



OHIO AUDITOR OF STATE  
**KEITH FABER**





**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT  
ALLEN COUNTY  
DECEMBER 31, 2018**

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# OHIO AUDITOR OF STATE KEITH FABER



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## INDEPENDENT AUDITOR'S REPORT

Combined Allen County General Health District  
Allen County  
219 E. Market Street  
P.O. Box 1503  
Lima, Ohio 45802

To the Members of the Board of Health:

### ***Report on the Financial Statements***

We have audited the accompanying cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Combined Allen County General Health District, Allen County, Ohio (the Health District), as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the Health District's basic 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 District'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 District's internal control. Accordingly, we express no such 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.

**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 Combined Allen County General Health District, Allen County, Ohio, as of December 31, 2018, and the respective changes in cash financial position and the respective budgetary comparison for the General and Women, Infants and Children funds thereof for the year then ended in accordance with the accounting basis described in Note 2.

**Accounting Basis**

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

**Other Matters**

*Supplementary Information*

Our audit was conducted to opine on the financial statements taken as a whole.

The Schedule of Expenditures of Federal Awards presents additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and is not a required part of the financial statements.

The schedule is management's responsibility, and derives from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. We subjected this schedule to the auditing procedures we applied to the basic financial statements. We also applied certain additional procedures, including comparing and reconciling this schedule directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and in accordance with auditing standards generally accepted in the United States of America. In our opinion, this schedule is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated August 28, 2019, on our consideration of the Health 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. 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. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.



Keith Faber  
Auditor of State  
Columbus, Ohio

August 28, 2019

**Combined Allen County General Health District**

Statement of Net Position - Cash Basis

December 31, 2018

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	Governmental Activities
<b>Assets</b>	
Equity in Pooled Cash and Cash Equivalents	\$728,019
<i>Total Assets</i>	<u>\$728,019</u>
<b>Net Position</b>	
Restricted for:	
Other Purposes	192,372
Unrestricted	535,647
<i>Total Net Position</i>	<u>\$728,019</u>

See accompanying notes to the basic financial statements

**Combined Allen County General Health District**

Statement of Activities - Cash Basis

For the Year Ended December 31, 2018

	Program Cash Receipts		Net (Disbursements) Receipts and Change in Net Position	
	Cash Disbursements	Charges for Services and Sales	Operating Grants and Contributions	Governmental Activities
<b>Governmental Activities</b>				
Current:				
Public Health	\$3,785,535	\$1,655,262	\$1,476,064	(\$654,209)
Debt Service:				
Principal Retirement	43,884			(43,884)
Interest and Fiscal Charges	28,238			(28,238)
<i>Total Governmental Activities</i>	<u>\$3,857,657</u>	<u>\$1,655,262</u>	<u>\$1,476,064</u>	<u>(726,331)</u>
General Receipts:				
Subdivision Fees				678,217
Miscellaneous				11,885
Total General Receipts				<u>690,102</u>
Change in Net Position				(36,229)
<i>Net Position Beginning of Year</i>				<u>764,248</u>
<i>Net Position End of Year</i>				<u>\$728,019</u>

See accompanying notes to the basic financial statements



**Combined Allen County General Health District**  
Statement of Assets and Fund Balances-Cash Basis  
Governmental Funds  
December 31, 2018

	General	Women, Infants and Children	Building Improvement	Other Governmental Funds	Total Governmental Funds
<b>Assets</b>					
Equity in Pooled Cash and Cash Equivalents	\$494,878	\$11,425	\$40,769	\$180,947	\$728,019
Total Assets	<u>\$494,878</u>	<u>\$11,425</u>	<u>\$40,769</u>	<u>\$180,947</u>	<u>\$728,019</u>
<b>Fund Balances</b>					
Restricted		\$11,425		\$180,947	192,372
Committed	\$49,105				49,105
Assigned	271,000		40,769		311,769
Unassigned	174,773				174,773
Total Fund Balances	<u>\$494,878</u>	<u>\$11,425</u>	<u>\$40,769</u>	<u>\$180,947</u>	<u>\$728,019</u>

See accompanying notes to the basic financial statements

**Combined Allen County General Health District**  
Statement of Receipts, Disbursements and Changes in Fund Balances - Cash Basis  
Governmental Funds  
For the Year Ended December 31, 2018

