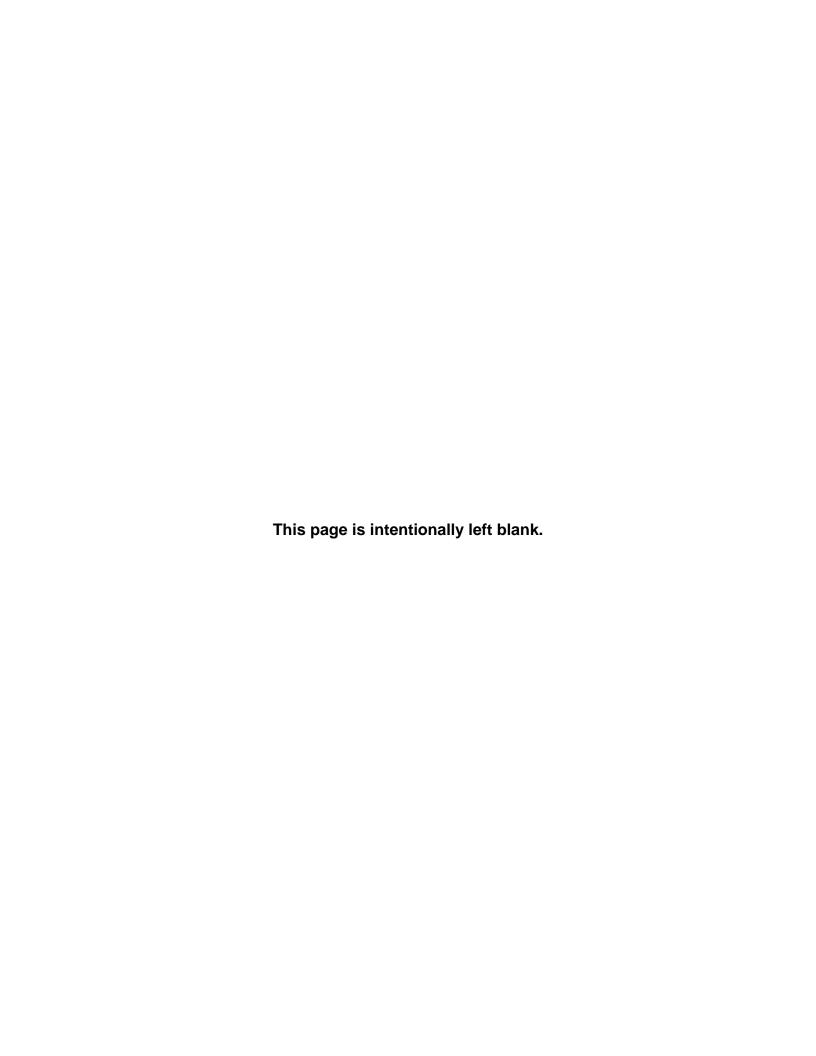




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INDEPENDENT AUDITOR'S REPORT

Fulton County Health Department Fulton County 606 South Shoop Avenue Wauseon, Ohio 43567-1712

To the Governing Board:

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Fulton County Health Department, Fulton County, Ohio (the Health Department), as of and for the year ended December 31, 2012, and the related notes to the financial statements, which collectively comprise the Health Department's financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for preparing and fairly presenting these financial statements in accordance with the cash accounting basis Note 2 describes. This responsibility includes determining that the cash accounting basis is acceptable for the circumstances. Management is also responsible for designing, implementing and maintaining internal control relevant to preparing and fairly presenting financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to opine on these financial statements based on our audit. We audited in accordance with auditing standards generally accepted in the United States of America and the financial audit standards in the Comptroller General of the United States' *Government Auditing Standards*. Those standards require us to plan and perform the audit to reasonably assure the financial statements are free from material misstatement.

An audit requires obtaining evidence about financial statement amounts and disclosures. The procedures selected depend on our judgment, including assessing the risks of material financial statement misstatement, whether due to fraud or error. In assessing those risks, we consider internal control relevant to the Health Department's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not to the extent needed to opine on the effectiveness of the Health Department's internal control. Accordingly, we express no opinion. An audit also includes evaluating the appropriateness of management's accounting policies and the reasonableness of their significant accounting estimates, as well as our evaluation of the overall financial statement presentation.

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

Fulton County Health Department Fulton County Independent Auditor's Report Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash financial position of the governmental activities, each major fund, and the aggregate remaining fund information of Fulton County Health Department, Fulton County as of December 31, 2012, and the respective changes in cash financial position and the respective budgetary comparison for the General, Environmental, and Women Infants, and Children thereof for the year then ended in accordance with the accounting basis described in Note 1.

Accounting Basis

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

Other Matters

Supplemental and Other Information

We audited to opine on the Health Department's financial statements that collectively comprise its basic financial statements. *Management's Discussion and Analysis* includes tables of net assets, changes in net assets, and governmental activities. The Schedule of Federal Awards Expenditures (the Schedule) is required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations.* These tables and the Schedule provide additional analysis and are not a required part of the basic financial statements.

These tables and the Schedule are management's responsibility, and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. We subjected this information 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, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, these tables and the Schedule are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other than the aforementioned procedures applied to the tables, we applied no procedures to any other information in Management's Discussion and Analysis, and we express no opinion or any other assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 10, 2013, on our consideration of the Health Department's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. That report describes the scope of our internal control testing over financial reporting and compliance, and the results of that testing, and does not opine on internal control over financial reporting or on compliance.

Fulton County Health Department Fulton County Independent Auditor's Report Page 3

That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health Department's internal control over financial reporting and compliance.

