

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**SINGLE AUDIT
FOR THE YEAR ENDED DECEMBER 31, 2021**

**REGULAR AUDIT
FOR THE YEAR ENDED DECEMBER 31, 2020**

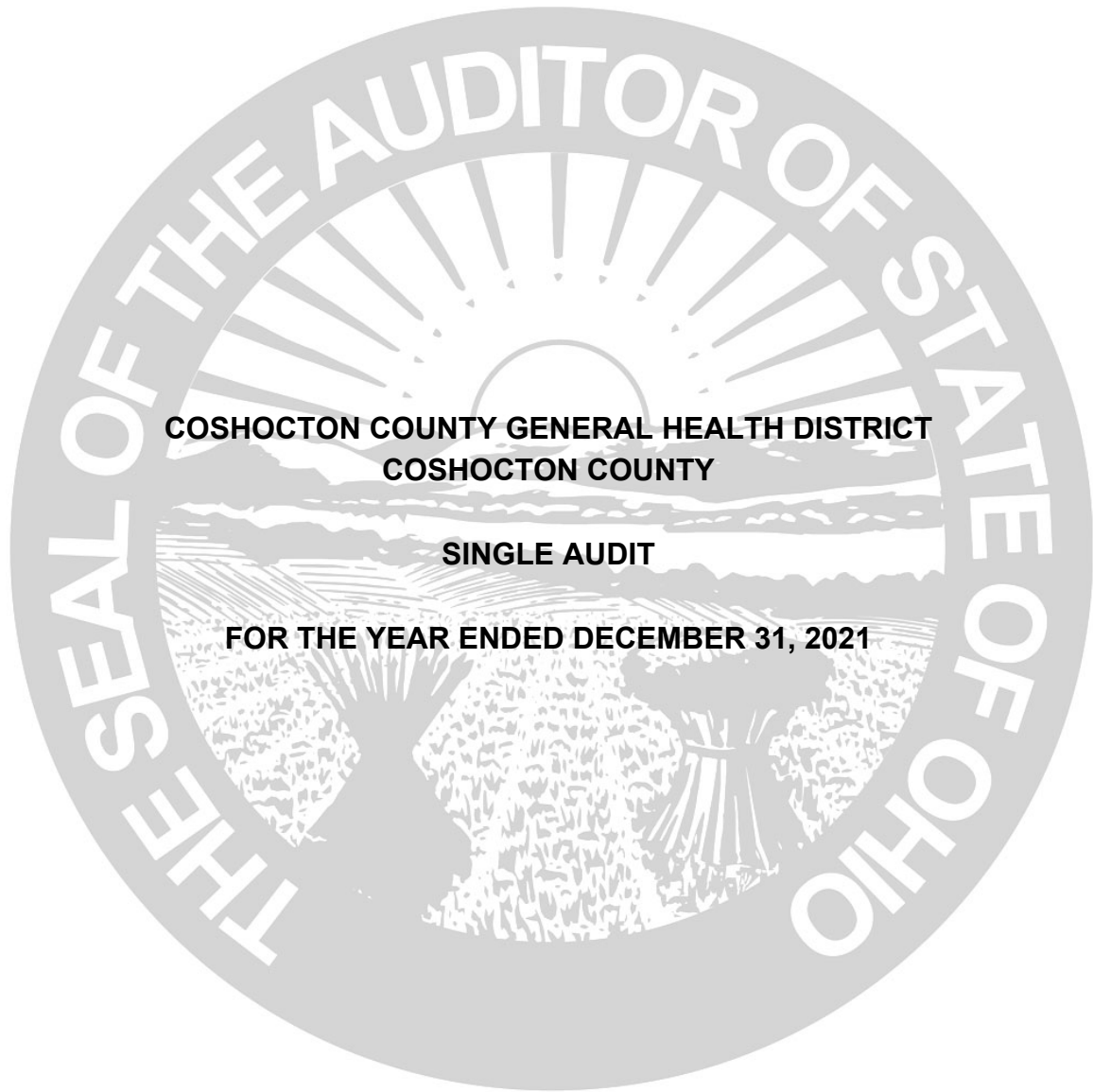
**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHCTON COUNTY**

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TITLE

Single Audit
For the Fiscal Year Ended December 31, 2021

Regular Audit
For the Fiscal Year Ended December 31, 2020



**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

SINGLE AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2021

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

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INDEPENDENT AUDITOR'S REPORT

Coshocton County General Health District
Coshocton County
637 Chestnut Street
Coshocton, Ohio 43812

To the District Board of Health

Report on the Audit of the Financial Statements

Opinions

We have audited the cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Coshocton County General Health District, Coshocton County, Ohio (the Health District), as of and for the year ended December 31, 2021, 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.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective cash-basis financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of December 31, 2021, and the respective changes in cash-basis financial position thereof and the respective budgetary comparison for the General, Child and Family Health Services, Women, Infants and Children (WIC), Solid Waste Grant, Public Health Emergency Preparedness (PHEP) and Household Sewage Treatment funds for the year then ended in accordance with the cash-basis of accounting described in Note 2.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Emphasis of Matter - Accounting Basis

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

As discussed in Note 13 to the financial statements, the financial impact of COVID-19 and the continuing emergency measures may impact subsequent periods of the Health District. As discussed in Note 14 to the financial statements, the Health District merged with the Coshocton City Health Department, forming the Coshocton Public Health District, as of January 1, 2023. Our opinion is not modified with respect to these matters.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting described in Note 2, and for determining that the cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted to opine on the financial statements as a whole that collectively comprise the Health District's basic financial statements.

The Schedule of Expenditures of Federal Awards 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 is presented for purposes of additional analysis and is not a required part of the financial statements.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied to the basic financial statements and certain additional procedures, including comparing and reconciling such 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, this Schedule is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 12, 2023, 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. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's 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

May 12, 2023

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GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF NET POSITION - CASH BASIS
 DECEMBER 31, 2021

	Governmental Activities
Assets:	
Equity in Pooled Cash and Cash Equivalents	\$928,559
<i>Total Assets</i>	\$928,559
 Net Position	
Restricted for:	
Special Revenue Funds	\$389,016
Federal COVID-19 Programs	136,676
Merger with City Health Department	108,000
Unrestricted	294,867
 <i>Total Net Position</i>	 \$928,559

See accompanying notes to the basic financial statements.

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF ACTIVITIES - CASH BASIS
 FOR THE YEAR END DECEMBER 31, 2021

		Program Cash Receipts	Net (Disbursements) Receipts & Changes in Net Position
	Cash Disbursements	Charges for Services and Sales	Operating Grants & Contributions
			Governmental Activities
Governmental Activities:			
Health	\$1,228,192	\$243,070	\$715,892
			(\$269,230)
<i>Total Governmental Activities</i>	\$1,228,192	\$243,070	\$715,892
			(\$269,230)
 General Receipts:			
Unrestricted Contributions & Donations			231,725
Miscellaneous			1,358
			233,083
<i>Total General Receipts, Transfers and Advances</i>			233,083
 Change in Net Position			(36,147)
<i>Net Position - Beginning of Year</i>			964,706
<i>Net Position - End of Year</i>			\$928,559

See accompanying notes to the basic financial statements.

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF ASSETS AND FUND BALANCES - CASH BASIS
 GOVERNMENTAL FUNDS
 FOR THE YEAR ENDED DECEMBER 31, 2021

	General Fund	Child and Child & Family Health Fund	Women, Infants and Children (WIC) Fund	Solid Waste Grant Fund	Public Health Emergency Preparedness (PHEP) Fund	Household Sewage Treatment Fund	Other Governmental Funds	Total Governmental Funds
Assets								
Equity in Pooled Cash and Cash Equivalents	\$539,543	\$81,313	\$27,320	\$58,810	\$60,371	\$76,463	\$84,739	\$928,559
<i>Total Assets</i>	<u>\$539,543</u>	<u>\$81,313</u>	<u>\$27,320</u>	<u>\$58,810</u>	<u>\$60,371</u>	<u>\$76,463</u>	<u>\$84,739</u>	<u>\$928,559</u>
Fund Balances								
Restricted	\$244,676	\$81,313	\$27,320	\$58,810	\$60,371	\$76,463	\$84,739	633,692
Assigned	292,214							292,214
Unassigned	2,653							2,653
<i>Total Fund Balances</i>	<u>\$539,543</u>	<u>\$81,313</u>	<u>\$27,320</u>	<u>\$58,810</u>	<u>\$60,371</u>	<u>\$76,463</u>	<u>\$84,739</u>	<u>\$928,559</u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS, AND
 CHANGES IN FUND BALANCES - CASH BASIS
 GOVERNMENTAL FUNDS
 FOR THE YEAR ENDED DECEMBER 31, 2021

	General Fund	Child and Child & Family Health Fund	Women, Infants and Children (WIC) Fund	Solid Waste Grant Fund	Public Health Emergency Preparedness (PHEP) Fund	Household Sewage Treatment Fund	Other Governmental Funds	Total Governmental Funds
Receipts:								
Charges for Services	\$2,950	\$27,463	\$0	\$0	\$0	\$17,250	\$0	\$47,663
Fines, Licenses and Permits	30,175	0	0	36,400	0	46,185	82,647	195,407
Intergovernmental								
Apportionments	175,000							175,000
Grants	302,041	0	187,803	42,987	56,356	57,748	0	646,935
Other	59,318	9,639	0	0	0	0	0	68,957
Miscellaneous	7,108	50,975	0	0	0	0	0	58,083
<i>Total Receipts</i>	<u>576,592</u>	<u>88,077</u>	<u>187,803</u>	<u>79,387</u>	<u>56,356</u>	<u>121,183</u>	<u>82,647</u>	<u>1,192,045</u>
Disbursements:								
Current:								
Health	707,050	57,211	191,225	79,662	36,500	92,552	63,992	1,228,192
<i>Total Disbursements</i>	<u>707,050</u>	<u>57,211</u>	<u>191,225</u>	<u>79,662</u>	<u>36,500</u>	<u>92,552</u>	<u>63,992</u>	<u>1,228,192</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(130,458)</u>	<u>30,866</u>	<u>(3,422)</u>	<u>(275)</u>	<u>19,856</u>	<u>28,631</u>	<u>18,655</u>	<u>(36,147)</u>
Other Financing Sources (Uses)								
Transfer-In	0	0	0	0	0	0	6,000	6,000
Transfer-Out	0	0	0	0	0	(2,000)	(4,000)	(6,000)
<i>Total Other Financing Sources (Uses)</i>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(2,000)</u>	<u>2,000</u>	<u>0</u>
<i>Net Change in Fund Balances</i>	<u>(130,458)</u>	<u>30,866</u>	<u>(3,422)</u>	<u>(275)</u>	<u>19,856</u>	<u>26,631</u>	<u>20,655</u>	<u>(36,147)</u>
<i>Fund Balances Beginning of Year</i>	<u>670,001</u>	<u>50,447</u>	<u>30,742</u>	<u>59,085</u>	<u>40,515</u>	<u>49,832</u>	<u>64,084</u>	<u>964,706</u>
<i>Fund Balances End of Year</i>	<u><u>\$539,543</u></u>	<u><u>\$81,313</u></u>	<u><u>\$27,320</u></u>	<u><u>\$58,810</u></u>	<u><u>\$60,371</u></u>	<u><u>\$76,463</u></u>	<u><u>\$84,739</u></u>	<u><u>\$928,559</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 GENERAL FUND
 FOR THE YEAR ENDED DECEMBER 31, 2021