	General	Women, Infants and Children	Building Improvement	Other Governmental Funds	Total Governmental Funds
<b>Receipts</b>					
Subdivision Fees	\$678,217				\$678,217
Fees, Licenses, Permits	902,319			543,827	1,446,146
Contractual Services	58,661			150,455	209,116
Federal Grants		676,516		508,280	1,184,796
State Grants	201,225			90,043	291,268
Miscellaneous	11,885				11,885
<i>Total Receipts</i>	<u>1,852,307</u>	<u>676,516</u>		<u>1,292,605</u>	<u>3,821,428</u>
<b>Disbursements</b>					
Current:					
Salary	827,386	438,556		723,110	1,989,052
Benefits	256,389	176,205		273,034	705,628
Material & Supplies	345,065	11,497		93,036	449,598
Services & Charges	180,875	48,157	68,865	90,413	388,310
State Remittances	171,198			31,494	202,692
Equipment	40,159			10,096	50,255
Debt Service:					
Principal Retirement	43,884				43,884
Interest and Fiscal Charges	28,238				28,238
<b>Total Disbursements</b>	<u>1,893,194</u>	<u>674,415</u>	<u>68,865</u>	<u>1,221,183</u>	<u>3,857,657</u>
Excess of Receipts Over (Under) Disbursements	<u>(40,887)</u>	<u>2,101</u>	<u>(68,865)</u>	<u>71,422</u>	<u>(36,229)</u>
<b>Other Financing Sources (Uses)</b>					
Transfers In			15,000		15,000
Transfers Out	(15,000)				(15,000)
Advances In	252,000	65,000		144,000	461,000
Advances Out	(209,000)	(65,000)		(187,000)	(461,000)
<b>Total Other Financing Sources (Uses)</b>	<u>28,000</u>		<u>15,000</u>	<u>(43,000)</u>	
Net Change in Fund Balances	(12,887)	2,101	(53,865)	28,422	(36,229)
Fund Balances Beginning of Year	507,765	9,324	94,634	152,525	764,248
Fund Balances End of Year	<u>\$494,878</u>	<u>\$11,425</u>	<u>\$40,769</u>	<u>\$180,947</u>	<u>\$728,019</u>

See accompanying notes to the basic financial statements

**Combined Allen County General Health District**  
Statement of Receipts, Disbursements and Changes  
In Fund Balance - Budget and Actual - Budget Basis  
General Fund  
For the Year Ended December 31, 2018

	<u>Budgeted Amounts</u>		<u>Actual</u>	<u>Variance with Final Budget Positive (Negative)</u>
	<u>Original</u>	<u>Final</u>		
<b>Receipts</b>				
Subdivision Fees	\$678,217	\$678,217	\$678,217	
Fees, Licenses, Permits	786,400	786,400	902,319	\$115,919
Contractual Services	75,680	75,680	58,661	(17,019)
State Grants	204,306	204,306	201,225	(3,081)
Miscellaneous	5,000	5,000	11,885	6,885
Reimbursements	1,172,332	1,184,332		(1,184,332)
<b>Total Receipts</b>	<u>2,921,935</u>	<u>2,933,935</u>	<u>1,852,307</u>	<u>(1,081,628)</u>
<b>Disbursements</b>				
Current:				
Salary	1,605,955	1,597,522	794,619	802,903
Benefits	668,422	624,855	278,524	346,331
Material & Supplies	378,106	389,606	345,065	44,541
Services & Charges	224,560	252,560	180,875	71,685
State Remittances	150,000	171,500	171,198	302
Equipment	48,000	54,000	40,159	13,841
Debt Service:				
Principal Retirement	40,000	45,000	43,884	1,116
Interest and Fiscal Charges	32,192	29,192	28,238	954
<b>Total Disbursements</b>	<u>3,147,235</u>	<u>3,164,235</u>	<u>1,882,562</u>	<u>1,281,673</u>
<b>Excess of Receipts Over (Under) Disbursements</b>	<u>(225,300)</u>	<u>(230,300)</u>	<u>(30,255)</u>	<u>200,045</u>
<b>Other Financing Sources (Uses)</b>				
Transfers Out	(30,000)	(30,000)	(30,000)	
Advances In	240,000	240,000	252,000	12,000
Advances Out	(240,000)	(235,000)	(209,000)	26,000
<b>Total Other Financing Sources (Uses)</b>	<u>(30,000)</u>	<u>(25,000)</u>	<u>13,000</u>	<u>38,000</u>
<b>Net Change in Fund Balance</b>	<u>(255,300)</u>	<u>(255,300)</u>	<u>(17,255)</u>	<u>238,045</u>
<b>Unencumbered Fund Balance Beginning of Year</b>	<u>463,028</u>	<u>463,028</u>	<u>463,028</u>	
<b>Unencumbered Fund Balance End of Year</b>	<u>\$207,728</u>	<u>\$207,728</u>	<u>\$445,773</u>	<u>\$238,045</u>

See accompanying notes to the basic financial statements

**Combined Allen County General Health District**  
**Statement of Receipts, Disbursements and Changes**  
**In Fund Balance - Budget and Actual - Budget Basis**  
**Women, Infants and Children Fund**  
**For the Year Ended December 31, 2018**