Dave Yost

Auditor of State

Columbus, Ohio

July 10, 2013

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MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

The discussion and analysis of Fulton County Health Department's (the Health Department) financial performance provides an overall review of the Health Department's financial activities for the year ended December 31, 2012, within the limitations of the Health Department's cash basis of accounting. The intent of this discussion and analysis is to look at the Health Department'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 2012 are as follows:

- Net position decreased by \$143,305. Breast and Cervical Cancer (BCCP) grant was decreased by \$38,000. Immunization Action Program (IAP) had a decrease by \$8,600. Child and Family Health Services (CFHS) had a decrease of \$4,000. Since Fulton County Health Department is no longer licensing Manufacturing Home Parks there was a loss of \$5,000. In 2012 we did not receive funding for Susan B Komen Foundation, Medical Reserve Corp., and Assistant Secretary for Preparedness and Response (ASPR) in a total decrease of \$87,705.
- Program specific receipts in the form of charges for services and operating grants and contributions comprise the largest percentage of the Health Department's receipts, making up almost 66 percent of all the dollars coming into the Department. General receipts in the form of property taxes and unrestricted grants make up the other 34 percent.
- The Health Department had \$2,463,892 in disbursements during 2012. We had \$19,650 in expenses for the Tire Amnesty Grant (TAG) in 2012. The Reproductive Health and Wellness Fund had \$49,000 more expenses in 2012 over 2011. We had a retirement payout in 2012. We trained a new nursing clerk to be back up which added to salary and fringe expense. We also changed our IT contract and there was an increase in expense.

Using the Basic Financial Statements

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

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 Department as a financial whole, an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities and conditions on the cash basis of accounting.

The Statement of Net Position – Cash Basis and Statement of Activities – Cash Basis provide information about the activities of the whole Health Department, presenting both an aggregate view of the Health Department's finances and a longer-term view of those finances. Fund financial statements provide a greater level of detail. Funds are created and maintained on the financial records of the Health Department as a way to segregate money whose use is restricted to a particular specified purpose. These statements present financial information by fund, presenting funds with the largest balances or most activity in separate columns.

The notes to the financial statements are an integral part of the government-wide and fund financial statements and provide expanded explanation and detail regarding the information reported in the statements.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

Basis of Accounting

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

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

Reporting the Health Department as a Whole

The statement of net position and the statement of activities reflect how the Health Department did financially during 2012, within the limitations of the cash basis of accounting. The Statement of Net Position – Cash Basis presents the cash balances of the governmental activities of the Health Department at year end. The Statement of Activities – Cash Basis compares disbursements with program receipts for each governmental activity. Program receipts include charges paid by the recipient of the program's goods or services and grants and contributions restricted to meeting the operational or capital requirements of a particular program. General receipts are all receipts not classified as program receipts. The comparison of disbursements with program receipts identifies how each governmental function draws from the Health Department's general receipts.

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

The Statement of Net Position – Cash Basis and the Statement of Activities – Cash Basis present governmental activities, which include all the Health Department's services. The Health Department has no business-type activities.

Reporting the Health Department's Most Significant Funds

Fund Financial Statements

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

Governmental Funds - The Health Department's activities are reported in governmental funds. The governmental fund financial statements provide a detailed short-term view of the Health Department's governmental operations and the health services it provides. Governmental fund information helps determine whether there are more or less financial resources that can be spent to finance the Health

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

Department's health programs. The Health Department's significant governmental funds are presented on the financial statements in separate columns. The information for nonmajor funds (funds whose activity or balances are not large enough to warrant separate reporting) is combined and presented in total in a single column. The Health Department's major governmental funds are the General Fund; Environmental Fund; and Women Infants and Children (WIC) Fund. The programs reported in the governmental funds are closely related to those reported in the governmental activities section of the entity-wide statements.

The Health Department as a Whole

Table 1 provides a summary of the Health Department's net position for 2012 compared to 2011 on the cash basis:

Table 1
Net Position – Cash Basis

		Governmental Activities								
		2012		2011	Change					
Assets										
Cash with Fiscal Agent	\$	960,912	\$	1,104,217	\$	(143,305)				
Total Assets	<u> </u>	960,912		1,104,217		(143,305)				
Net Position										
Restricted		116,908		143,305		(26,397)				
Unrestricted		844,004		960,912		(116,908)				
Total Net Position	\$ <u></u>	960,912	\$	1,104,217	\$	(143,305)				

As mentioned previously, net position decreased by \$143,305. The decrease in the unrestricted fund is due to the general fund receiving less money from 21st Century contracts, no longer licensing Manufactured Home Parks, not receiving any ASPR monies in 2012 and transferring monies to the Reproductive Health & Wellness Fund. The restricted fund received less money from BCCP, IAP, CFHS grants along with not receiving funding from Susan B Komen Foundation, and Medical Reserve Corp decreasing the net position for this fund.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

Table 2 reflects the change in net position in 2012. This is a comparative analysis of government-wide data being presented.

Table 2
Changes in Net Position

Changes in Notification	Governmental Activities				
	2012	2011			
Receipts					
Program Cash Receipts					
Charges for Services	\$ 530,700	\$ 528,468			
Operating Grants and Contributions	1,009,991	1,254,229			
Total Program Cash Receipts	1,540,691	1,782,697			
General Receipts					
Property Taxes Levied for					
General Health Department Purposes	568,233	569,723			
Grants and Entitlements not Restricted					
to Specific Programs	174,314	201,808			
Gifts and Contributions	9,501	9,344			
Miscellaneous	27,848	11,629			
Total General Receipts	779,896	792,504			
Total Receipts	2,320,587	2,575,201			
Disbursements					
General Health	679,619	613,821			
Vital Statistics	34,153	33,961			
Administration	199,084	252,446			
Environmental Health	347,442	342,343			
Women, Infant, and Children	305,120	319,592			
Breast and Cervical Cancer Project	192,917	306,774			
Immunization Action Plan	60,868	67,918			
Child and Family Health Services	27,296	32,410			
Family Planning	202,963	153,971			
Women's Health Services		30,701			
Public Health Infrastructure	144,753	185,354			
Intergovernmental Expenses	269,677	307,813			
Total Disbursements	2,463,892	2,647,104			
Change in Net Position	(143,305)	(71,903)			
Net Position Beginning of Year	1,104,217	1,176,120			
Net Position End of Year	\$ 960,912	\$ 1,104,217			

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

In 2012, 34 percent of the Health Department's total receipts were from general receipts, consisting mainly of property taxes levied for general health department purposes. Program receipts accounted for 66 percent of the Health Department's total receipts in year 2012. These receipts consist primarily of charges for services for birth and death certificates; food service licenses; swimming pools and spas, and water system permits; and, state and federal operating grants and donations.