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Charges for Services	\$4,000	\$4,000	\$2,950	(\$1,050)
Fines, Licenses and Permits	29,731	29,775	30,175	400
Intergovernmental				
Apportionments	175,000	175,000	175,000	0
Grants	66,707	299,379	302,041	2,662
Other	56,829	59,316	59,318	2
Miscellaneous	0	7,107	7,108	1
<i>Total Receipts</i>	<u>332,267</u>	<u>574,577</u>	<u>576,592</u>	<u>2,015</u>
Disbursements:				
Current				
Health:				
Salaries	197,724	437,446	323,315	114,131
Employee Fringe Benefits	64,334	106,611	83,164	23,447
Supplies	9,275	95,866	45,851	50,015
Equipment	22,367	52,367	38,142	14,225
Contract Services	123,654	482,316	213,636	268,680
Travel/Conferences	2,033	2,033	709	1,324
Other Expenses	39,077	52,960	52,298	662
<i>Total Disbursements</i>	<u>458,464</u>	<u>1,229,599</u>	<u>757,115</u>	<u>472,484</u>
<i>Deficiency of Receipts (Under) Disbursements</i>	<u>(126,197)</u>	<u>(655,022)</u>	<u>(180,523)</u>	<u>474,499</u>
Other Financing (Uses)				
Transfers Out	(2,000)	(2,000)	(2,000)	0
<i>Total Other Financing Sources (Uses)</i>	<u>(2,000)</u>	<u>(2,000)</u>	<u>(2,000)</u>	<u>0</u>
<i>Net Change in Fund Balance</i>	(128,197)	(657,022)	(182,523)	474,499
<i>Unencumbered Fund Balance Beginning of Year</i>	635,591	635,591	635,591	0
Prior Year Encumbrances Appropriated	28,409	28,409	28,409	0
<i>Unencumbered Fund Balance End of Year</i>	<u>\$535,803</u>	<u>\$6,978</u>	<u>\$481,477</u>	<u>\$474,499</u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 CHILD AND FAMILY HEALTH SERVICES FUND
 FOR THE YEAR ENDED DECEMBER 31, 2021

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Charges for Services	\$17,750	\$27,000	\$27,463	\$463
Intergovernmental				
Other	11,000	9,639	9,639	0
Miscellaneous	46,000	46,000	50,975	4,975
<i>Total Receipts</i>	<u>74,750</u>	<u>82,639</u>	<u>88,077</u>	<u>5,438</u>
Disbursements:				
Current				
Health:				
Salaries	55,234	55,234	25,807	29,427
Employee Fringe Benefits	10,596	10,596	4,747	5,849
Supplies	4,500	4,500	712	3,788
Contract Services	27,000	27,000	26,500	500
Other Expenses	3,400	3,400	1,400	2,000
<i>Total Disbursements</i>	<u>100,730</u>	<u>100,730</u>	<u>59,166</u>	<u>41,564</u>
<i>Net Change in Fund Balance</i>	(25,980)	(18,091)	28,911	47,002
<i>Unencumbered Fund Balance Beginning of Year</i>	<u>50,447</u>	<u>50,447</u>	<u>50,447</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$24,467</u></u>	<u><u>\$32,356</u></u>	<u><u>\$79,358</u></u>	<u><u>\$47,002</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 WOMEN, INFANTS AND CHILDREN (WIC) FUND
 FOR THE YEAR ENDED DECEMBER 31, 2021

	<u>Budgeted Amounts</u>		<u>Actual</u>	Variance With Final Budget Positive (Negative)
	<u>Original</u>	<u>Final</u>		
Receipts:				
Intergovernmental Grants	\$205,317	\$180,000	\$187,803	\$7,803
<i>Total Receipts</i>	<u>205,317</u>	<u>180,000</u>	<u>187,803</u>	<u>7,803</u>
Disbursements:				
Current				
Health:				
Salaries	161,324	149,324	149,225	99
Employee Fringe Benefits	37,823	31,433	30,719	714
Supplies	6,957	11,957	11,281	676
<i>Total Disbursements</i>	<u>206,104</u>	<u>192,714</u>	<u>191,225</u>	<u>1,489</u>
<i>Net Change in Fund Balance</i>	(787)	(12,714)	(3,422)	9,292
<i>Unencumbered Fund Balance Beginning of Year</i>	28,107	28,107	28,107	0
Prior Year Encumbrances Appropriated	<u>1,056</u>	<u>1,056</u>	<u>1,056</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$28,376</u></u>	<u><u>\$16,449</u></u>	<u><u>\$25,741</u></u>	<u><u>\$9,292</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 SOLID WASTE GRANT FUND
 FOR THE YEAR ENDED DECEMBER 31, 2021

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Fines, Licenses and Permits	\$36,400	\$36,400	\$36,400	\$0
Intergovernmental Grants	47,763	42,986	42,987	1
<i>Total Receipts</i>	<u>84,163</u>	<u>79,386</u>	<u>79,387</u>	<u>1</u>
Disbursements:				
Current				
Health:				
Salaries	28,603	28,603	26,396	2,207
Employee Fringe Benefits	19,050	19,050	15,773	3,277
Supplies	500	500	27	473
Travel/Conferences	2,062	2,155	2,048	107
Other Expenses	33,500	35,475	35,475	0
<i>Total Disbursements</i>	<u>83,715</u>	<u>85,783</u>	<u>79,719</u>	<u>6,064</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>448</u>	<u>(6,397)</u>	<u>(332)</u>	<u>6,065</u>
Other Financing Sources (Uses)				
Transfers Out	(2,000)	(2,000)	0	2,000
<i>Total Other Financing Sources (Uses)</i>	<u>(2,000)</u>	<u>(2,000)</u>	<u>0</u>	<u>2,000</u>
<i>Net Change in Fund Balance</i>	(1,552)	(8,397)	(332)	8,065
<i>Unencumbered Fund Balance Beginning of Year</i>	59,024	59,024	59,024	0
Prior Year Encumbrances Appropriated	62	62	62	0
<i>Unencumbered Fund Balance End of Year</i>	<u>\$57,534</u>	<u>\$50,689</u>	<u>\$58,754</u>	<u>\$8,065</u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) FUND
 FOR THE YEAR ENDED DECEMBER 31, 2021

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Intergovernmental				
Grants	\$67,467	\$56,356	\$56,356	\$0
Total Receipts	<u>67,467</u>	<u>56,356</u>	<u>56,356</u>	<u>0</u>
Disbursements:				
Current				
Health:				
Salaries	45,173	45,173	21,593	23,580
Employee Fringe Benefits	12,680	12,680	6,633	6,047
Supplies	1,550	1,550	1,538	12
Contract Services	8,980	8,980	8,980	0
Total Disbursements	<u>68,383</u>	<u>68,383</u>	<u>38,744</u>	<u>29,639</u>
<i>Net Change in Fund Balance</i>	(916)	(12,027)	17,612	29,639
<i>Unencumbered Fund Balance Beginning of Year</i>	40,425	40,425	40,425	0
Prior Year Encumbrances Appropriated	<u>90</u>	<u>90</u>	<u>90</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$39,599</u></u>	<u><u>\$28,488</u></u>	<u><u>\$58,127</u></u>	<u><u>\$29,639</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 HOUSEHOLD SEWAGE TREATMENT FUND
 FOR THE YEAR ENDED DECEMBER 31, 2021

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Charges for Services	\$16,250	\$16,250	\$17,250	\$1,000
Fines, Licenses and Permits	39,845	41,585	46,185	4,600
Intergovernmental				
Grants	100,000	57,665	57,748	83
<i>Total Receipts</i>	<u>156,095</u>	<u>115,500</u>	<u>121,183</u>	<u>5,683</u>
Disbursements:				
Current				
Health:				
Salaries	29,928	29,928	15,098	14,830
Employee Fringe Benefits	20,302	20,302	9,397	10,905
Supplies	1,000	1,000	650	350
Other Expenses	110,090	112,102	69,462	42,640
<i>Total Disbursements</i>	<u>161,320</u>	<u>163,332</u>	<u>94,607</u>	<u>68,725</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(5,225)</u>	<u>(47,832)</u>	<u>26,576</u>	<u>74,408</u>
Other Financing Sources (Uses)				
Transfers Out	(2,000)	(2,000)	(2,000)	0
<i>Total Other Financing Sources (Uses)</i>	<u>(2,000)</u>	<u>(2,000)</u>	<u>(2,000)</u>	<u>0</u>
<i>Net Change in Fund Balance</i>	(7,225)	(49,832)	24,576	74,408
<i>Unencumbered Fund Balance Beginning of Year</i>	38,296	38,296	38,296	0
Prior Year Encumbrances Appropriated	11,536	11,536	11,536	0
<i>Unencumbered Fund Balance End of Year</i>	<u>\$42,607</u>	<u>\$0</u>	<u>\$74,408</u>	<u>\$74,408</u>

See accompanying notes to the basic financial statements

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Note 1 – Reporting Entity

Empowered by Section 3709.01, Revised Code, the General Health District, Coshocoton County (the Health District) consists of the County’s 22 Townships and 5 Villages. The Health District is directed by a five-member Board appointed by the Health District Advisory Council, which is composed of publicly elected officials from the governmental subdivisions within the Health District, a Health Commissioner, and a Fiscal Administrator.