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
<b>Receipts</b>				
Federal Grants	729,061	729,061	676,516	(52,545)
Total Receipts	<u>729,061</u>	<u>729,061</u>	<u>676,516</u>	<u>(52,545)</u>
<b>Disbursements</b>				
Current:				
Salary	490,748	462,181	438,556	23,625
Benefits	181,510	198,077	176,205	21,872
Material & Supplies	29,451	29,451	11,497	17,954
Services & Charges	35,352	47,352	48,157	(805)
Total Disbursements	<u>737,061</u>	<u>737,061</u>	<u>674,415</u>	<u>62,646</u>
Excess of Receipts Over (Under) Disbursements	<u>(8,000)</u>	<u>(8,000)</u>	<u>2,101</u>	<u>10,101</u>
<b>Other Financing Sources (Uses)</b>				
Advances In	65,000	65,000	65,000	
Advances Out	<u>(65,000)</u>	<u>(65,000)</u>	<u>(65,000)</u>	
<i>Total Other Financing Sources (Uses)</i>				
Net Change in Fund Balance	(8,000)	(8,000)	2,101	10,101
Unencumbered Fund Balance Beginning of Year	<u>9,324</u>	<u>9,324</u>	<u>9,324</u>	
Unencumbered Fund Balance End of Year	<u>\$1,324</u>	<u>\$1,324</u>	<u>\$11,425</u>	<u>\$10,101</u>

See accompanying notes to the basic financial statements

## **Combined Allen County General Health District**

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

### **Note 1 – Reporting Entity**

The Combined Allen County General Health District (the Health District), 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 seven-member Board of Health appointed by the District Advisory Council governs the Health District. The Board appoints a health commissioner and all employees of the Health District.

The reporting entity is composed of the primary government, component units, and other organizations that are included to ensure the financial statements of the Health District are not misleading.

#### **Primary Government**

The primary government consists of all funds, departments, boards and agencies that are not legally separate from the Health District. The Health District's services include vital statistics, 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 Pool**

The Health District participates in a public entity risk pool. Note 7 to the financial statements provides additional information for this entity.

The Health District's management believes these financial statements present all activities for which the Health District 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 District's accounting policies.

#### **Basis of Presentation**

The Health District'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.

**Government-Wide Financial Statements** The statement of net position and the statement of activities display information about the Health District as a whole. These statements include the financial activities of the primary government, except for fiduciary funds. The statements distinguish between those activities of the Health District that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health District has no business-type activities.

## Combined Allen County General Health District

Notes to the Basic Financial Statements  
For the Year Ended December 31, 2018  
(Continued)

The statement of net position presents the cash balance of the governmental activities of the Health District at year end. The statement of activities compares disbursements and program receipts for each program or function of the Health District'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 District 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 used to support a particular program. Receipts which are not classified as program receipts are presented as general receipts of the Health District, 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 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. Non-major funds are aggregated and presented in a single column.

### **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 as governmental.

**Governmental Funds** Governmental funds are those through which most governmental functions of the Health District are financed. The following are the Health District'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 District for any purpose provided it is expended or transferred according to the general laws of Ohio.

**Women, Infants and Children Fund (WIC)** - This fund accounts for and reports federal grant monies related to the Special Supplemental Nutrition Program for Women, Infants and Children program. This grant is awarded annually by the Ohio Department of Health and all funds are Federal Funds. All federal and state guidelines are followed in disbursements of expenditures.

**Building Improvement Fund** - This fund accounts for a reserve for major building improvements or repairs. This fund was originally established for the proceeds and expenditures related to the building improvement loan with First National Bank of New Bremen. The proceeds from the loan have been fully expensed and currently the balance of the funds includes transfers from the General Fund with the sole purpose of expenses related to major improvements or repairs to our building located at 219 E Market St., Lima OH.

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

## **Combined Allen County General Health District**

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

### **Basis of Accounting**

The Health District's financial statements are prepared using the cash basis of accounting. Receipts are recorded in the Health District'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 District 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, except agency 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 Board of Health may appropriate. The appropriations resolution is the Board of Health's authorization to spend resources and sets annual limits on disbursements plus encumbrances at the level of control selected by the Board of Health. The legal level of control has been established by the Board of Health at the fund, department, and object level for all funds.

ORC Section 5705.28(C)(1) requires the Health District to file an estimate of contemplated revenue and expenses with the municipalities and townships within the Health District by about June 1 (forty-five days prior to July 15). The county auditor cannot allocate property taxes from the municipalities and townships within the district if the filing has not been made.

ORC Section 3709.28 establishes budgetary requirements for the Health District, which are similar to ORC Chapter 5705 budgetary requirements. On or about the first Monday of April the Health District 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 Board of Health 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 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 budget reflect the first appropriation resolution that covered the entire year, including amounts automatically carried forward from prior years. The amount reported as the final budgeted amounts represents the final appropriations passed by the Board of Health during the year.