Governmental Activities

If you look at the Statement of Activities – Cash Basis, you will see that the first column lists the major services provided by the Health Department. The next column identifies the costs of providing these services. The major program disbursements for governmental activities are for General Health; Environmental Health; and WIC which account for 28%, 14%, and 12% of all governmental disbursements, respectively. The next two columns of the Statement entitled Program Receipts identify amounts paid by people who are directly charged for the service and grants received by the Health Department that must be used to provide a specific service. The net cost column compares the program receipts to the cost of the service. This "net cost" amount represents the cost of the service which ends up being paid from money provided by taxpayers and state subsidies. These net costs are paid from the general receipts which are presented at the bottom of the Statement. A comparison between the total cost of services and the net cost is presented in Table 3.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

Table 3
Governmental Activities

	Total Cost of Services 2012	Net Cost of Services 2012	Total Cost of Services 2011		Net Cost of Services 2011
General Health	00.0.003 2022	30.1.003 2022	 20.1.003	-	
General Health	679,619	\$ \$464,728	\$ 613,821	\$	\$395,523
Vital Statistics	34,153	(32,137)	33,961		(25,668)
Administration	199,084	199,084	252,446		252,446
Environmental Health	347,442	197,245	342,343		184,774
Women, Infant, and Children	305,120	18,747	319,592		12,846
Breast and Cervical Cance Project	er 192,917	27,019	306,774		17,590
Immunizations	60,868	(249)	67,918		(1,789)
Child and Family Health	27,296	(5,344)	32,410		(4,234)
Services					
Family Planning	202,963	46,730	153,971		16,078
Intergovernmental	269,677		307,813		
Women's Health Service	es		30,701		2,463
Public Health Infrastructur	re 144,753	7,378	185,354		14,378
Totals \$	2,463,892	\$ 923,201	\$ 2,647,104	\$	864,407

The Health Department has tried to limit its dependence upon property taxes and local subsidies by actively pursuing federal grants and charging rates for services that are closely related to costs. Only 34% percent of the Health Department costs are supported through property taxes, unrestricted grants, and other general receipts.

The Health Department's Funds

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

The focus of the Health Department's governmental funds is to provide information on receipts, disbursements, and balances of spendable resources. Such information is useful in assessing the Health Department's financing requirements.

At the end of 2012, the Health Department's governmental funds reported total ending fund balances of \$960,912.

The General Fund is the chief operating fund for the Health Department. At the end of 2012, the fund balance in the General Fund was \$831,762.

The Environmental Fund accounts for the issuance of water, sewer, and food licenses and permits.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2012 UNAUDITED

License and permit fees accounted for 36 percent of Environmental Fund revenue. There was also 8 percent revenue from a grant, charges for services, and other miscellaneous receipts. The rest of the revenue is from transfers from the General Fund.

The WIC Fund accounts for federal grant monies for the WIC program. WIC is a program for pregnant women, women who recently had a baby, breastfeeding moms and 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 2012, the total fund balance was \$0 due to the Ohio Department of Health not sending any monies in December 2012. While the bulk of the governmental fund balances are not reserved in the governmental fund statements, they lead to restricted net position on the Statement of Net Position – Cash Basis 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.

General Fund Budgeting Highlights

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

During the course of 2012, the Health Department amended its appropriations several times, and the budgetary statement reflects both the original and final appropriated amounts. The General Fund's revenues were a little less than anticipated due to property taxes and intergovernmental revenues being down. Also, we did not receive as much for Charges for Services as anticipated or have as much Miscellaneous revenue. The General Fund's expenditures were less than budgeted due to an employee retiring and not being replaced.

Contacting the Health Department's Financial Management

This financial report is designed to provide our citizens, taxpayers, and providers with a general overview of the Health Department's finances and to reflect the Health Department's accountability for the money it receives. Questions concerning any of the information in this report, or requests for additional information, should be directed to Jane Sauder, Fiscal Officer Supervisor, 606 S. Shoop Ave, Wauseon, Ohio 43567.

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Statement of Net Position - Cash Basis December 31, 2012

A	Governmental Activities					
Assets Cash with Fiscal Agent	\$	960,912				
Net Position						
Restricted for:						
Other Purposes		116,908				
Unrestricted		844,004				
Total Net Position	\$	960,912				

Statement of Activities - Cash Basis For the Year Ended December 31, 2012

			Program Receipts				Receip	isbursements) ts and Changes Net Assets
	Disbursements		Charges for Services and Sales		G	Operating Frants and Intributions		vernmental Activities
Governmental Activities								
General Health								
General Health	\$	679,619	\$	214,891			\$	(464,728)
Vital Statistics		34,153		66,290				32,137
Administration		199,084			_			(199,084)
Environmental Health		347,442		140,422	\$	9,775		(197,245)
Women,, Infant & Children (WIC)		305,120				286,373		(18,747)
Breast Cervial Cancer Project (BCCP)		192,917				165,898		(27,019)
Immunizations - IAP	`	60,868				61,117		249
Child and Family Health Services (CFHS)	27,296 202,963		66,233		32,640 90,000		5,344 (46,730)
Family Planning (FP) GH Help Me Grow (GH HMG)		150,219		00,233		150,219		(40,730)
GH Drug Free Communities (GH DFC)		119,458				119,458		
Public Health Infrastructure (PHI)		144,753		42,864		94,511		(7,378)
,								
Total Governmental Activities	\$	2,463,892	\$	530,700	\$	1,009,991		(923,201)
			General Receipts Property Taxes Levied for General Health District Purposes Grants and Entitlements not Restricted to Specific Programs Gifts and Contributions				568,233 174,314 9,501	
			Misce	ellaneous				27,848
			Total General Receipts			3		779,896
			Char	ige in Net As	sets			(143,305)
			Net F	Position Begir	nning	of Year		1,104,217
			Net F	Position End	of Ye	ear	\$	960,912