As a separate political entity, the Health District operates autonomously from the government of Coshocoton County. However, the Revised Code charges the County Auditor and County Treasurer to serve in similar capacities for the Health District. Charged with maintaining the health and welfare of the General Health District, the Health District is empowered to enforce the laws, rules and regulations as promulgated by the appropriate federal and state legislatures, departments, and agencies. The Health District provides general governmental services, including health services relative to communicable disease investigations, immunization clinics, tuberculosis screening, home nursing visits, inspections, birth and death certificates, various licenses and permits, and related services.

The reporting entity is comprised of the primary government, component units and other organizations that were included to ensure that the financial statements 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 communicable disease investigations, immunizations clinics, inspections, public health nursing services, the issuance of health-related licenses and permits, and emergency response planning.

As health districts are structured in Ohio, the County Auditor and County Treasurer serve respectively as fiscal officer and custodian of funds for the Health District. As fiscal officer, the County Auditor certifies the availability of cash and appropriations prior to the processing of payments. As the custodian of public funds, the County Treasurer invests Health District monies held on deposit in the county treasury.

Joint Ventures, Jointly Governed Organizations, Public Entity Risk Pools and Related Organizations

A joint venture is a legal entity or other organization that results from a contractual arrangement and that is owned, operated, or governed by two or more participants as a separate and specific activity subject to joint control, in which the participants retain (a) an ongoing financial interest, or (b) an ongoing financial responsibility. Under the cash basis of accounting, the Health District does not report assets for equity interest in joint ventures.

The Health District participates in a public entity risk pool. Note 7 to the financial statements provides additional information for this entity. This organization is the Public Entities Pool of Ohio (PEP). PEP provides property, casualty, and liability coverage.

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

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

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 more 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. 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 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.

The statement of net position presents the cash balance of the governmental activities of the Health District at year-end. The statement of activities presents a comparison between direct expenses and program revenues for each program or function of the Health District’s governmental activities. 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 and grants and contributions that are restricted to meeting the operational or capital requirements of 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 expenses with program receipts identifies the extent to which each governmental program is self-financing or draws from the general receipts of the Health District.

Fund Financial Statements During the year, the Health District segregates transactions related to certain Health District functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. Fund financial statements are designed to present financial information of the Health District at the more detailed level. The focus of governmental fund financial statement 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 included in one category: 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 Fund The General Fund accounts for 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.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Child and Family Health Services Fund Patient fees, Medicaid reimbursements, and charitable donations help this fund with revenues for the Maternal and Child Health Center.

Women, Infants and Children (WIC) Fund This fund accounts for and reports federal grant monies restricted to the Women, Infants, and Children Program.

Solid Waste Grant Fund This fund is used to account for permits issued and grants from the Four County Solid Waste District.

Public Health Emergency Preparedness (PHEP) Fund This is a federal grant fund used to assure the Health District is prepared for any public health emergencies, both natural and man-made.

Household Sewage Treatment Fund This fund is used to account for the use and receipt of sewage treatment systems fees for various permits and duties authorized by Ohio R.C. 3718 as well as lot/split review fees and occasional state EPA grants.

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

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. As a result of the use of the cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue billed or provided services not yet collected), deferred outflows of resources, certain liabilities and their related disbursements (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. Therefore, in 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.

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 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 Health 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

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

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.

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 Coshocton County Treasurer's Office is located at 349 Main Street, Coshocton, Ohio 43812. The phone number is (740) 622-2731.

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.

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 disbursements 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 other postemployment benefits (OPEB).

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Long-Term Obligations

The Health District's cash basis financial statements do not report liabilities for long-term obligations.

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.

The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available. Net position restricted for other purposes include resources restricted for special revenue funds.

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 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 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.

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Internal Activity

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. 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 is (and any major special revenue fund are) prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The differences between the budgetary basis and the cash basis are as follows:

1. Outstanding year end encumbrances are treated as cash disbursements (budgetary basis) rather than as restricted, committed or assigned fund balance (cash basis).
2. Some funds are included in the general fund (cash basis) but have separate legally adopted budgets (budgetary basis).

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

	General	Child & Family Health	Women, Infants & Children (WIC)	Solid Waste Grant	Public Health Emergency Preparedness (PHEP)	Household Sewage Treatment
Fund Balance, Cash Accounting Basis	\$539,543	\$81,313	\$27,320	\$58,810	\$60,371	\$76,463
Year-End Encumbrances	(56,062)	(1,955)	0	(56)	(2,244)	(2,055)
<u>Perspective Difference:</u>						
Funds Reclassified:						
District Health Reserve	(2,004)	0	0	0	0	0
WIC Reserve	0	0	(1,579)	0	0	0
Fund Balance, Budget Basis	\$481,477	\$79,358	\$25,741	\$58,754	\$58,127	\$74,408

Note 4 – Deposits and Investments

As required by the Ohio Revised Code, the Coshocoton 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.

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Note 5 - Intergovernmental

The County apportions the excess of the Health District’s appropriations over estimated receipts among the townships and municipalities composing the Health District’s, 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 apportionment revenue.

Note 6 – Interfund Balances and Transfers

During 2021, the following transfers were made:

	Transfer from		
Transfer to	Household Sewage Treatment	Other Nonmajor Governmental	Total
Other Nonmajor Governmental Funds	\$2,000	\$4,000	\$6,000

The above-mentioned Transfers From/To were used to move receipts from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them; and to use unrestricted receipts collected in the General Fund to finance various programs accounted for in other funds in accordance with budgetary authorizations. Nonroutine transfers from the Major Special Revenue Fund and other nonmajor governmental funds were in compliance with Ohio Revised Code for designated projects.

Interfund Balances

There were no Interfund balances at December 31, 2021.

Note 7 – Risk Management

The Health District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. During 2021, the Health District contracted with several companies for various types of insurance as described below:

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

The Health District manages employee health benefits on a self-insured basis through the County Commissioners. The employee health benefit plan provides basic health and dental coverage through Mutual Health Services, a Division of Medical Mutual of Ohio, the third party administrator (TPA) of the program, which reviews and pays the claims. A specific excess loss coverage (stop-loss) insurance policy covers claims in excess of \$90,000 per employee per year. The insurance premiums for medical and dental were Plan A- Buyup - \$2,080 family coverage, \$708 single, \$1,514 Employee + Spouse and \$1,253 Employee + child/children. For Plan B – Core - \$1,901 family coverage, \$647 single coverage, \$1,386 Employee + spouse and \$1,149 employee + child/children. Plan C – HSA - \$1,875 family coverage, \$638 single, \$1,386 employee + spouse and \$1,135 employee + child/children coverage which represents the entire premium required. The county does not charge a medical administrative fee per employee.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Risk Pool Membership

The Health District's 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:

	<u>2021</u>
Cash and investments	\$41,996,820
Actuarial liabilities	\$14,974,099

Note 8 – Defined Benefit Pension Plans

Ohio Public Employees Retirement System

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. Participating employers are divided into state, local, law enforcement and public safety divisions. While members in the state and local divisions may participate in all three plans, law enforcement and public safety divisions exist only within the traditional 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 ACFR referenced above for additional information, including requirements for reduced and unreduced benefits):

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
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Group A	Group B	Group C
Eligible to retire prior to January 7, 2013, or five years after January 7, 2013	20 years of service credit prior to January 7, 2013, or eligible to retire ten years after January 7, 2013	Members not in other Groups and members hired on or after January 7, 2013
State and Local	State and Local	State and Local
Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 57 with 25 years of service credit or Age 62 with 5 years of service credit
Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 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. The initial amount of a member's pension benefit is vested upon receipt of the initial benefit payment for calculation of an annual cost-of-living adjustment.

When a traditional plan benefit recipient has received benefits for 12 months, current law provides for 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, current law provides for a 3 percent COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, current law provides that 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.

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

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 annuitization of their benefit (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.

Beginning in 2022, the Combined Plan will be consolidated under the Traditional Pension Plan (defined benefit plan) and the Combined Plan option will no longer be available for new hires.

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

	State and Local
2021 Statutory Maximum Contribution Rates	
Employer	14.0 %
Employee *	10.0 %
 2021 Actual Contribution Rates	
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.

** These pension and employer health care rates are for the traditional and combined plans. The employer contributions rate for the member-directed plan is allocated 4 percent for health care with the remainder going to pension.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District's contractually required contribution was \$80,004 for the year 2021.

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 postemployment 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.

**GENERAL HEALTH DISTRICT
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**NOTES TO THE BASIC FINANCIAL STATEMENTS
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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 with a minimum age of 60, or generally 30 years of qualifying service at any age. 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 ACFR 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. When funding is approved by the OPERS Board of Trustees, a portion of each employer’s contribution to OPERS is set aside to fund OPERS health care plans.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2021, state and local employers contributed at a rate of 14.0 percent of earnable salary and public safety and law enforcement employers contributed at 18.1 percent. These are the maximum employer contribution rates 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 2021 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 2021 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 2021.

Note 10 – Contingent Liabilities

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

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
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Note 11 – Public Entity Risk Pool (See Note 7)

The Health District 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. American Risk Pooling Consultants, Inc. (ARPCO), a division of York Insurance Services Group, Inc. (York), functions as the administrator of PEP and provides underwriting, claims, loss control, risk management, and reinsurance services for PEP. PEP is a member of the American Public Entity.

Note 12 – Fund Balances

Fund balance is classified as non-spendable, 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 for year-end December 31, 2021.