## **Combined Allen County General Health District**

Notes to the Basic Financial Statements  
For the Year Ended December 31, 2018  
(Continued)

### **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 County. The Allen County Treasurer is Evalyn Shaffner, 301 N. Main St., Suite 203, Lima OH 45801, phone 419-223-8515.

### **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 District reports disbursements for inventory and prepaid items when paid. These items are not reflected as assets in the accompanying financial statements.

### **Capital Assets**

Acquisitions of property, plant and equipment are recorded as disbursements when paid. These items are not reflected as assets in the accompanying financial statements.

### **Interfund Receivables/Payables**

The Health District reports advances-in and advances-out for interfund loans. These items are not reflected as assets and liabilities 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 District's cash basis of accounting.

### **Employer Contributions to Cost-Sharing Pension Plans**

The Health District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 8 and 9, the employer contributions include portions for pension benefits and for postretirement health care benefits (OPEB).

### **Long-Term Obligations**

The Health District's cash basis financial statements do not report liabilities for long-term obligations. Proceeds of debt are reported when cash is received and principal and interest payments are reported when paid. Since recording a capital asset when entering into a capital lease is not the result of a cash transaction, neither other financing source nor a capital outlay expenditure is reported at inception. Lease payments are reported when paid.



## Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

### 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 Supplemental Nutrition for Women, Infants, and Children, Environmental Health, Family Planning, Emergency Preparedness, Nursing Immunizations and Ohio Infant Mortality.

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.

### Fund Balance

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

**Nonspendable** The nonspendable fund balance category includes amounts that cannot be spent because they are not in spendable form, or are legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash. It also includes the long-term amount of interfund loans.

**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 purposes 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. 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 District 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 District 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 District 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.

## Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

### Internal Activity

Internal allocations of overhead expenses from one function to another or within the same function are eliminated on the Statement of Activities. Payments for interfund services provided and used are not eliminated.

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 interfund transfers. Interfund transfers are reported as other financing sources/uses in governmental funds and after nonoperating 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.

### Note 3 – 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 – Budget Basis presented for the general fund and the Women, Infants and Children (WIC) fund are prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The difference(s) between the budgetary basis and the cash basis are as follows: The Salary Reserve fund is included in the general fund (cash basis), but has a separate legally adopted budget (budget basis).

Adjustments necessary to convert the results of operations at the end of the year on the budget basis to the cash basis for the General Fund are as follows:

General Fund Cash Accounting Basis	\$494,878
Perspective Differences:	
Net Activity of funds reclassified	
2018 Salary Reserve fund balance	<u>( 49,105)</u>
Budget Basis	<u>\$445,773</u>

### Note 4 – Deposits and Investments

As required by the Ohio Revised Code, the Allen County Treasurer is custodian for the Health District's deposits. The County's deposit and investment pool holds the Health District's assets, valued at the Treasurer's reported carrying amount.

### Note 5 – Intergovernmental Funding

The County apportions the excess of the Health District's appropriations over estimated receipts among the townships and municipalities composing the District, based on their taxable property valuations. The County withholds the apportioned excess from property tax settlements and distributes it to the Health District. The financial statements present these amounts as subdivision fees revenue.



**Combined Allen County General Health District**

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

Type of Coverage	Coverage	Deductible
Grange Insurance Company		
Blanket Property and Contents, Replacement	\$829,400	\$1,000
Building Coverage	1,479,000	1,000
Spoilage Coverage	20,000	500
Building Earthquake	1,567,000	10%
Contents Earthquake	774,900	10%
Employee Theft	10,000	250
Other Theft	20,000	250
Outside Premises	18,000	250
Automobile Liability	1,000,000	250

Settled claims have not exceeded this commercial coverage in any of the past three years and there was no significant reduction in coverage from the prior year.

During 2018, the Health District offered health insurance to employees working on average 30 hours or more during the look back period, October 1, 2016 to September 30, 2017. Health insurance offered by the District is through the Allen County Commissioners, contracting with County Employee Benefit Consortium of Ohio (CEBCO). The District pays 88% of monthly premiums for employees working 37.50 hours per week and, 78% of the monthly premiums for employees that average 30 or more hours per week, but under 37.50 hours.

The District insures against injuries to employees through the Ohio Bureau of Worker’s Compensation. This coverage is obtained through the Allen County Commissioners

**Risk Pool Membership**

The Health District is a member of the Public Entities Pool of Ohio (The Pool). The Pool assumes the risk of loss up to the limits of the Health District’s policy. The Pool covers the following risks:

- General liability and casualty
- Public official’s liability
- Cyber
- Law enforcement liability
- Automobile liability
- Vehicles
- Property
- Equipment breakdown

The Pool reported the following summary of assets and actuarially-measured liabilities available to pay those liabilities as of December 31, 2018:

Cash and investments	\$ 35,381,789
Actuarial liabilities	\$12,965,015

## Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

### Note 8 – Defined Benefit Pension Plans

#### Plan Description – Ohio Public Employees Retirement System (OPERS)

Plan Description – Health District employees, participate 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 and the combined plan is a combination cost-sharing, multiple-employer defined benefit/defined contribution pension plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost-of-living adjustments to members of the traditional and combined plans. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that includes financial statements, required supplementary information and detailed information about OPERS' fiduciary net position that may be obtained by visiting <https://www.opers.org/financial/reports.shtml>, by writing to the Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 800-222-7377.