Statement of Cash Basis Assets and Fund Balances Governmental Funds December 31, 2012

	General	Env	iromental	 Other vernmental Funds	Gov	Total /ernmental Funds
Assets Cash with Fiscal Agent	\$ 831,762	\$	12,242	\$ 116,908	\$	960,912
Fund Balances						
Restricted			12,094	86,516		98,610
Committed				30,392		30,392
Assigned			148			148
Unassigned	 831,762					831,762
Total Fund Balances	\$ 831,762	\$	12,242	\$ 116,908	\$	960,912

Statement of Receipts, Disbursements and Changes in Fund Balances - Cash Basis Governmental Funds

For the Year Ended December 31, 2012

	(General	Environ- mental	WIC	Gov	Other vernmental Funds	Go	Total vernmental Funds
Receipts Property and Other Local Taxes Intergovernmental Fines, Licenses and Permits Charges for Services	\$	568,233 174,314 223,037	\$ 9,650 124,112 16,310	\$ 286,373	\$	713,843 66,233	\$	568,233 1,184,180 124,112 305,580
Gifts & Contributions Contractual Services Miscellaneous		2,877 58,144 24,866	 125 106	 170		6,624 42,864 2,706		9,501 101,133 27,848
Total Receipts		1,051,471	 150,303	 286,543		832,270		2,320,587
Disbursements Current: General Health General Health Vital Statistics Administration Environmental Health Women's, Infant & Children (WIC) Breast, Cervial Cancer Project (BCCP) Immunizations - IAP Child and Family Health Services Family Planning GH Help Me Grow (GW HMG) GH Drug Free Communities (GH DFC) Public Health Infrastructure		679,619 34,153 199,084	347,442	 305,120		192,917 60,868 27,296 202,963 150,219 119,458 144,753		679,619 34,153 199,084 347,442 305,120 192,917 60,868 27,296 202,963 150,219 119,458 144,753
Total Disbursements		912,856	 347,442	 305,120		898,474		2,463,892
Excess of Receipts Over (Under) Disbursements		138,615	(197,139)	(18,577)		(66,204)		(143,305)
Other Financing Sources (Uses) Transfers In Transfers Out Advance In Advance Out		267 (245,000) (8,651)	195,000	8,651		50,000 (267)		245,267 (245,267) 8,651 (8,651)
Total Other Financing Sources (Uses)		(253,384)	195,000	 8,651		49,733		
Net Change in Fund Balances		(114,769)	(2,139)	(9,926)		(16,471)		(143,305)
Fund Balances Beginning of Year		946,531	 14,381	9,926		133,379		1,104,217
Fund Balances End of Year	\$	831,762	\$ 12,242		\$	116,908	\$	960,912

Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual -Budget Basis General Fund

For the Year Ended December 31, 2012

	Budgeted Amounts Original Final					Actual	Fir	riance with nal Budget Positive Negative)
Receipts	\$	580,000	\$	580,000	\$	568,233	\$	(11,767)
Property and Other Local Taxes	Ψ	236,000	Ψ	236,000	Ψ	174,314	Ψ	(61,686)
Fines, Licenses and Permits		277,000		279,000		223,037		(55,963)
Private Grant		7,500		4,000		2,877		(1,123)
Gifts & Contributions		31,500		33,000		58,144		25,144
Contractual Services		131,858		90,032		24,866		(65,166)
Total Receipts	-	1,263,858		1,222,032		1,051,471		(170,561)
Disbursements Current:								
General Health								
General Health		814,632		677,296		679,657		(2,361)
Vital Statistics		38,152		38,152		34,153		3,999
Administration		252,971		252,971		199,084		53,887
Total Disbursements		1,105,755		968,419		912,894		55,525
Excess of Receipts Over Disbursements		158,103		253,613		138,577		(115,036)
Other Financing Sources (Uses)								
Transfers In						267		267
Transfers Out		(158,141)		(245,000)		(245,000)		
Advance Out		,		(8,651)		(8,651)		
Total Other Financing Sources (Uses)		(158,141)		(253,651)		(253,384)		267
Net Change in Fund Balance		(38)		(38)		(114,807)		(114,769)
Prior Year Encumbrances Appropriated		38		38		38		
Fund Balance Beginning of Year		946,493		946,493		946,493		
Fund Balance End of Year	\$	946,493	\$	946,493	\$	831,724	\$	(114,769)

Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual -Budget Basis Environmental Fund

For the Year Ended December 31, 2012

	Budgeted Amounts						Fina	ance with al Budget ositive
		Original	<u>Final</u>		Actual		(Negative)	
Receipts Intergovernmental Fines, Licenses and Permits Charges for Services Contractual Services Miscellaneous	\$	202,375 25,000 1,000 10,000	\$	148,262 25,000 1,000 10,000	\$	9,650 124,112 16,310 125 107	\$	9,650 (24,150) (8,690) (875) (9,893)
Total Receipts		238,375		184,262		150,304		(33,959)
Disbursements Environmental Health		360,553		360,553		347,479		13,074
Excess of Disbursements Over Receipts		(122,178)		(176,291)		(197,175)		(20,884)
Other Financing Sources (Uses) Transfer In		158,141		158,141		195,000		36,859
Net Change in Fund Balance		35,963		(18,150)		(2,175)		15,975
Prior Year Encumbrances Appropriated		37		37		37		
Fund Balance Beginning of Year		14,344		14,344		14,344		
Fund Balance End of Year	\$	50,344	\$	(3,769)	\$	12,206	\$	15,975

Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual -Budget Basis Women, Infants, and Children's Fund For the Year Ended December 31, 2012

