adjustment by the grantor, principally the federal government. Grantors may require refunding any disallowed costs. Management cannot presently determine amounts grantors may disallow. However, based on prior experience, management believes any refunds would be immaterial.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

**Schedule of Federal Awards Receipts and Disbursements
For the Year Ended December 31, 2010**

Federal Grantor/ Pass Through Grantor Program Title	Pass Through Entity Number	Federal CFDA Number	Receipts	Disbursements
<u>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</u>				
<i>Passed Through Ohio Department of Health</i>				
Preventive Health and Health Services Block Grant - Injury Prevention	01310014IP0209	93.991	4,307	-
Preventive Health and Health Services Block Grant - Injury Prevention	01310014IP0310	93.991	55,155	58,447
Total Preventive Health and Health Services Block Grant - Injury Prevention			59,462	58,447
Immunization Grants	01310012IM0209	93.268	4,396	-
Immunization Grants	01310012IM0210	93.268	53,750	61,517
Total Immunization Grants			58,146	61,517
Public Health Emergency Preparedness Grant	01310012PH0110	93.069	450,897	451,724
Public Health Emergency Preparedness Grant	01310012PH0211	93.069	74,286	54,803
Total Public Health Emergency Preparedness Grant			525,183	506,527
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			642,791	626,491
<u>U.S. DEPARTMENT OF TRANSPORTATION</u>				
<i>Passed Through Ohio Department of Public Safety</i>				
State and Community Highway Safety Grant	SC-2010-13-00-00-00370-00	20.600	30,346	34,975
State and Community Highway Safety Grant	SC-2011-13-00-00-00529-00	20.600	-	10,298
TOTAL DEPARTMENT OF TRANSPORTATION			30,346	45,273
<u>U.S. DEPARTMENT OF AGRICULTURE</u>				
<i>Passed Through Ohio Department of Health</i>				
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)	01310011WA0310	10.557	373,544	393,649
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)	01310011WA0411	10.557	141,168	114,897
TOTAL DEPARTMENT OF AGRICULTURE			514,712	508,546
TOTAL			\$ 1,187,849	\$ 1,180,310

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

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

**Notes to the Schedule of Federal Awards Expenditures
For the Year Ended December 31, 2010**

Note A – Significant Accounting Policies

The accompanying Schedule of Federal Awards Expenditures (the Schedule) summarizes activity of the District's federal awards programs. This schedule has been prepared on the cash basis of accounting.

Note B – Matching Requirements

Certain Federal programs require that the District contribute non-Federal funds (matching funds) to support the Federally-funded programs. The District has complied with the matching requirements. The expenditure of non-Federal matching funds is not included on the Schedule.

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

June 24, 2011

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

To the Members of the Board:

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the **Clermont County General Health District**, Clermont County, Ohio (the District) as of and for the year ended December 31, 2010, which collectively comprise the District's basic financial statements and have issued our report thereon dated June 24, 2011. 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 the Comptroller General of the United States' *Government Auditing Standards*.

Internal Control over Financial Reporting

In planning and performing our audit, we considered the District's internal control over financial reporting as a basis for designing our audit procedures for the purpose of expressing our opinions on the financial statements, but not for the purpose of opining on the effectiveness of the District's internal control over financial reporting. Accordingly, we have not opined on the effectiveness of the District's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in performing their assigned functions, to prevent or detect and timely correct misstatements. A *material weakness* is a deficiency, or a combination of internal control deficiencies resulting in a more than reasonable possibility that a material misstatement of the District's financial statements will not be prevented, or detected and timely corrected.

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

Compliance and Other Matters

As part of reasonably assuring whether the District's basic financial statements are free of material misstatement, we tested its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could directly and materially affect the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and accordingly, we do not express an opinion. The results of our tests disclosed no instances of noncompliance or other matters we must report under *Government Auditing Standards*.

We intend this report solely for the information and use of the audit committee, management, the Board, federal awarding agencies, and pass-through entities, and others within the District. We intend it for no one other than these specified parties.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Perry & Associates CPAs A.C.".

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Certified Public Accountants, A.C.

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

June 24, 2011

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

To the Members of the Board:

Compliance

We have audited the compliance of the **Clermont County General Health District**, Clermont County, Ohio (the District) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133, Compliance Supplement* that could directly and materially affect Clermont County General Health District's major federal program for the year ended December 31, 2010. The summary of auditor's results section of the accompanying schedule of findings identifies the District's major federal program. The District's management is responsible for complying with the requirements of laws, regulations, contracts, and grants applicable to each major federal program. Our responsibility is to express an opinion on the District's 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 included in the Comptroller General of the United States' *Government Auditing Standards*; 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 reasonably assure whether noncompliance occurred with the compliance requirements referred to above that could directly and materially affect a major federal program. An audit includes examining, on a test basis, evidence about the District's compliance with those requirements and performing other procedures 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 of the District's compliance with those requirements.

In our opinion, the District complied, in all material respects, with the requirements referred to above that could directly and materially affect its major federal program for the year ended December 31, 2010.

Internal Control over Compliance

The District's management 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 District's internal control over compliance with requirements that could directly and materially affect a major federal program, to determine our auditing procedures for the purpose of opining on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of opining on the effectiveness of internal control over compliance. Accordingly, we have not opined on the effectiveness of the District's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, when performing their assigned functions, to prevent, or timely detect and correct, noncompliance with a federal program compliance requirement. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a federal program compliance requirement will not be prevented, or timely detected and corrected.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control over compliance that might be deficiencies, 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.

We intend this report solely for the information and use of the audit committee, management, the Board, federal awarding agencies, and pass-through entities. It is not intended for anyone other than these specified parties.

Respectfully Submitted,



Perry and Associates
Certified Public Accountants, A.C.

**CLERMONT COUNTY GENERAL HEALTH DISTRICT
CLERMONT COUNTY**

Schedule of Findings
OMB Circular A -133 § .505
December 31, 2010

1. SUMMARY OF AUDITOR'S RESULTS

<i>(d)(1)(i)</i>	Type of Financial Statement Opinion	Unqualified
<i>(d)(1)(ii)</i>	Were there any material control weaknesses reported at the financial statement level (GAGAS)?	No
<i>(d)(1)(ii)</i>	Were there any other significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No
<i>(d)(1)(iii)</i>	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No
<i>(d)(1)(iv)</i>	Were there any material internal control weaknesses reported for major federal programs?	No
<i>(d)(1)(iv)</i>	Were there any other significant deficiencies in internal control reported for major federal programs?	No
<i>(d)(1)(v)</i>	Type of Major Programs' Compliance Opinion	Unqualified
<i>(d)(1)(vi)</i>	Are there any reportable findings under § .510?	No
<i>(d)(1)(vii)</i>	Major Programs (list):	Public Health Emergency Preparedness Grant, CFDA #93.069
<i>(d)(1)(viii)</i>	Dollar Threshold: Type A/B Programs	Type A: > \$ 300,000 Type B: all others
<i>(d)(1)(ix)</i>	Low Risk Auditee?	Yes

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

None

3. FINDINGS FOR FEDERAL AWARDS

None

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Dave Yost • Auditor of State

CLERMONT GENERAL HEALTH DISTRICT

CLERMONT COUNTY

CLERK'S CERTIFICATION

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

Susan Babbitt

CLERK OF THE BUREAU

CERTIFIED
AUGUST 25, 2011