Senate Bill (SB) 343 was enacted into law with an effective date of January 7, 2013. In the legislation, members in the traditional and combined plans were categorized into three groups with varying provisions of the law applicable to each group. The following table provides age and service requirements for retirement and the retirement formula applied to final average salary (FAS) for the three member groups under the traditional and combined plans as per the reduced benefits adopted by SB 343 (see OPERS CAFR referenced above for additional information, including requirements for reduced and unreduced benefits):

<b>Group A</b> Eligible to retire prior to January 7, 2013 or five years after January 7, 2013	<b>Group B</b> 20 years of service credit prior to January 7, 2013 or eligible to retire ten years after January 7, 2013	<b>Group C</b> Members not in other Groups and members hired on or after January 7, 2013
<b>State and Local</b>	<b>State and Local</b>	<b>State and Local</b>
<b>Age and Service Requirements:</b> Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	<b>Age and Service Requirements:</b> Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	<b>Age and Service Requirements:</b> Age 57 with 25 years of service credit or Age 62 with 5 years of service credit
<b>Traditional Plan Formula:</b> 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	<b>Traditional Plan Formula:</b> 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	<b>Traditional Plan Formula:</b> 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
<b>Combined Plan Formula:</b> 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	<b>Combined Plan Formula:</b> 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	<b>Combined Plan Formula:</b> 1% of FAS multiplied by years of service for the first 35 years and 1.25% for service years in excess of 35

Final average Salary (FAS) represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career.

Members who retire before meeting the age and years of service credit requirement for unreduced benefits receive a percentage reduction in the benefit amount.

## Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

When a traditional plan benefit recipient has received benefits for 12 months, an annual cost-of-living adjustment (COLA) is provided. This COLA is calculated on the base retirement benefit at the date of retirement and is not compounded. Members retiring under the combined plan receive a cost-of-living adjustment of the defined benefit portion of their pension benefit. For those retiring prior to January 7, 2013, the COLA will continue to be a 3 percent simple annual COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, the COLA will be based on the average percentage increase in the Consumer Price Index, capped at 3 percent.

Defined contribution plan benefits are established in the plan documents, which may be amended by the Board. Member-directed plan and combined plan members who have met the retirement eligibility requirements may apply for retirement benefits. The amount available for defined contribution benefits in the combined plan consists of the member's contributions plus or minus the investment gains or losses resulting from the member's investment selections. Combined plan members wishing to receive benefits must meet the requirements for both the defined benefit and defined contribution plans. Member-directed participants must have attained the age of 55, have money on deposit in the defined contribution plan and have terminated public service to apply for retirement benefits. The amount available for defined contribution benefits in the member-directed plan consists of the members' contributions, vested employer contributions and investment gains or losses resulting from the members' investment selections. Employer contributions and associated investment earnings vest over a five-year period, at a rate of 20 percent each year. At retirement, members may select one of several distribution options for payment of the vested balance in their individual OPERS accounts. Options include the purchase of a monthly defined benefit annuity from OPERS (which includes joint and survivor options), partial lump-sum payments (subject to limitations), a rollover of the vested account balance to another financial institution, receipt of entire account balance, net of taxes withheld, or a combination of these options.

Funding Policy – The Ohio Revised Code (ORC) provides statutory authority for member and employer contributions as follows:

	State and Local
<b>2018 Statutory Maximum Contribution Rates</b>	
Employer	14.0 %
Employee *	10.0 %
 <b>2018 Actual Contribution Rates</b>	
Employer:	
Pension	14.0 %
Post-employment Health Care Benefits **	0.0
Total Employer	14.0 %
Employee	10.0 %

\* Member Contributions within the combined plan are not used to fund the defined benefit retirement allowance.

\*\* This employer health care rate is for the traditional and combined plans. The employer contribution for the member-directed plan is 4%.

## **Combined Allen County General Health District**

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District's contractually required contribution was \$272,948 for the year 2018.

### **Social Security**

Seven members of the Health District's Board of Health contributed to Social Security. This plan provides retirement benefits, including survivor and disability benefits to participant.

Employees contributed 6.2 percent of their gross salaries. The Health District contributed an amount equal to 6.2 percent of participants' gross salaries. The Health District has paid all contributions required through December 31, 2018.