		Budgeted	Amo	ounts		Fina	nce with I Budget ositive
	Or	riginal		Final	 Actual		gative)
Receipts							
Property and Other Local Taxes	\$	325,432		\$325,432	\$286,373		(\$39,059)
Miscellaneous		1,000		1,000	 170		(830)
Total Receipts		326,432		326,432	286,543		(39,889)
Disbursements							
Current:							
Women, Infants, and Children (WIC)		326,432		326,432	 305,120		21,312
Excess of Disbursements Over Receipts					 (18,577)		(18,577)
Other Financing Sources (Uses)							
Advance In					8,651		8,651
Net Change in Fund Balance					(9,926)		(9,926)
Fund Balance Beginning of Year		9,926		9,926	\$ 9,926		
Fund Balance End of Year	\$	9,926	\$	9,926		\$	(9,926)

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NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012

Note 1 - Reporting Entity

Fulton County Health Department (the Health Department), is a body corporate and politic established to exercise the rights and privileges conveyed to it by the constitution and laws of the State of Ohio. A six- member Board of Health, four appointed by the Department Advisory Council, one member is appointed by the City of Wauseon and one member is appointed by the Fulton County Licensing Council, governs the Health Department. The Board appoints a health commissioner and all employees of the Health Department.

The reporting entity is composed of the primary government that is included to ensure the financial statements of the Health Department are not misleading.

Primary Government

The primary government consists of all funds, departments, boards and agencies that are not legally separate from the Health Department. The Health Department'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.

Public Entity Risk Pools

The Health Department participates in a public entity risk pools, and is associated with a related organization. This organization is presented in Note 6 to the financial statements.

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

Note 2 - Summary of Significant Accounting Policies

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

Basis of Presentation

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

Government-Wide Financial Statements - The statement of net position and the statement of activities display information about the Health Department as a whole. These statements include the financial activities of the primary government except for fiduciary funds. The activity of the internal service fund is eliminated to avoid "doubling up" receipts and disbursements. The statements distinguish between those activities of the Health Department that are governmental in nature and those that are considered business- type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other non-exchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health Department has no business-type activities.

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

Fund Financial Statements - During the year, the Health Department segregates transactions related to certain Health Department 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 Department 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. Non major funds are aggregated and presented in a single column.

Fund Accounting

The Health Department 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 Department are presented in a governmental fund category.

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

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

Environmental Fund - The fund accounts for monies received from licenses and permits for items such as food, water, sewage, swimming pools, camps, manufactured home parks, solid water, infectious waste and other non-mandated programs.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

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

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

Basis of Accounting

The Health Department's financial statements are prepared using the cash basis of accounting. Except for modifications having substantial support, receipts are recorded in the Health Department's financial records and reported in the financial statements when cash is received rather than when earned and disbursements are recorded when cash is paid rather than when a liability is incurred. Any such modifications made by the Health Department are described in the appropriate section in this note.

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

Budgetary Process

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

ORC Section 3709.28 establishes budgetary requirements for the Health Department, which are similar to ORC Chapter 5705 budgetary requirements. On or about the first Monday of April the Health Department must adopt an itemized appropriation measure. The appropriation measure, together with an itemized estimate of revenues to be collected during the next fiscal year, shall be certified to the county budget commission. Subject to estimated resources, the Health Department may, by resolution, transfer appropriations from one appropriation item to another, reduce or increase any item, create new items, and make additional appropriations or reduce the total appropriation. Such appropriation modifications shall be certified to the county budget commission for approval.

The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources in effect when the original appropriations were adopted. The amounts reported as the final budgeted amounts on the budgetary statements reflect the amounts on the amended certificate of estimated resources in effect at the time final appropriations were passed by the Health Department.

The appropriations resolution is subject to amendment throughout the year with the restriction that appropriations cannot exceed estimated resources. The amounts reported as the original budget reflect the first appropriation resolution that covered the entire year, including amounts automatically carried

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

forward from prior years. The amount reported as the final budgeted amounts represents the final appropriations passed by the Health Department during the year.

Cash and Investments

The County Treasurer is the custodian for the Health Department's cash and investments. The County's cash and investment pool holds the Health Department's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County. This information may be obtained by writing Beverly Scholosser, Fulton County Treasurer, 152 S. Fulton Street, Wauseon, Ohio 43567 or by calling 419-337-9252.

Restricted Assets

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

Inventory and Prepaid Items

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

Accumulated Leave

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

Employer Contributions to Cost-Sharing Pension Plans

The Health Department recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 7 and 8, the employer contributions include portions for pension benefits and for postretirement health care benefits.

Net Position

Net position is reported as restricted when there are limitations imposed on their use through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. Net position restricted for other purposes include resources restricted for the following funds: Women, Infant, and Children; Breast and Cervical Cancer Project; Children and Family Health Services; Reproductive Health and Wellness; Immunization Action Plan; and Public Health Emergency Preparedness.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

The Health Department's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available.

Fund Balance

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

Restricted - Fund balance is reported as restricted when constraints placed on the use of resources are either externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments; or is imposed by law through constitutional provisions.

Committed - The committed fund balance classification includes amounts that can be used only for the specific purpose imposed by formal action (resolution) of the Board of Health. Those committed amounts cannot be used for any other purpose unless the Board of Health removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts. In contrast to fund balance that is restricted by enabling legislation, the committed fund balance classification may be redeployed for other purposes with appropriate due process. Constraints imposed on the use of committed amounts are imposed by the Board of Health, separate from the authorization to raise the underlying revenue; therefore, compliance with these constraints is not considered to be legally enforceable. Committed fund balance also incorporates contractual obligations to the extent that existing resources in the fund have been specifically committed for use in satisfying those contractual requirements.

Assigned - Amounts in the assigned fund balance classification are intended to be used by the Health Department for specific purposes but do not meet the criteria to be classified as restricted or committed. In governmental funds other than the general fund, assigned fund balance represents the remaining amount that is not restricted or committed. In the general fund, assigned amounts represent intended uses established by the Board of Health or a Health Department official delegated that authority by resolution, or by State Statute.