Fund Balances	General	Child & Family Health Services	Women, Infants & Children	Solid Waste Grant	Public Health Emergency Preparedness	Household Sewage Treatment	Other Governmental Funds	Total
Restricted for								
Women, Infants and Children	\$0	\$0	\$27,320	\$0	\$0	\$0	\$0	\$27,320
Child & Family Health Fund	0	81,313	0	0	0	0	0	81,313
Solid Waste	0	0	0	58,810	0	0	0	58,810
Public Health Emergency	0	0	0	0	60,371	0	0	60,371
Environmental Reserve	0	0	0	0	0	0	19,414	19,414
Household Sewage Treatment	0	0	0	0	0	76,463	0	76,463
Swimming Pool	0	0	0	0	0	0	1,946	1,946
Water	0	0	0	0	0	0	40,134	40,134
DH Construction and Demolition	0	0	0	0	0	0	2,669	2,669
Campground	0	0	0	0	0	0	5,205	5,205
Food Service	0	0	0	0	0	0	15,371	15,371
Federal COVID-19 Programs	136,676	0	0	0	0	0	0	136,676
Merger with City Health Depart.	108,000	0	0	0	0	0	0	108,000
<i>Total Restricted</i>	<u>244,676</u>	<u>81,313</u>	<u>27,320</u>	<u>58,810</u>	<u>60,371</u>	<u>76,463</u>	<u>84,739</u>	<u>633,692</u>
Assigned to								
Subsequent Year Appropriations	236,154	0	0	0	0	0	0	236,154
Operating Expenses	56,060	0	0	0	0	0	0	56,060
<i>Total Assigned</i>	<u>292,214</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>292,214</u>
Unassigned	<u>2,653</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,653</u>
<i>Total Fund Balances</i>	<u>\$539,543</u>	<u>\$81,313</u>	<u>\$27,320</u>	<u>\$58,810</u>	<u>\$60,371</u>	<u>\$76,463</u>	<u>\$84,739</u>	<u>\$928,559</u>

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2021**

Note 13 – COVID-19

The United States and the State of Ohio declared a state of emergency in March of 2020 due to the COVID-19 pandemic. Ohio’s state of emergency ended in June, 2021 while the national state of emergency continues. During 2021, the Health District received COVID-19 funding. The financial impact of COVID-19 and the continuing emergency measures will impact subsequent periods of the Health District. The impact on the Health District’s future operating costs, revenues, and additional recovery from emergency funding, either federal or state, cannot be estimated.

During 2021, the Health District received coronavirus funds through several funding sources in the form of grants from the Ohio Department of Health. Nothing was returned to the granting agency in 2021 or spent on-behalf of other governments.

	Funding Source	Award Period	Award Amount	Received in 2021
Coronavirus Response (CO20)	AL 93.354	03/16/20 - 03/15/21	\$ 59,286	\$ 9,278
Covid-19 Contact Tracing (CT20)	AL 21.019	05/01/20 - 12/30/21	142,729	38,182
Coronavirus Response Supplemental (CO21)	AL 21.019	03/01/20 - 12/30/21	624,008	132,757
Covid-19 Contract Tracing Supplemental (CT21)	AL 93.323	06/19/20 - 06/30/21	37,568	26,975
Covid-19 Vaccine Needs Assessment (VN21)	AL 21.019	11/01/20 - 03/31/21	40,000	0
Covid-19 Enhanced Operations (EO21)	AL 93.323	12/01/20 - 07/31/22	303,540	10,157
Covid-19 Vaccine Equity Supplement Local Health Department Subgrants (VE21)	AL 93.268	12/01/20 - 06/30/22	64,778	64,778
Totals			\$ 1,271,909	\$ 282,127

Note 14 - Subsequent Events

On November 17, 2022 the Board approved the merger of the Coshocton City Health Department with the Coshocton County Health District. Effective on January 1, 2023 the Coshocton County Health District will be 'Doing Business As' (DBA) Coshocton Public Health District. For each year starting January 1, 2023 for ten (10) years, the City of Coshocton will pay to the Coshocton Public Health District \$150,000 with a 3% increase each year. Therefore, the second payment made in 2024 will be for \$154,500 and so forth.

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GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2021

FEDERAL GRANTOR <i>Pass Through Grantor</i> Program / Cluster Title	Federal AL Number	Pass Through Entity Identifying Number/ Additional Award Identification	Passed Through to Subrecipients	Total Federal Expenditures
<u>U.S. DEPARTMENT OF AGRICULTURE</u>				
<i>(Passed Through Ohio Department of Health)</i>				
WIC Special Supplemental Nutrition Program for Women, Infants and Children Program				
WIC Special Supplemental Nutrition Program for Women, Infants and Children	10.557	01610011WA1421	\$0	\$165,102
WIC Special Supplemental Nutrition Program for Women, Infants and Children	10.557	01610011WA1522	1,260	40,901
Total WIC Special Supplemental Nutrition Program for Women, Infants and Children Program			<u>1,260</u>	<u>206,003</u>
Total U.S. Department of Agriculture			2,520	206,003
<u>U.S. DEPARTMENT OF TREASURY</u>				
<i>(Passed Through Ohio Department of Health)</i>				
COVID-19 CARES Grants				
COVID-19 Contract Tracing	21.019	01610012CT0120	0	16,466
COVID-19 Coronavirus Response Supplemental	21.019	01610012CO0121	0	418,915
COVID-19 Vaccine Needs Assessment	21.019	01610012VN0121	0	20,000
Total COVID-19 CARES Grants			<u>0</u>	<u>455,381</u>
Total U.S. Department of Treasury			0	455,381
<u>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</u>				
<i>(Passed Through Ohio Department of Health)</i>				
Public Health Emergency Preparedness				
Public Health Emergency Preparedness	93.069	01610012PH1221	0	14,496
Public Health Emergency Preparedness	93.069	01610012PH1322	0	22,003
Total Public Health Emergency Preparedness			<u>0</u>	<u>36,499</u>
COVID-19 Vaccine Equity Supplement Local Health Department Grants	93.268	01610012VE0121		19,442
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)				
COVID-19 Contract Tracing Supplemental	93.323	01610012CT0121	0	26,975
COVID-19 Enhanced Operations	93.323	01610012EO0121	0	11,824
Total Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)			<u>0</u>	<u>38,799</u>
Public Health Emergency Response: Cooperative Agreement for Emergency Response	93.354	01610012WF0122	0	20,800
Total U.S. Department of Health and Human Services			0	115,540
Total Expenditures of Federal Awards			<u>\$2,520</u>	<u>\$776,924</u>

The accompanying notes are an integral part of this Schedule.

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**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
2 CFR 200.510(b)(6)
FOR THE YEAR ENDED DECEMBER 31, 2021**

NOTE A – BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the General Health District, Coshocoton County (the Health District) under programs of the federal government for the year ended December 31, 2021. 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 changes 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 to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

NOTE D - SUBRECIPIENTS

The Health District passes certain federal awards received from Ohio Department of Health to other governments or not-for-profit agencies (subrecipients). As Note B describes, the Health District reports expenditures of Federal awards to subrecipients when paid in cash.

As a pass-through entity, the Health District has certain compliance responsibilities, such as monitoring its subrecipients to help assure they use these subawards as authorized by laws, regulations, and the provisions of contracts or grant agreements, and that subrecipients achieve the award's performance goals.

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.

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

Coshocton County General Health District
Coshocton County
637 Chestnut Street
Coshocton, Ohio 43812

To the District Board of Health:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in *Government Auditing Standards* issued by 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 Coshocton County General Health District, Coshocton County (the Health District), as of and for the year ended December 31, 2021, 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 May 12, 2023, wherein we noted the Health District uses a special purpose framework other than generally accepted accounting principles, the financial impact of COVID-19 and the continuing emergency measures may impact subsequent periods of the Health District, and the Health District merged with the Coshocton City Health Department to form the Coshocton Public Health District as of January 1, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health District's internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a certain deficiency in internal control, described in the accompanying Schedule of Findings as item 2021-001 that we consider to be a material weakness.

Report on Compliance and Other Matters

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

Health District's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's responses to the Findings identified in our audit and described in the accompanying Corrective Action Plan. The Health District's responses were not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the responses.

Purpose of This Report

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



Keith Faber
Auditor of State
Columbus, Ohio

May 12, 2023

**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**

General Health District
Coshocton County
637 Chestnut Street
Coshocton, Ohio 43812

To the District Board of Health:

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited the Coshocton County General Health District's, Coshocton County (the Health District), compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on the Coshocton County General Health District's major federal program for the year ended December 31, 2021. The Coshocton County General Health District's major federal program is identified in the *Summary of Auditor's Results* section of the accompanying Schedule of Findings.

In our opinion, the Coshocton County General Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2021.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by 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). Our responsibilities under those standards and the Uniform Guidance are further described in the *Auditor's Responsibilities for the Audit of Compliance* section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

The Health District's Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health District's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance which is required to be reported in accordance with Uniform Guidance and which is described in the accompanying Schedule of Findings as item 2021-002. Our opinion on the major federal program is not modified with respect to these matters.

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's response to the noncompliance finding identified in our compliance audit described in the accompanying Corrective Action Plan. The Health District's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the *Auditor's Responsibilities for the Audit of Compliance* section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a material weakness.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. 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 type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying Schedule of Findings as item 2021-002, to be a material weakness.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's response to the internal control over compliance Finding identified in our audit described in the accompanying Schedule of Findings or Corrective Action Plan. The Health District's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of this testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Keith Faber
Auditor of State
Columbus, Ohio

May 12, 2023

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**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**SCHEDULE OF FINDINGS
2 CFR § 200.515
DECEMBER 31, 2021**

1. SUMMARY OF AUDITOR'S RESULTS

(d)(1)(i)	Type of Financial Statement Opinion	Unmodified
(d)(1)(ii)	Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?	Yes
(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 weaknesses in internal control reported for major federal programs?	Yes
(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 2 CFR § 200.516(a)?	Yes
(d)(1)(vii)	Major Programs (list):	AL #21.019 COVID-19 CARES Grants
(d)(1)(viii)	Dollar Threshold: Type A/B Programs	Type A: > \$ 750,000 Type B: all others
(d)(1)(ix)	Low Risk Auditee under 2 CFR § 200.520?	No

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

FINDING NUMBER 2021-001

Material Weakness

In our audit engagement letter, as required by AU-C Section 210, *Terms of Engagement*, paragraph .06, management acknowledged its responsibility for the preparation and fair presentation of their financial statements; this responsibility includes designing, implementing and maintaining internal control relevant to preparing and fairly presenting financial statements free from material misstatement, whether due to fraud or error as discussed in AU-C Section 210 paragraphs .A14 & .A16.