### **Note 9 – Postemployment Benefits**

#### **Ohio Public Employees Retirement System**

Plan Description – The 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 trust, which funds multiple health care plans including medical coverage, prescription drug coverage and deposits to a Health Reimbursement Arrangement to qualifying benefit recipients of both the traditional pension and the combined plans. This trust is also used to fund health care for member-directed plan participants, in the form of a Retiree Medical Account (RMA). At retirement or refund, member directed plan participants may be eligible for reimbursement of qualified medical expenses from their vested RMA balance.

In order to qualify for postemployment health care coverage, age and service retirees under the traditional pension and combined plans must have twenty or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The health care coverage provided by OPERS meets the definition of an Other Post Employment Benefit (OPEB) as described in GASB Statement 75. See OPERS' CAFR referenced below for additional information.

The Ohio Revised Code permits, but does not require OPERS to provide health care to its eligible benefit recipients. Authority to establish and amend health care coverage is provided to the Board in Chapter 145 of the Ohio Revised Code.

Disclosures for the health care plan are presented separately in the OPERS financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/financial/reports.shtml>, 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 the statutory authority requiring public employers to fund postemployment health care through their contributions to OPERS. A portion of each employer's contribution to OPERS is set aside to fund OPERS health care plans.

## Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2018, state and local employers contributed at a rate of 14.0 percent of earnable salary. This is the maximum employer contribution rate permitted by the Ohio Revised Code. Active member contributions do not fund health care.

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. For 2018, OPERS did not allocate any employer contribution to health care for members in the Traditional Pension Plan and Combined Plan. The OPERS Board is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected. The employer contribution as a percentage of covered payroll deposited into the RMA for participants in the Member-Directed Plan for 2018 was 4.0 percent.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District's contractually required contribution was \$0 for the year 2018.

### Note 10 – Debt

#### Loans Payable

The Health District's long-term loan activity for the year ended December 31, 2018, was as follows:

Loan	Interest Rate	Outstanding Balance December 31, 2017	Retired	Outstanding Balance December 31, 2018	Due Within One Year
Building	4.67%	\$ 578,995	\$ (35,313)	\$543,682	\$ 36,212
Improvements	5.50%	32,930	(8,571)	24,359	8,980
Total		\$ 611,925	\$ (43,884)	\$568,041	\$ 45,192

The Health District secured a mortgage loan from the Union Bank Company in the amount of \$800,000, bearing interest at 4.67% to complete the purchase and renovation of its office building. The Health District principal and interest payments are due monthly with final payment due July 18, 2030. The loan is collateralized by the property located at 219 E. Market Street, Lima, Ohio.

During 2011, the Health District entered into a loan agreement with the First National Bank for improvements to the Property at 219 E. Market Street. The principal amount of the loan is \$75,000 bearing an interest rate of 6.50% with principal and interest payments due monthly with the final payment due July 29, 2021. This loan although amortized through July 29, 2021, required a balloon payment after 5 years, July 29, 2016. The balloon payment was paid by with the proceeds of a new loan secured by the District with First National Bank with a principal amount of the loan \$44,300 bearing an interest rate of 5.50%. The loan is collateralized by the full faith and credit of the Health District.



**Combined Allen County General Health District**

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

The following is a summary of the Health District's future annual debt service requirements.

Year	Improvements		Building	
	Principal	Interest	Principal	Interest
2019	8,980	1,175	36,212	25,754
2020	9,546	609	38,707	23,259
2021	5,833	107	40,647	21,319
2022			42,614	19,352
2023			44,676	17,290
2024-2028			257,905	51,925
2029-2030			82,921	2,913
<b>Total</b>	<b>\$24,359</b>	<b>\$1,891</b>	<b>\$ 543,682</b>	<b>\$ 161,812</b>

**Leases**

During 2016, the Health District entered into two agreements for the rental of space for the WIC Division. Both leases were effective August 1, 2016 and terminated September 30, 2017, both leases having the option to extend each lease for (6) consecutive (1) years. The Health District has taken the option to extend both leases, both with a 2% increase to the monthly lease amount through September 30, 2019. The total lease amount is \$2,393 per month. Total payments required to fulfill this lease as of December 31, 2018 are \$21,537.

**Office Equipment**

In October 2017 the Health District entered into a five year equipment lease with US Bank. This lease covers two new Konica Minolta bizhubs/copiers and replaces three equipment leases the Health District had entered into previously. Two of the completed lease agreements were with US Bank, and one with Konica. The District leases the equipment under non-cancellable leases. The Final lease payment for the new lease is 2022, with a total lease cost of \$45,000.

The Health District also had two lease agreements with Mail Finance both for postage meter equipment, and both leases were retired in 2018. The Postage Meter 1 lease was replaced with a new five year lease in April 2018 through Mail Finance for new postage meter equipment. The lease for the Postage Meter 2 ended in November 2018, however the Health District utilized the lease option to continue the lease on a month to month basis, and signed a new lease agreement in January 2019. The Health District leases the equipment under non-cancellable leases. The leases are for a total cost of \$6,174 and \$11,277 respectively.