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

The Health Department applies restricted resources first when expenditures are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first followed by assigned, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

Interfund Transactions

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 3- Accountability and Compliance

For fiscal year 2012, the Health Department has implemented GASB No. 62 "Accounting and Financial Reporting Guidance contained in Pre-November 30, 1989 FASB and AICPA Pronouncements" and GASB Statement No. 63, "Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position."

GASB Statement No. 62 codifies accounting and financial reporting guidance contained in pre-November 30, 1989 FASB and AICPA pronouncements in an effort to codify all sources of GAAP for State and local governments so that they derive from a single source. The implementation of GASB Statement No. 62 did not have an effect on the financial statements of the Health Department.

GASB Statement No. 63 provides financial reporting guidance for deferred outflows of resources and deferred inflows of resources. The requirements of this Statement will improve financial reporting by standardizing the presentation of deferred outflows of resources and deferred inflows of resources and their effects on a government's net position. It alleviates uncertainty about reporting those financial statement elements by providing guidance where none previously existed. The implementation of GASB Statement No. 63 did not have an effect on the financial statements of the Health Department.

Note 4 - Budgetary Basis of Accounting

The budgetary basis as provided by law is based upon accounting for certain transactions on the basis of cash receipts, disbursements, and encumbrances. The Statement of Receipts, Disbursements and Changes in Fund Balance – Budget and Actual – Budgetary Basis presented for the general fund and any major special revenue fund are prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The difference between the budgetary basis and the cash basis is outstanding year end encumbrances are treated as cash disbursements (budgetary basis) rather than as restricted, committed or assigned fund balance (cash basis). The encumbrances outstanding at year end (budgetary basis) amounted to \$148 for the Environmental fund.

Note 5 - Property Taxes

Property taxes include amounts levied against all real and public utility property located in the Health Department. Property tax revenue received during 2012 for real and public utility property taxes represents collections of 2011 taxes.

2012 real property taxes are levied after October 1, 2012, on the assessed value as of January 1, 2012, the lien date. Assessed values are established by State law at 35 percent of appraised market value. 2012 real property taxes are collected in and intended to finance 2012.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 5 - Property Taxes (Continued)

Public utility tangible personal property currently is assessed at varying percentages of true value; public utility real property is assessed at 35 percent of true value. 2012 public utility property taxes which became a lien December 31, 2011, are levied after October 1, 2012, and are collected in 2012 with real property taxes.

The full tax rate for all Health Department operations for the year ended December 31, 2012, was \$1 per \$1,000 of assessed value. The assessed values of real property and public utility tangible property upon which 2012 property tax receipts were based are as follows:

Real Property	\$583,725,000
Public Utility Personal Property	36,425,000
Total	\$620,150,000

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

Note 6 - Risk Management

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

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

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

Casualty and Property Coverage

APEEP provides PEP with an excess risk-sharing program. Under this arrangement, PEP retains insured risks up to an amount specified in the contracts. At December 31, 2012, 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.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 6 - Risk Management (Continued)

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, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Assets	\$34,389,569	\$33,362,404
Liabilities	(14,208,353)	(14,187,273)
Net Position	<u>\$20,181,216</u>	<u>\$19,175,131</u>

At December 31, 2012 and 2011, respectively, the liabilities above include approximately \$13.1 million and \$13.0 million of estimated incurred claims payable. The assets above also include approximately \$12.6 million and \$12.1 million of unpaid claims to be billed to approximately 466 and 455 member governments in the future, as of December 31, 2012 and 2011, respectively. These amounts will be included in future contributions from members when the related claims are due for payment. As of December 31, 2012, the Health Department's share of these unpaid claims collectible in future years is approximately \$4,000.

Based on discussions with PEP, the expected rates PEP charges to compute member contributions, which are used to pay claims as they become due, are not expected to change significantly from those used to determine the historical contributions detailed below. By contract, the annual liability of each member is limited to the amount of financial contributions required to be made to PEP for each year of membership.

Contributions to PEP		
<u>2012</u>	<u>2011</u>	
\$4,745	\$1,748	

After one year of membership, a member may withdraw on the anniversary of the date of joining PEP, if the member notifies PEP in writing 60 days prior to the anniversary date. Upon withdrawal, members are eligible for a full or partial refund of their capital contributions, minus the subsequent year's contribution. Withdrawing members have no other future obligation to PEP. Also upon withdrawal, payments for all casualty claims and claim expenses become the sole responsibility of the withdrawing member, regardless of whether a claim occurred or was reported prior to the withdrawal.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 7- Defined Benefit Pension Plans

Ohio Public Employees Retirement System

Plan Description – The Health Department participates in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The Traditional Pension Plan is a cost- sharing, multiple-employer defined benefit pension plan. The Member-Directed Plan is a defined contribution plan 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 the member and vested employer contributions plus any investment earnings. The Combined Plan is 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, but less than, 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. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report. Interested parties may obtain a copy by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 614-222-5601 or 800-222-7377.

Funding Policy – The Ohio Revised Code provides statutory authority for member and employer contributions and currently limits the employer contribution to a rate not to exceed 14 percent of covered payroll for state and local employer units. Member contribution rates, as set forth in the Ohio Revised Code, are not to exceed 10 percent of covered payroll for members in the State and local classifications. For the year ended December 31, 2012, members in state and local classifications contributed 10 percent of covered payroll. Members in the state and local classifications may participate in all three plans. For 2012, member and employer contribution rates were consistent across all three plans.

The Health Department's 2012 contribution rate was 14.0 percent. The portion of employer contributions used to fund pension benefits is net of post-employment health care benefits. The portion of employer contribution allocated to health care for members in the Traditional Plan was 4 percent for calendar year 2012. The portion of employer contributions allocated to health care for members in the Combined Plan was 6.05 percent during calendar year 2012. Employer contribution rates are actuarially determined.

The Health Department's required contributions for pension obligations to the Traditional Pension and Combined Plans for the years ended December 31, 2012, 2011, and 2010 were \$174,932, \$164,411, and \$180,281, respectively; 100 percent has been contributed for 2012 and 100 percent for 2011 and 2010. Contributions to the Member-Directed Plan for 2012 were \$4,552 made by the Health Department and \$6,373 made by plan members.