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**SCHEDULE OF FINDINGS
2 CFR § 200.515
DECEMBER 31, 2021
(Continued)**

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

FINDING NUMBER 2021-001 (Continued)

Material Weakness (Continued)

Errors were noted in the Health District's financial statement that required the following audit adjustments and reclassifications to be made to the financial statements:

- The Health District reported \$136,676 in Restricted for Federal COVID-19 Programs within Unrestricted Net Position. Additionally, Restricted for Special Revenue Funds was reported \$650 which should have been reported in Unrestricted Net Position. This primarily occurred as the unspent portion of restricted Federal COVID-19 grants received in the General Fund were not accounted for within Restricted Net Position;
- The Health District reported \$175,000 in Intergovernmental Revenue – Apportionments and related original and final budgeted estimated revenue within the General Fund as Property Taxes;
- The Health District reported \$24,321 in Charges for Services and related original and final budgeted estimated revenue of \$13,500 and \$24,000, respectively, in the Child and Family Health Fund as Intergovernmental Revenue;
- General Fund Unassigned Fund Balance was overstated by \$372,830 as Restricted Fund Balances and Assigned Fund balances were understated by \$136,676 and \$236,154, respectively. This occurred as unspent portion of restricted Federal COVID-19 grants received in the General Fund were not accounted for within the Restricted Fund Balance, and as the Health District estimated subsequent year appropriations exceeding subsequent year estimated resources were not accounted for within the Assigned Fund Balance;
- Various mathematical inaccuracies occurred due to the inclusion of unrounded cents being entered into the original reporting spreadsheets used to create the financial statements. This necessitated various \$1 and \$2 corrections to the financial statements.

These adjustments/reclassifications have been agreed to by management, and the financial statements have been adjusted accordingly.

We also noted various insignificant adjustments and reclassifications as follows:

- General Fund cash fund balances were understated by \$700. This occurred as the Health District voided two checks written in 2021 totaling \$1,350 and then replaced them with two checks written in 2022 totaling \$700. The Health District adjusted the General Fund cash balance by the difference of \$650; however, it should have been adjusted by the entire \$1,350 given that the voided checks re-written and posted into the accounting system in 2022 now represented 2022 disbursements;
- The Health District reported \$11,093 in unrestricted State funding as Operating Grants and Contributions instead of Unrestricted Contributions and Donations on the Statement of Activities.

Failure to properly report financial activity could result in material misstatements occurring and remaining undetected and fail to provide management with an accurate picture of the Health District's financial position and operations.

The Health District should take the necessary steps to ensure that all revenues, disbursements and equity of the Health District are properly presented and disclosed in the Health District's financial statements.

Officials' Response: See Corrective Action Plan.

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**SCHEDULE OF FINDINGS
2 CFR § 200.515
DECEMBER 31, 2021
(Continued)**

3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

1. Reporting

Finding Number:	2021-002
Assistance Listing Number and Title:	AL # 21.019 COVID-19 CARES Grant
Federal Award Identification Number / Year:	01610012CO0121
Federal Agency:	U.S. Department of Treasury
Compliance Requirement:	Reporting Requirement
Pass-Through Entity:	Ohio Department of Health
Repeat Finding from Prior Audit?	No

Noncompliance and Material Weakness

2 C.F.R. § 1000 gives regulatory effect to the Department of Treasury for **2 C.F.R. 200.332(d)(1)**, which requires the grantor agency to monitor the activities of their subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. This included reviewing financial and performance reports required by the pass-through entity.

The Ohio Department of Health (ODH) was the grantor agency to the Health District of CARES grant funding, assistance listing number 21.019. ODH created a Grants Administration Policies and Procedures (OGAPP) to administer grants they subgrant. Section E2.2 of the OGAPP requires the Health District to report expenditures monthly on a cash basis of accounting. This method of accounting reports actual expenses paid during the month. The Health District did not have the proper internal controls in place to verify that all information was reported accurately in compliance with the grant requirements. For five out of 10 monthly reports, the Health District reported expenditures that were not paid during the month being reported. This occurred as the Health District reported accrued expenditures and timing differences from when the expenditures were approved versus when they were paid.

The Health District should review the OGAPP reporting requirements. In addition, the Health District should obtain expense reports from Coshocton County and utilize these reports when reporting monthly expenditures. This will help to alleviate any timing differences and ensure that only paid expenditures are reported.

Officials' Response: See Corrective Action Plan.

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Coshocton Public Health District

637 Chestnut Street
Coshocton, Ohio 43812-2362
www.coshoctoncounty.net



Phone: (740) 622-1426
Fax: (740) 295-7576
Email: coshohealth@coshoctoncounty.net

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

DECEMBER 31, 2021

Finding Number	Finding Summary	Status	Additional Information
2020-001	Material Weakness -Incorrect Financial Statement	Not Corrected	Repeated as 2021-001

Coshocton Public Health District

637 Chestnut Street
Coshocton, Ohio 43812-2362
www.coshoctoncounty.net

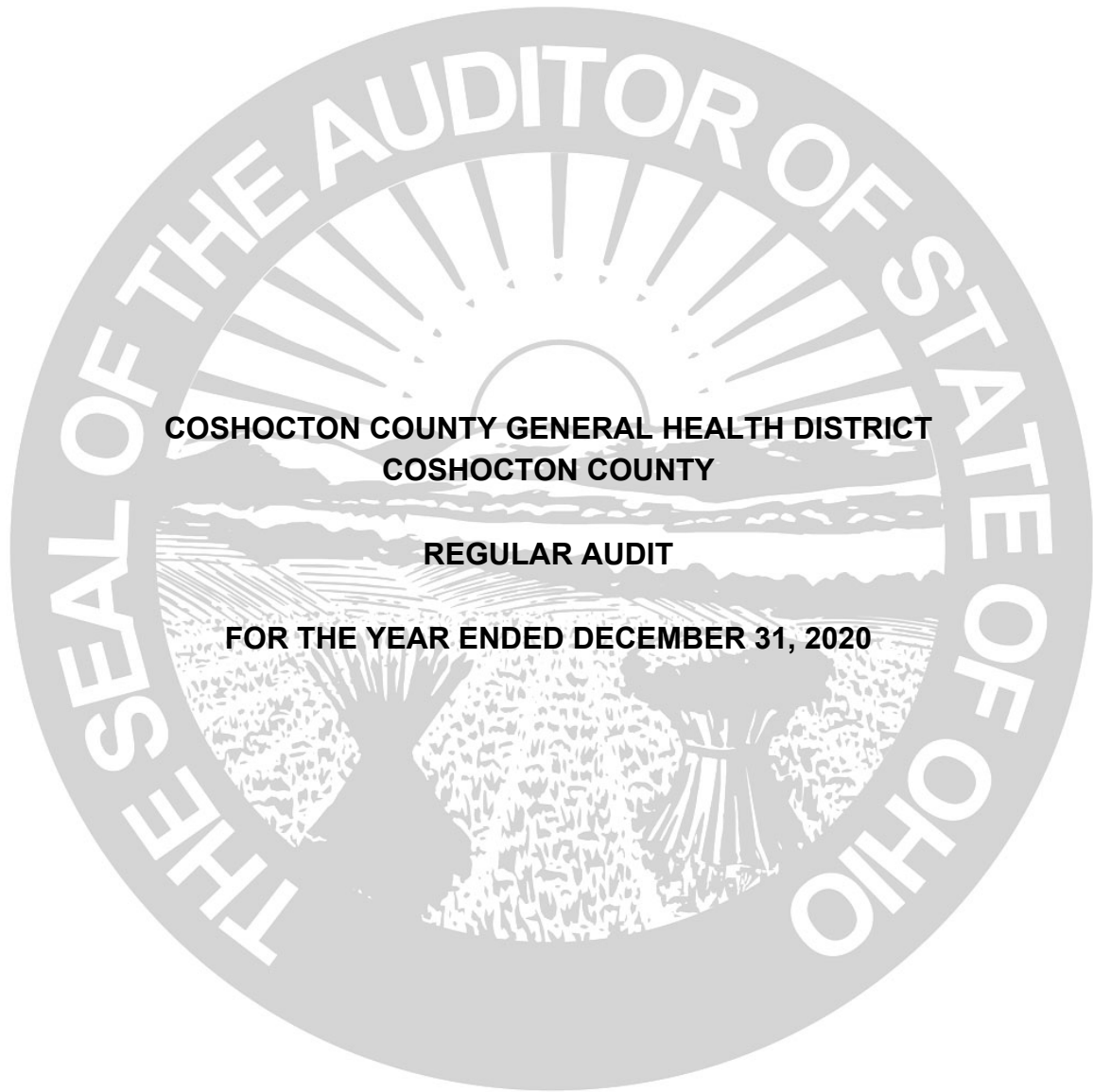


Phone: (740) 622-1426
Fax: (740) 295-7576
Email: coshcohealth@coshoctoncounty.net

CORRECTIVE ACTION PLAN 2 CFR § 200.511(c) DECEMBER 31, 2021

Finding Number: 2021-001
Planned Corrective Action: The Coshocton Public health District will take the necessary steps to ensure that all revenues, disbursements and equity of the health district are properly disclosed and presented. If the health district is unsure of how to properly report revenues or disbursements, it will seek clarification and guidance from the county or state audits office.
Anticipated Completion Date: 05/01/2023
Responsible Contact Person: Steve Lonsinger

Finding Number: 2021-002
Planned Corrective Action: The Coshocton Public Health District has reviewed the OGAPP reporting requirements and has a better understanding of the proper reporting of monthly expenditures. Care will be taken to obtain timely reports from contractors and ensure that only paid expenditures are reported.
Anticipated Completion Date: 05/01/2023
Responsible Contact Person: Steve Lonsinger



**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

REGULAR AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2020

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

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INDEPENDENT AUDITOR'S REPORT

Coshocton County General Health District
Coshocton County
637 Chestnut Street
Coshocton, Ohio 43812

To the District Board of Health

Report on the Audit of the Financial Statements

Opinions

We have audited the cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Coshocton County General Health District, Coshocton County, Ohio (the Health District), as of and for the year ended December 31, 2020, 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.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective cash-basis financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of December 31, 2020, and the respective changes in cash-basis financial position thereof and the respective budgetary comparison for the General, Child and Family Health Services, Women, Infants and Children (WIC), Solid Waste Grant, Public Health Emergency Preparedness (PHEP) and Household Sewage Treatment funds for the year then ended in accordance with the cash-basis of accounting described in Note 2.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Emphasis of Matter - Accounting Basis

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

As discussed in Note 13 to the financial statements, the financial impact of COVID-19 and the continuing emergency measures may impact subsequent periods of the Health District. As discussed in Note 14 to the financial statements, the Health District merged with the Coshocton City Health Department, forming the Coshocton Public Health District, as of January 1, 2023. Our opinion is not modified with respect to these matters.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting described in Note 2, and for determining that the cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 12, 2023, 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. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's 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

May 12, 2023

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GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF NET POSITION - CASH BASIS
 DECEMBER 31, 2020

	Governmental Activities
Assets:	
Equity in Pooled Cash and Cash Equivalents	\$964,706
<i>Total Assets</i>	\$964,706
Net Position	
Restricted for:	
Special Revenue Funds	\$294,706
Federal COVID-19 Programs	357,497
Merger with City Health Department	108,000
Unrestricted	204,503
<i>Total Net Position</i>	\$964,706

See accompanying notes to the basic financial statements.