Future lease payments for the above leases are as follows:

Year	US Bank	Postage Meter 1	Postage Meter 2
2019	\$9,000	\$1,176	\$2,148
2020	9,000	1,176	2,148
2021	9,000	1,176	2,148
2022	7,500	1,176	2,148
2023		686	2,148
2024			537
<b>Total</b>	<b>\$34,500</b>	<b>\$5,390</b>	<b>\$11,277</b>

## Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2018

(Continued)

### Note 11 – Contingencies

The Health District is not a party to any litigations. 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.

### Note 12 – Fund Balances

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

Fund Balances	General Fund	Woman, Infant and Children Fund	Building Improvement Fund	Other Governmental Funds	Total Governmental Funds
<b>Restricted for</b>					
Women, Infants and Children		\$11,425			\$11,425
Ohio Infant Mortality Reduction				15,425	15,425
Maternal Child Health				20,450	20,450
Food Service				28,098	28,098
Campground Program				1,300	1,300
Water Program				1,550	1,550
Creating Healthy Communities				17,767	17,767
Reproductive Health and Wellness				14,453	14,453
Pools/Spa Program				25,451	25,451
Immunization Action Plan				1,695	1,695
DIS/STD Prevention				7,076	7,076
Sewage Program				4,985	4,985
HIV/AIDS Prevention				1,254	1,254
Get Vaccinated				8,325	8,325
Cribs for Kids				33,118	33,118
<b>Total Restricted</b>		<b>11,425</b>		<b>180,947</b>	<b>192,372</b>
<b>Committed to</b>					
Sick & Vacation Leave Payout	49,105				\$49,105
<b>Total Committed</b>	<b>49,105</b>				<b>\$49,105</b>
<b>Assigned to</b>					
Future Capital Improvements			40,769		40,769
Subsequent Year Budget	271,000				271,000
<b>Total Assigned</b>	<b>271,000</b>		<b>40,769</b>		<b>311,769</b>
<b>Unassigned</b>	<b>174,773</b>				<b>174,773</b>
<i>Total Fund Balances</i>	<i>\$494,878</i>	<i>\$11,425</i>	<i>\$40,769</i>	<i>\$180,947</i>	<i>\$728,019</i>

### Note 13 – Subsequent Events

The Health District has no subsequent events that would significantly affect the financial condition of the Health District.

**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT  
ALLEN COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

<b>FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title</b>	<b>Federal CFDA Number</b>	<b>Pass Through Entity Identifying Number</b>	<b>Total Federal Expenditures</b>
<b>U.S. DEPARTMENT OF AGRICULTURE Passed Through Ohio Department of Health</b>			
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	WA-12-19	\$ 151,677
		WA-11-18	<u>522,738</u>
Total WIC Special Supplemental Nutrition Program for Women, Infants, and Children			<u>674,415</u>
Total U.S. Department of Agriculture			<u>674,415</u>
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN RESOURCES Passed Through Ohio Department of Health</b>			
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	PH-10-19	28,800
		PH-09-18	<u>70,269</u>
Total Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements			<u>99,069</u>
Preventive Health and Health Services Block Grant Funded Soley with Prevention and Public Health Funds (PPHF) Creating Healthy Communities	93.758	CC-09-18	93,100
		CC-08-17	<u>1,495</u>
Total Preventive Health and Health Services Block Grant Funded Soley with Prevention and Public Health Funds (PPHF)			<u>94,595</u>
Family Planning Services Reproductive Health and Wellness	93.217	RH-08-19	7,399
		RH-07-18	<u>18,873</u>
Total Family Planning Services			<u>26,272</u>
Maternal and Child Health Services Block Grant to the States Reproductive Health and Wellness	93.994	RH-07-18	10,690
Moms and Babies First		MB-01-19	35,567
Ohio Infant Mortality Reduction Initiative		OM-02-18	133,781
Community Health Assessment		MC30634-01-04	17,400
Maternal Child Health		MP-03-19	12,528
Maternal Child Health		MP-02-18	<u>31,943</u>
Total Maternal and Child Health Services Block Grant to the States			<u>241,909</u>
PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds	93.539	IM-10-17	19,382
Immunization Cooperative Agreements	93.268	GV-01-19	<u>35,366</u>
Total U.S. Department of Health and Human Services			<u>516,593</u>
<b>Total Expenditures of Federal Awards</b>			<b><u>\$ 1,191,008</u></b>

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

**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT  
ALLEN COUNTY**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
2 CFR 200.510(b)(6)  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**NOTE A – BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of Allen County Combined Health District (Health District) under programs of the federal government for the year ended December 31, 2018.