Social Security System

Under the Ohio Revised Code (ORC) 145.034, all employees covered by the Ohio Public Employees Retirement System (OPERS) have the option to choose Social Security as their desired retirement system. As of December 31, 2012, six members of the Health Department have elected Social Security. The Board's liability is 6.2 percent of wages.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 8 - Postemployment Benefits

Ohio Public Employees Retirement System

Plan Description – Ohio Public Employees Retirement System (OPERS) administers three separate pension plans: The Traditional Pension Plan—a cost-sharing, multiple-employer defined benefit pension plan; the Member-Directed Plan—a defined contribution plan; and the Combined Plan—a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan.

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

In order to qualify for post-employment health care coverage, age-and-service retirees under the Traditional Pension and Combined Plans must have 10 or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The Ohio Revised Code permits, but does not mandate, OPERS to provide health care benefits to its eligible members and beneficiaries. Authority to establish and amend benefits is provided in Chapter 145 of the Ohio Revised Code.

Disclosures for the health care plan are presented separately in the OPERS financial report which may be obtained by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 614-222-5601 or 800-222-7377.

Funding Policy – The post-employment health care plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). The Ohio Revised Code provides the statutory authority requiring public employers to fund post-retirement health care through contributions to OPERS. A portion of each employer's contribution to OPERS is set aside for the funding of post-retirement health care.

Employer contribution rates are expressed as a percentage of the covered payroll of active members. In 2012, state and local employers contributed at a rate of 14.0 percent of covered payroll. The Ohio Revised Code currently limits the employer contribution to a rate not to exceed 14 percent of covered payroll for state and local employer units.

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 for members in the Traditional Plan was 4 percent during calendar year 2012. The portion of employer contributions allocated to health care for members in the Combined Plan was 6.05 percent during the calendar year 2012.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 8 - Postemployment Benefits (Continued)

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. Active members do not make contributions to the post-employment health care plan.

The Health District's contributions allocated to fund post-employment health care benefits for the years ended December 31, 2012, 2011, and 2010 were \$ 49,978, \$46,972, and \$65,111 respectively; 100 percent has been contributed for 2012, 2011, and 2010.

Note 9 - Fund Balances

Fund balance is classified as restricted, committed, assigned and/or unassigned based primarily on the extent to which the Health District is bound to observe constraints imposed upon the use of the resources in the government funds. The constraints placed on fund balance for the major governmental funds and all other governmental funds are presented below:

Fund Balances	General Fund	Environ- mental Fund	Other Governmental Funds	Total
Restricted for				
Environmental		\$ 12,094		\$ 12,094
Breast and Cervical Cancer Prevention			\$ 41,300	\$ 41,300
Public Health Emergency Preparedness Reproductive Health and			1,134	1,134
Wellness			28,599	28,599
Immunization Action Plan			3,801	3,801
Child Health Services			11,681	11,681
Total Restricted		12,094	86,516	98,610
Committed to Epidemiologist (6 Pact				
Agreement)			30,392	30,392
Assigned to				
Interpreter		148_		148
Unassigned:	831,762			831,762
Total Fund Balances	\$ 831,762	\$ 12,242	\$ 116,908	\$ 960,912

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012 (Continued)

Note 10 - Interfund Transfers

During 2012 the following transfers were made:

	Transfers From			
Transfers To:				
		Family		
	General	Pla	nning	
Environmental	\$ 195,000			
Reproductive Health and Wellness	50,000			
General		\$	267	
Totals	\$ 245,000	\$	267	

Transfers represent the allocation of unrestricted receipts collected in the General Fund to finance various programs accounted for in other funds in accordance with budgetary authorizations.

The General Fund transferred monies in 2012 to the environmental fund because their fees and licenses do not cover their expenses for them to do the services required by the state. The General Fund also transferred monies to Reproductive Health and Wellness Fund to help cover expenses incurred above the grant monies and project income received.

Note 11 – Contingent Liabilities

Amounts grantor agencies pay to the Health Department 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.

Note 12– Related Party Transactions

The Health Department entered into contracts with Dr Murtiff for Reproductive Health and Wellness and physician services. Dr Murtiff's spouse is a member of the Board of Health, but abstains from voting on the doctor's contracts. Total payments to Dr Murtiff during the audit period totaled \$5,250.

SCHEDULE OF FEDERAL AWARDS EXPENDITURES FOR THE YEAR ENDED DECEMBER 31, 2012

FEDERAL GRANTOR Pass-through Grantor Program Title	Federal CFDA Number	Project Number	Disbursements
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Drug Free Communities Support Program (Direct Grant)	93.276	5H79SP015851	\$ 121,976
Passed Through the Ohio Department of Health			
Public Helath Emergency Preparedness	93.069	02610012PH0312 02610012PH0413	58,867 35,744 94,611
Family Planning Services Reproductive Health and Wellness	93.217 93.217	02610011RH0112 02610011RH0113	46,058 52,013 98,071
Immunization Action Plan - IAP	93.268	02610012IM0411 02610012IM0512	487 60,173 60,660
Centers for Disease Control and Prevention Investigations and Technical Assistance (BCCP)	93.283	02610012PH0211 02610012PH0312	51,051 55,124 106,175
Maternal and Child Health Services Block Grant to the States	93.994	02610011MC0512 02610011MC0613	19,204 8,088 27,292
Total U.S. Department of Health and Human Services			508,785
UNITED STATES DEPARTMENT OF EDUCATION Passed Through the Ohio Department of Health			
Help Me Grow	84.181	02610011HG0312	10,041
Total U.S. Department of Education		02610011HG0413	33,742 43,783
UNITED STATES DEPARTMENT OF AGRICULTURE Passed Through the Ohio Department of Health			
Special Supplemental, Nutrition Program for Women, Infants, and Children Total U.S. Department of Agriculture	10.557	02610011WA0512 02610011WA0613	246,508 58,081 304,589
TOTAL FEDERAL AWARDS EXPENDITURES			\$ 857,157

The accompanying notes are an integral part of this schedule.