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF ACTIVITIES - CASH BASIS
 FOR THE YEAR END DECEMBER 31, 2020

		Program Cash Receipts	Net (Disbursements) Receipts & Changes in Net Position
	Cash Disbursements	Charges for Services and Sales	Operating Grants & Contributions
			Governmental Activities
Governmental Activities:			
Health	\$986,508	\$238,868	\$1,080,822
			\$333,182
<i>Total Governmental Activities</i>	\$986,508	\$238,868	\$1,080,822
			\$333,182
 General Receipts:			
Unrestricted Contributions & Donations			198,550
Miscellaneous			7,878
			206,428
<i>Total General Receipts, Transfers and Advances</i>			206,428
 Change in Net Position			539,610
<i>Net Position - Beginning of Year</i>			425,096
<i>Net Position - End of Year</i>			\$964,706

See accompanying notes to the basic financial statements.

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF ASSETS AND FUND BALANCES - CASH BASIS
 GOVERNMENTAL FUNDS
 FOR THE YEAR ENDED DECEMBER 31, 2020

	General Fund	Child and Family Health Fund	Women, Infants and Children (WIC) Fund	Solid Waste Grant Fund	Public Health Emergency Preparedness (PHEP) Fund	Household Sewage Treatment Fund	Other Governmental Funds	Total Governmental Funds
Assets								
Equity in Pooled Cash and Cash Equivalents	\$670,001	\$50,447	\$30,742	\$59,085	\$40,515	\$49,832	\$64,084	\$964,706
<i>Total Assets</i>	<u>\$670,001</u>	<u>\$50,447</u>	<u>\$30,742</u>	<u>\$59,085</u>	<u>\$40,515</u>	<u>\$49,832</u>	<u>\$64,084</u>	<u>\$964,706</u>
Fund Balances								
Restricted	\$465,498	\$50,447	\$30,742	\$59,085	\$40,515	\$49,832	\$64,084	760,203
Assigned	128,197							128,197
Unassigned	76,306							76,306
<i>Total Fund Balances</i>	<u>\$670,001</u>	<u>\$50,447</u>	<u>\$30,742</u>	<u>\$59,085</u>	<u>\$40,515</u>	<u>\$49,832</u>	<u>\$64,084</u>	<u>\$964,706</u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS, AND
 CHANGES IN FUND BALANCES - CASH BASIS
 GOVERNMENTAL FUNDS
 FOR THE YEAR ENDED DECEMBER 31, 2020

	General Fund	Child and Family Health Fund	Women, Infants and Children (WIC) Fund	Solid Waste Grant Fund	Public Health Emergency Preparedness (PHEP) Fund	Household Sewage Treatment Fund	Other Governmental Funds	Total Governmental Funds
Receipts:								
Charges for Services	\$3,740	\$16,860	\$0	\$0	\$0	\$17,400	\$0	\$38,000
Fines, Licenses and Permits	32,691	0	0	36,400	0	46,910	84,867	200,868
Intergovernmental Apportionments	150,000							150,000
Grants	635,839	0	206,144	45,035	83,266	40,281	0	1,010,565
Other	58,279	11,978	0	0	0	0	0	70,257
Miscellaneous	1,910	48,908	1,035	3,913	270	199	193	56,428
Total Receipts	882,459	77,746	207,179	85,348	83,536	104,790	85,060	1,526,118
Disbursements:								
Current:								
Health	402,507	79,853	203,609	82,767	59,398	85,603	72,771	986,508
Total Disbursements	402,507	79,853	203,609	82,767	59,398	85,603	72,771	986,508
<i>Excess of Receipts Over (Under) Disbursements</i>	<i>479,952</i>	<i>(2,107)</i>	<i>3,570</i>	<i>2,581</i>	<i>24,138</i>	<i>19,187</i>	<i>12,289</i>	<i>539,610</i>
Other Financing Sources (Uses)								
Transfer-In	0	0	0	0	0	0	5,000	5,000
Transfer-Out	0	0	0	(5,000)	0	0	0	(5,000)
Total Other Financing Sources (Uses)	0	0	0	(5,000)	0	0	5,000	0
Net Change in Fund Balances	479,952	(2,107)	3,570	(2,419)	24,138	19,187	17,289	539,610
Fund Balances Beginning of Year	190,049	52,554	27,172	61,504	16,377	30,645	46,795	425,096
Fund Balances End of Year	\$670,001	\$50,447	\$30,742	\$59,085	\$40,515	\$49,832	\$64,084	\$964,706

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 GENERAL FUND
 FOR THE YEAR ENDED DECEMBER 31, 2020

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Charges for Services	\$4,000	\$4,000	\$3,740	(\$260)
Fines, Licenses and Permits	28,950	26,731	32,691	5,960
Intergovernmental				
Apportionments	150,000	150,000	150,000	0
Grants	20,500	625,729	635,839	10,110
Other	52,579	49,915	58,279	8,364
Miscellaneous	0	1,911	1,910	(1)
<i>Total Receipts</i>	256,029	858,286	882,459	24,173
Disbursements:				
Current				
Health:				
Salaries	147,674	394,479	199,963	194,516
Employee Fringe Benefits	54,921	93,273	52,508	40,765
Supplies	8,000	29,991	17,842	12,149
Equipment	2,000	50,480	47,948	2,532
Contract Services	112,549	385,407	68,053	317,354
Travel/Conferences	5,000	5,076	672	4,404
Other Expenses	39,339	44,939	43,930	1,009
<i>Total Disbursements</i>	369,483	1,003,645	430,916	572,729
<i>Excess of Receipts Over (Under) Disbursements</i>	(113,454)	(145,359)	451,543	596,902
Other Financing Sources (Uses)				
Transfers Out	(2,000)	(2,000)	(2,000)	0
<i>Total Other Financing Sources (Uses)</i>	(2,000)	(2,000)	(2,000)	0
<i>Net Change in Fund Balance</i>	(115,454)	(147,359)	449,543	596,902
<i>Unencumbered Fund Balance Beginning of Year</i>	183,347	183,347	183,347	0
Prior Year Encumbrances Appropriated	2,701	2,701	2,701	0
<i>Unencumbered Fund Balance End of Year</i>	\$70,594	\$38,689	\$635,591	\$596,902

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 CHILD AND FAMILY HEALTH SERVICES FUND
 FOR THE YEAR ENDED DECEMBER 31, 2020

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Charges for Services	\$30,500	\$17,750	\$16,860	(\$890)
Intergovernmental				
Other	8,000	11,000	11,978	978
Miscellaneous	46,000	48,000	48,908	908
<i>Total Receipts</i>	<u>84,500</u>	<u>76,750</u>	<u>77,746</u>	<u>996</u>
Disbursements:				
Current				
Health:				
Salaries	52,900	43,900	41,093	2,807
Employee Fringe Benefits	10,161	8,176	7,482	694
Supplies	7,000	3,250	2,508	742
Contract Services	26,500	26,500	26,490	10
Travel/Conferences	200	0	0	0
Other Expenses	3,400	3,400	2,280	1,120
<i>Total Disbursements</i>	<u>100,161</u>	<u>85,226</u>	<u>79,853</u>	<u>5,373</u>
<i>Net Change in Fund Balance</i>	(15,661)	(8,476)	(2,107)	6,369
<i>Unencumbered Fund Balance Beginning of Year</i>	<u>52,554</u>	<u>52,554</u>	<u>52,554</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$36,893</u></u>	<u><u>\$44,078</u></u>	<u><u>\$50,447</u></u>	<u><u>\$6,369</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 WOMEN, INFANTS AND CHILDREN (WIC) FUND
 FOR THE YEAR ENDED DECEMBER 31, 2020

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Intergovernmental				
Grants	\$205,317	\$204,836	\$206,144	\$1,308
Miscellaneous	0	0	1,035	1,035
<i>Total Receipts</i>	<u>205,317</u>	<u>204,836</u>	<u>207,179</u>	<u>2,343</u>
Disbursements:				
Current				
Health:				
Salaries	157,972	159,358	158,233	1,125
Employee Fringe Benefits	37,273	34,801	31,832	2,969
Supplies	9,900	15,077	14,549	528
Contract Services	800	52	52	0
<i>Total Disbursements</i>	<u>205,945</u>	<u>209,288</u>	<u>204,666</u>	<u>4,622</u>
<i>Net Change in Fund Balance</i>	(628)	(4,452)	2,513	6,965
<i>Unencumbered Fund Balance Beginning of Year</i>	25,451	25,451	25,451	0
Prior Year Encumbrances Appropriated	<u>143</u>	<u>143</u>	<u>143</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$24,966</u></u>	<u><u>\$21,142</u></u>	<u><u>\$28,107</u></u>	<u><u>\$6,965</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 SOLID WASTE GRANT FUND
 FOR THE YEAR ENDED DECEMBER 31, 2020