The information on this Schedule is prepared in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position or change in net position of the Health District.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported on the Schedule are reported on the cash basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance wherein certain types of expenditures may or may not be allowable or may be limited as to reimbursement.

**NOTE C – INDIRECT COST RATE**

The Health District has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

**NOTE D - SUBRECIPIENTS**

The Health District did not pass through funds to subrecipients in fiscal year ending December 31, 2018.

**NOTE E - MATCHING REQUIREMENTS**

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

**NOTE F – MEDICAID ADMINISTRATIVE CLAIMING ADJUSTMENTS**

During the calendar year, the Health District received a deferred payment from the Ohio Department of Health (ODH) for the Medicaid program (CFDA #93.778) in the amount \$43,100.53. The deferred payment was for Medicaid Administrative Claiming (MAC) expenses the Health District incurred in prior reporting periods due to federal funding received by ODH to reimburse these expenses and also due to changes in the health district's Medicaid Eligibility Rate (MER) for certain activity codes within MAC. This revenue is not listed on the Health District's Schedule of Expenditures of Federal Awards since the underlying expenses are on a cost reimbursement basis and occurred in prior reporting periods.

# OHIO AUDITOR OF STATE KEITH FABER



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130 West Second Street, Suite 2040  
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WestRegion@ohioauditor.gov

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

Combined Allen County General Health District  
Allen County  
219 East Market Street  
P.O. Box 1503  
Lima, Ohio 45802

To the Members of the Board of Health:

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 cash-basis financial statements of the governmental activities, each major fund and the aggregate remaining fund information of the Combined Allen County General Health District, Allen County, (the Health District) as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements and have issued our report thereon dated August 28, 2019, wherein we noted the Health District 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 District'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 District'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 District'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.

***Compliance and Other Matters***

As part of reasonably assuring whether the Health District'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 District's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the Health District's internal control and compliance. Accordingly, this report is not suitable for any other purpose.



Keith Faber  
Auditor of State  
Columbus, Ohio

August 28, 2019

# OHIO AUDITOR OF STATE KEITH FABER



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## INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO THE MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Combined Allen County General Health District  
Allen County  
219 E. Market Street  
P.O. Box 1503  
Lima, Ohio 45802

To the Members of the Board of Health:

### ***Report on Compliance for the Major Federal Program***

We have audited the Combined Allen County General Health District's (the Health District) compliance with the applicable requirements described in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could directly and materially affect the Combined Allen County General Health District's major federal program for the year ended December 31, 2018. The *Summary of Auditor's Results* in the accompanying schedule of findings identifies the Health District's major federal program.

### ***Management's Responsibility***

The Health District's Management is responsible for complying with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal program.

### ***Auditor's Responsibility***

Our responsibility is to opine on the Health District's compliance for the Health District's major federal program 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 the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). These standards and the Uniform Guidance 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 District'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 District's major program. However, our audit does not provide a legal determination of the Health District's compliance.

***Opinion on the Major Federal Program***

In our opinion, the Combined Allen County General Health District 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, 2018.

***Report on Internal Control Over Compliance***

The Health District'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 District'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 the major federal program's compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance, 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 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 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 over compliance tests and the results of this testing based on Uniform Guidance requirements. Accordingly, this report is not suitable for any other purpose.



Keith Faber  
Auditor of State  
Columbus, Ohio

August 28, 2019



**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT  
ALLEN COUNTY**

**SCHEDULE OF FINDINGS  
2 CFR § 200.515  
DECEMBER 31, 2018**

**1. SUMMARY OF AUDITOR'S RESULTS**

<b>(d)(1)(i)</b>	<b>Type of Financial Statement Opinion</b>	Unmodified
<b>(d)(1)(ii)</b>	<b>Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(ii)</b>	<b>Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(iii)</b>	<b>Was there any reported material noncompliance at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(iv)</b>	<b>Were there any material weaknesses in internal control reported for major federal programs?</b>	No
<b>(d)(1)(iv)</b>	<b>Were there any significant deficiencies in internal control reported for major federal programs?</b>	No
<b>(d)(1)(v)</b>	<b>Type of Major Programs' Compliance Opinion</b>	Unmodified
<b>(d)(1)(vi)</b>	<b>Are there any reportable findings under 2 CFR § 200.516(a)?</b>	No
<b>(d)(1)(vii)</b>	<b>Major Programs (list):</b>	WIC Special Supplemental Nutrition Program for Women, Infants, and Children – CFDA #10.557
<b>(d)(1)(viii)</b>	<b>Dollar Threshold: Type A/B Programs</b>	Type A: > \$ 750,000 Type B: all others
<b>(d)(1)(ix)</b>	<b>Low Risk Auditee under 2 CFR § 200.520?</b>	No

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

None

**3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS**

None

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# OHIO AUDITOR OF STATE KEITH FABER



**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT**

**ALLEN 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  
SEPTEMBER 26, 2019**