NOTES TO THE SCHEDULE OF FEDERAL AWARDS EXPENDITURES FOR THE YEAR ENDED DECEMBER 31, 2012

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Federal Awards Expenditures (the Schedule) reports Fulton County Health Department's (the Health Department's) federal award programs' disbursements. The Schedule has been prepared on the cash basis of accounting.

NOTE B - MATCHING REQUIREMENTS

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

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

Fulton County Health Department Fulton County 660 South Shoop Avenue Wauseon, Ohio 43567-1712

To the Governing Board:

We have audited, in accordance with auditing standards generally accepted in the United States and the Comptroller General of the United States' *Government Auditing Standards*, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Fulton County Health Department, Fulton County, Ohio (the Health Department), as of and for the year ended December 31, 2012, and the related notes to the financial statements, which collectively comprise the Government's basic financial statements and have issued our report thereon dated July 10, 2013, wherein we noted the Health Department uses a special purpose framework other than generally accepted accounting principles.

Internal Control Over Financial Reporting

As part of our financial statement audit, we considered the Health Department's internal control over financial reporting (internal control) to determine the audit procedures appropriate in the circumstances to the extent necessary to support our opinions on the financial statements, but not to the extent necessary to opine on the effectiveness of the Health Department's internal control. Accordingly, we have not opined on it.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, when performing their assigned functions, to prevent, or detect and timely correct misstatements. A material weakness is a deficiency, or combination of internal control deficiencies resulting in a reasonable possibility that internal control will not prevent or detect and timely correct a material misstatement of the Health Department's financial statements. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all internal control deficiencies that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies in internal control that we consider material weaknesses. However, unidentified material weaknesses may exist.

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Financial Reporting and on Compliance and Other Matters
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Compliance and Other Matters

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

Purpose of this Report

This report only describes the scope of our internal control and compliance testing and our testing results, and does not opine on the effectiveness of the Health Department's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the Health Department's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dave Yost Auditor of State

Columbus, Ohio

July 10, 2013

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

Fulton County Health Department Fulton County 606 South Shoop Avenue Wauseon, Ohio 43567-1712

To the Governing Body:

Report on Compliance for Each Major Federal Program

We have audited Fulton County Health Department, Fulton County, Ohio (the Health Department), compliance with the applicable requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133, Compliance Supplement* that could directly and materially affect the Health Department's major federal program for the year ended December 31, 2012. The *Summary of Audit Results* in the accompanying schedule of findings identifies the Health Department's major federal program.

Management's Responsibility

The Health Department's Management is responsible for complying with the requirements of laws, regulations, contracts, and grants applicable to its federal program.

Auditor's Responsibility

Our responsibility is to opine on the Health Department's compliance for each of the Health Department's major federal programs based on our audit of the applicable compliance requirements referred to above. Our compliance audit followed auditing standards generally accepted in the United States of America; the standards for financial audits included in the Comptroller General of the United States' *Government Auditing Standards*; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. These standards and OMB Circular A-133 require us to plan and perform the audit to reasonably assure whether noncompliance with the applicable compliance requirements referred to above that could directly and materially affect a major federal program occurred. An audit includes examining, on a test basis, evidence about the Health Department's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe our audit provides a reasonable basis for our compliance opinion on the Health Department's major program. However, our audit does not provide a legal determination of the Health Department's compliance.

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Opinion on the Major Federal Program

In our opinion, Fulton County Health Department Fulton County, Ohio complied, in all material respects with the compliance requirements referred to above that could directly and materially affect its major federal program for the year ended December 31, 2012.

Report on Internal Control Over Compliance

The Health Department's management is responsible for establishing and maintaining effective internal control over compliance with the applicable compliance requirements referred to above. In planning and performing our compliance audit, we considered the Health Department's internal control over compliance with the applicable requirements that could directly and materially affect a major federal program, to determine our auditing procedures appropriate for opining on each major federal program's compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not to the extent needed to opine on the effectiveness of internal control over compliance. Accordingly, we have not opined on the effectiveness of the Health Department's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, when performing their assigned functions, to prevent, or to timely detect and correct, noncompliance with a federal program's applicable compliance requirement. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a federal program compliance requirement will not be prevented, or timely detected and corrected. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with federal program's applicable compliance requirement that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

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

This report only describes the scope of our internal control compliance tests and the results of this testing based on OMB Circular A-133 requirements. Accordingly, this report is not suitable for any other purpose.

Dave Yost Auditor of State

Columbus, Ohio

July 10, 2013

SCHEDULE OF FINDINGS OMB CIRCULAR A -133 § .505 DECEMBER 31, 2012

1. SUMMARY OF AUDITOR'S RESULTS

(d)(1)(i)	Type of Financial Statement Opinion	Unmodified
(d)(1)(ii)	Were there any material control weaknesses reported at the financial statement level (GAGAS)?	No
(d)(1)(ii)	Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No
(d)(1)(iii)	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No
(d)(1)(iv)	Were there any material internal control weaknesses reported for major federal programs?	No
(d)(1)(iv)	Were there any significant deficiencies in internal control reported for major federal programs?	No
(d)(1)(v)	Type of Major Programs' Compliance Opinion	Unmodified
(d)(1)(vi)	Are there any reportable findings under § .510(a)?	No
(d)(1)(vii)	Major Programs (list):	Special Supplemental Nutrition Program For Women, Infants, And Children (WIC) – CFDA # 10.557
(d)(1)(viii)	Dollar Threshold: Type A\B Programs	Type A: > \$ 300,000 Type B: all others
(d)(1)(ix)	Low Risk Auditee?	Yes

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

None

3. F	INDINGS	FOR	FEDERAL	AWARDS	
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None





FULTON COUNTY HEALTH DEPARTMENT

FULTON 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.

CLERK OF THE BUREAU

Susan Babbitt

CERTIFIED JULY 30, 2013