	Budgeted Amounts			Variance With Final Budget Positive (Negative)
	Original	Final	Actual	
Receipts:				
Fines, Licenses and Permits	\$36,350	\$36,400	\$36,400	\$0
Intergovernmental				
Grants	47,308	45,034	45,035	1
Miscellaneous	0	3,913	3,913	0
<i>Total Receipts</i>	<u>83,658</u>	<u>85,347</u>	<u>85,348</u>	<u>1</u>
Disbursements:				
Current				
Health:				
Salaries	31,277	31,277	31,026	251
Employee Fringe Benefits	17,144	17,144	16,468	676
Supplies	500	500	0	500
Travel/Conferences	2,000	2,034	488	1,546
Other Expenses	35,000	35,000	34,846	154
<i>Total Disbursements</i>	<u>85,921</u>	<u>85,955</u>	<u>82,828</u>	<u>3,127</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(2,263)</u>	<u>(608)</u>	<u>2,520</u>	<u>3,128</u>
Other Financing Sources (Uses)				
Transfers Out	(5,000)	(5,000)	(5,000)	0
<i>Total Other Financing Sources (Uses)</i>	<u>(5,000)</u>	<u>(5,000)</u>	<u>(5,000)</u>	<u>0</u>
<i>Net Change in Fund Balance</i>	(7,263)	(5,608)	(2,480)	3,128
<i>Unencumbered Fund Balance Beginning of Year</i>	61,470	61,470	61,470	0
Prior Year Encumbrances Appropriated	34	34	34	0
<i>Unencumbered Fund Balance End of Year</i>	<u>\$54,241</u>	<u>\$55,896</u>	<u>\$59,024</u>	<u>\$3,128</u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) FUND
 FOR THE YEAR ENDED DECEMBER 31, 2020

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Intergovernmental				
Grants	\$67,392	\$67,392	\$83,266	\$15,874
Miscellaneous	0	0	270	270
Total Receipts	<u>67,392</u>	<u>67,392</u>	<u>83,536</u>	<u>16,144</u>
Disbursements:				
Current				
Health:				
Salaries	45,173	45,173	39,024	6,149
Employee Fringe Benefits	12,680	12,680	10,186	2,494
Supplies	1,460	1,460	1,298	162
Contract Services	8,980	8,980	8,980	0
Total Disbursements	<u>68,293</u>	<u>68,293</u>	<u>59,488</u>	<u>8,805</u>
<i>Net Change in Fund Balance</i>	(901)	(901)	24,048	24,949
<i>Unencumbered Fund Balance Beginning of Year</i>	16,377	16,377	16,377	0
Prior Year Encumbrances Appropriated	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$15,476</u></u>	<u><u>\$15,476</u></u>	<u><u>\$40,425</u></u>	<u><u>\$24,949</u></u>

See accompanying notes to the basic financial statements

GENERAL HEALTH DISTRICT
 COSHOCTON COUNTY
 STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES
 IN FUND BALANCE - BUDGET AND ACTUAL - BUDGET BASIS
 HOUSEHOLD SEWAGE TREATMENT FUND
 FOR THE YEAR ENDED DECEMBER 31, 2020

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
Receipts:				
Charges for Services	\$15,000	\$17,000	\$17,400	\$400
Fines, Licenses and Permits	43,225	43,810	46,910	3,100
Intergovernmental				
Grants	0	49,865	40,281	(9,584)
Miscellaneous	0	0	199	199
<i>Total Receipts</i>	58,225	110,675	104,790	(5,885)
Disbursements:				
Current				
Health:				
Salaries	41,147	41,147	37,665	3,482
Employee Fringe Benefits	22,242	22,242	18,382	3,860
Supplies	1,000	1,000	840	160
Other Expenses	7,554	43,345	40,252	3,093
<i>Total Disbursements</i>	71,943	107,734	97,139	10,595
<i>Net Change in Fund Balance</i>	(13,718)	2,941	7,651	4,710
<i>Unencumbered Fund Balance Beginning of Year</i>	29,757	29,757	29,757	0
Prior Year Encumbrances Appropriated	888	888	888	0
<i>Unencumbered Fund Balance End of Year</i>	\$16,927	\$33,586	\$38,296	\$4,710

See accompanying notes to the basic financial statements

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Note 1 – Reporting Entity

Empowered by Section 3709.01, Revised Code, the General Health District, Coshocton County (the Health District) consists of the County’s 22 Townships and 5 Villages. The Health District is directed by a five-member Board appointed by the Health District Advisory Council, which is composed of publicly elected officials from the governmental subdivisions within the Health District, a Health Commissioner, and a Fiscal Administrator.

As a separate political entity, the General Health District operates autonomously from the government of Coshocton County (the County). However, the Revised Code charges the County Auditor and County Treasurer to serve in similar capacities for the Health District. Charged with maintaining the health and welfare of the General Health District, the Health District is empowered to enforce the laws, rules and regulations as promulgated by the appropriate federal and state legislatures, departments, and agencies. The Health District provides general governmental services, including health services relative to communicable disease investigations, immunization clinics, tuberculosis screening, home nursing visits, inspections, birth and death certificates, various licenses and permits, and related services.

The reporting entity is comprised of the primary government, component units and other organizations that were included to ensure that the financial statements 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 communicable disease investigations, immunizations clinics, inspections, public health nursing services, the issuance of health-related licenses and permits, and emergency response planning.

As health districts are structured in Ohio, the County Auditor and County Treasurer serve respectively as fiscal officer and custodian of funds for the Health District. As fiscal officer, the County Auditor certifies the availability of cash and appropriations prior to the processing of payments. As the custodian of public funds, the County Treasurer invests Health District monies held on deposit in the County treasury.

Joint Ventures, Jointly Governed Organizations, Public Entity Risk Pools and Related Organizations

A joint venture is a legal entity or other organization that results from a contractual arrangement and that is owned, operated, or governed by two or more participants as a separate and specific activity subject to joint control, in which the participants retain (a) an ongoing financial interest, or (b) an ongoing financial responsibility. Under the cash basis of accounting, the Health District does not report assets for equity interest in joint ventures.

The Health District participates in a public entity risk pool. Note 7 to the financial statements provides additional information for this entity. This organization is the Public Entities Pool of Ohio (PEP). PEP provides property, casualty, and liability coverage.

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

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

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 more 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. 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 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.

The statement of net position presents the cash balance of the governmental activities of the Health District at year-end. The statement of activities presents a comparison between direct expenses and program revenues for each program or function of the Health District’s governmental activities. 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 and grants and contributions that are restricted to meeting the operational or capital requirements of 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 expenses with program receipts identifies the extent to which each governmental program is self-financing or draws from the general receipts of the Health District.

Fund Financial Statements During the year, the Health District segregates transactions related to certain 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 the more detailed level. The focus of governmental fund financial statement 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 included in one category: 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 Fund The General Fund accounts for 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.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Child and Family Health Services Fund Patient fees, Medicaid reimbursements, and charitable donations help this fund with revenues for the Maternal and Child Health Center.

Women, Infants and Children (WIC) Fund This fund accounts for and reports federal grant monies restricted to the Women, Infants, and Children Program.

Solid Waste Grant Fund This fund is used to account for permits issued and grants from the Four County Solid Waste District.

Public Health Emergency Preparedness (PHEP) Fund This is a federal grant fund used to assure the Health District is prepared for any public health emergencies, both natural and man-made.

Household Sewage Treatment Fund This fund is used to account for the use and receipt of sewage treatment systems fees for various permits and duties authorized by Ohio R.C. 3718 as well as lot/split review fees and occasional state EPA grants.

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

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. As a result of the use of the cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue billed or provided services not yet collected), deferred outflows of resources, certain liabilities and their related disbursements (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. Therefore, in 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.

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 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 Health 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.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

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.

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 Coshocton County Treasurer's Office is located at 349 Main Street, Coshocton, Ohio 43812. The phone number is (740) 622-2731.

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.

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 disbursements 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 other postemployment benefits (OPEB).

Long-Term Obligations

The Health District's cash basis financial statements do not report liabilities for long-term obligations.

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

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.

The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available. Net position restricted for other purposes include resources restricted for special revenue funds.

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 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 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.

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Internal Activity

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. 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 is (and any major special revenue fund are) prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The differences between the budgetary basis and the cash basis are as follows:

1. Outstanding year end encumbrances are treated as cash disbursements (budgetary basis) rather than as restricted, committed or assigned fund balance (cash basis).
2. Some funds are included in the general fund (cash basis) but have separate legally adopted budgets (budgetary basis).

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

	General	Child & Family Health	Women, Infants & Children (WIC)	Solid Waste Grant	Public Health Emergency Preparedness (PHEP)	Household Sewage Treatment
Fund Balance, Cash Accounting Basis	\$670,001	\$50,447	\$30,742	\$59,085	\$40,515	\$49,832
Year-End Encumbrances	(28,410)	0	(1,057)	(61)	(90)	(11,536)
<u>Perspective Difference:</u>						
Funds Reclassified:						
District Health Reserve	(6,000)	0	0	0	0	0
WIC Reserve	0	0	(1,578)	0	0	0
Fund Balance, Budget Basis	<u>\$635,591</u>	<u>\$50,447</u>	<u>\$28,107</u>	<u>\$59,024</u>	<u>\$40,425</u>	<u>\$38,296</u>

Note 4 – Deposits and Investments

As required by the Ohio Revised Code, the Coshocoton 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.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Note 5 - Intergovernmental

The County apportions the excess of the Health District's appropriations over estimated receipts among the townships and municipalities composing the Health District's, 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 apportionment revenue.

Note 6 – Interfund Balances and Transfers

Transfers

During 2020, the following transfers were made:

<u>Transfer to</u>	<u>Transfer from</u>
	Solid Waste Grant
Other Governmental Funds	Fund \$5,000

The above-mentioned Transfers From/To were used to move receipts from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them; and to use unrestricted receipts collected in the General Fund to finance various programs accounted for in other funds in accordance with budgetary authorizations. Nonroutine transfers from the Major Special Revenue Fund and other nonmajor governmental funds were in compliance with Ohio Revised Code for designated projects.

Interfund Balances

There were no Interfund balances at December 31, 2020.

Note 7 – Risk Management

The Health District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. During 2020, the Health District contracted with several companies for various types of insurance as described below:

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

The Health District manages employee health benefits on a self-insured basis through the County Commissioners. The employee health benefit plan provides basic health and dental coverage through Mutual Health Services, a Division of Medical Mutual of Ohio, the third party administrator (TPA) of the program, which reviews and pays the claims. A specific excess loss coverage (stop-loss) insurance policy covers claims in excess of \$90,000 per employee per year. The insurance premiums for medical and dental were Plan A- Buyup - \$2,080 family coverage, \$708 single, \$1,514 Employee + Spouse and \$1,253 Employee + child/children. For Plan B – Core - \$1,901 family coverage, \$647 single coverage, \$1,386 Employee + spouse and \$1,149 employee + child/children. Plan C – HSA - \$1,875 family coverage, \$638 single, \$1,386 employee + spouse and \$1,135 employee + child/children coverage which represents the entire premium required. The county does not charge a medical administrative fee per employee.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

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:

	<u>2020</u>
Cash and investments	\$40,318,971
Actuarial liabilities	\$14,111,510

Note 8 – Defined Benefit Pension Plans

Ohio Public Employees Retirement System

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. Participating employers are divided into state, local, law enforcement and public safety divisions. While members in the state and local divisions may participate in all three plans, law enforcement and public safety divisions exist only within the traditional 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 ACFR referenced above for additional information, including requirements for reduced and unreduced benefits):

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Group A	Group B	Group C
Eligible to retire prior to January 7, 2013, or five years after January 7, 2013	20 years of service credit prior to January 7, 2013, or eligible to retire ten years after January 7, 2013	Members not in other Groups and members hired on or after January 7, 2013
State and Local	State and Local	State and Local
Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 57 with 25 years of service credit or Age 62 with 5 years of service credit
Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 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. The initial amount of a member's pension benefit is vested upon receipt of the initial benefit payment for calculation of an annual cost-of-living adjustment.

When a traditional plan benefit recipient has received benefits for 12 months, current law provides for 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, current law provides for a 3 percent COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, current law provides that 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.

**GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

At retirement, members may select one of several distribution options for payment of the vested balance in their individual OPERS accounts. Options include the annuitization of their benefit (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.

Beginning in 2022, the Combined Plan will be consolidated under the Traditional Pension Plan (defined benefit plan) and the Combined Plan option will no longer be available for new hires.

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

	State and Local
2020 Statutory Maximum Contribution Rates	
Employer	14.0 %
Employee *	10.0 %
 2020 Actual Contribution Rates	
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 percent.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District’s contractually required contribution was \$72,930 for the year 2020.

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 postemployment 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.

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

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 with a minimum age of 60, or generally 30 years of qualifying service at any age. 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 ACFR 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. When funding is approved by the OPERS Board of Trustees, a portion of each employer’s contribution to OPERS is set aside to fund OPERS health care plans.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2020, state and local employers contributed at a rate of 14.0 percent of earnable. These are the maximum employer contribution rates 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 2020 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 2020 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 2020.

Note 10 – Contingent Liabilities

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

Note 11 – Public Entity Risk Pool (See Note 7)

The Health District 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. American Risk Pooling Consultants, Inc. (ARPCO), a division of York Insurance Services Group, Inc. (York), functions as the administrator of PEP and provides underwriting, claims, loss control, risk management, and reinsurance services for PEP. PEP is a member of the American Public Entity.

**GENERAL HEALTH DISTRICT
COSHOCKTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Note 12 – Fund Balances

Fund balance is classified as non-spendable, 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 for year-end December 31, 2020.

Fund Balances	General	Child & Family Health Services	Women, Infants & Children	Solid Waste Grant	Public Health Emergency Preparedness	Household Sewage Treatment	Other Governmental Funds	Total
Restricted for								
Women, Infants and Children	\$0	\$0	\$30,742	\$0	\$0	\$0	\$0	\$30,742
Child & Family Health Fund	0	50,447	0	0	0	0	0	50,447
Solid Waste	0	0	0	59,085	0	0	0	59,085
Public Health Emergency	0	0	0	0	40,515	0	0	40,515
Environmental Reserve	0	0	0	0	0	0	24,073	24,073
Household Sewage Treatment	0	0	0	0	0	49,832	0	49,832
Swimming Pool	0	0	0	0	0	0	1,205	1,205
Water	0	0	0	0	0	0	26,049	26,049
DH Construction and Demolition	0	0	0	0	0	0	2,660	2,660
Campground	0	0	0	0	0	0	3,102	3,102
Food Service	0	0	0	0	0	0	6,995	6,995
Federal COVID-19 Programs	357,498	0	0	0	0	0	0	357,498
Merger with City Health Depart.	108,000	0	0	0	0	0	0	108,000
<i>Total Restricted</i>	<u>465,498</u>	<u>50,447</u>	<u>30,742</u>	<u>59,085</u>	<u>40,515</u>	<u>49,832</u>	<u>64,084</u>	<u>760,203</u>
Assigned to								
Subsequent Year Appropriations	99,788	0	0	0	0	0	0	99,788
Operating Expenses	28,409	0	0	0	0	0	0	28,409
<i>Total Assigned</i>	<u>128,197</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>128,197</u>
Unassigned	<u>76,306</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>76,306</u>
<i>Total Fund Balances</i>	<u>\$670,001</u>	<u>\$50,447</u>	<u>\$30,742</u>	<u>\$59,085</u>	<u>\$40,515</u>	<u>\$49,832</u>	<u>\$64,084</u>	<u>\$964,706</u>

**GENERAL HEALTH DISTRICT
COSHOCOTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
For the Year Ended December 31, 2020**

Note 13 – COVID-19

The United States and the State of Ohio declared a state of emergency in March of 2020 due to the COVID-19 pandemic. The financial impact of COVID-19 and the continuing emergency measures will impact subsequent periods of the Health District. The impact on the Health District’s future operating costs, revenues, and additional recovery from emergency funding, either federal or state, cannot be estimated.

During 2020, the Health District received CARES Act funding. Nothing was returned to the granting agency or spent on-behalf of other governments.

	Funding Source	Award Period	Award Amount	Received in 2020
Coronavirus Response	CFDA 93.354	03/16/20 - 03/15/21	\$59,286	\$50,008
Covid 19 Contact Tracing	CFDA 21.019	05/01/20 - 12/20/21	142,729	100,371
Coronavirus Response Supplemental	CFDA 21.019	03/01/20 - 12/20/21	624,008	424,848
Covid 19 Contract Tracing Supplemental	CFDA 93.323	06/19/20 - 06/30/21	37,568	0
Covid 19 Vaccine Needs Assessment	CFDA 21.019	11/01/20 - 03/31/21	40,000	40,000
Total			\$903,591	\$615,227

Note 14 - Subsequent Events

On November 17, 2022 the Board approved the merger of the Coshocoton City Health Department with the Coshocoton County Health District. Effective on January 1, 2023 the Coshocoton County Health District will be 'Doing Business As' (DBA) Coshocoton Public Health District. For each year starting January 1, 2023 for ten (10) years, the City of Coshocoton will pay to the Coshocoton Public Health District \$150,000 with a 3% increase each year. Therefore, the second payment made in 2024 will be for \$154,500 and so forth.

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88 East Broad Street
Columbus, Ohio 43215
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(800) 282-0370

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

Coshocton County General Health District
Coshocton County
637 Chestnut Street
Coshocton, Ohio 43812

To the District Board of Health:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in *Government Auditing Standards* issued by 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 Coshocton County General Health District, Coshocton County (the Health District), as of and for the year ended December 31, 2020, 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 May 12, 2023, wherein we noted the Health District uses a special purpose framework other than generally accepted accounting principles, the financial impact of COVID-19 and the continuing emergency measures may impact subsequent periods of the Health District, and the Health District merged with the Coshocton City Health Department to form the Coshocton Public Health District as of January 1, 2023. .

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health District's internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a certain deficiency in internal control, described in the accompanying Schedule of Findings as item 2020-001 that we consider to be a material weakness.

Report on Compliance and Other Matters

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

Health District's Response to Finding

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's response to the Finding identified in our audit and described in the accompanying Corrective Action Plan. The Health District's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of This Report

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



Keith Faber
Auditor of State
Columbus, Ohio

May 12, 2023

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**SCHEDULE OF FINDINGS
DECEMBER 31, 2020**

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

FINDING NUMBER 2020-001

Material Weakness

In our audit engagement letter, as required by AU-C Section 210, *Terms of Engagement*, paragraph .06, management acknowledged its responsibility for the preparation and fair presentation of their financial statements; this responsibility includes designing, implementing and maintaining internal control relevant to preparing and fairly presenting financial statements free from material misstatement, whether due to fraud or error as discussed in AU-C Section 210 paragraphs .A14 & .A16.

Errors were noted in the Health District's financial statement that required the following audit adjustments and reclassifications to be made to the financial statements:

- The Health District reported \$357,497 in Restricted for Federal COVID-19 Programs within Unrestricted Net Position. This primarily occurred as the unspent portion of restricted Federal COVID-19 grants received in the General Fund were not accounted for within Restricted Net Position;
- The Health District reported \$150,000 in Intergovernmental Revenue – Apportionments and related original and final budgeted estimated revenue within the General Fund as Property Taxes;
- The Health District reported \$13,354 in Charges for Services and related original and final budgeted estimated revenue of \$26,000 and \$13,500, respectively, in the Child and Family Health Fund as Intergovernmental Revenue;
- General Fund Unassigned Fund Balance was overstated by \$457,286 as Restricted Fund Balances and Assigned Fund balances were understated by \$357,498 and \$99,788, respectively. This occurred as unspent portion of restricted Federal COVID-19 grants received in the General Fund were not accounted for within the Restricted Fund Balance, and as the Health District estimated subsequent year appropriations exceeding subsequent year estimated resources were not accounted for within the Assigned Fund Balance;
- The Health District did not report original appropriations of \$5,000 for transfers out in the Solid Waste Grant Fund;
- Various mathematical inaccuracies occurred due to the inclusion of unrounded cents being entered into the original reporting spreadsheets used to create the financial statements. This necessitated various \$1 and \$2 corrections to the financial statements.

These adjustments/reclassifications have been agreed to by management, and the financial statements have been adjusted accordingly.

We also noted various insignificant adjustments and reclassifications as follows:

- The Health District reported \$12,165 in unrestricted State funding as Operating Grants and Contributions instead of Unrestricted Contributions and Donations on the Statement of Activities;
- The Health District did not report original appropriations of \$888 in the Household Sewage Fund as prior year outstanding encumbrances were not reported.

Failure to properly report financial activity could result in material misstatements occurring and remaining undetected and fail to provide management with an accurate picture of the Health District's financial position and operations.

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT
COSHOCTON COUNTY**

**SCHEDULE OF FINDINGS
DECEMBER 31, 2020
(Continued)**

**1. FINDINGS RELATED TO THE FINANCIAL STATEMENTS
REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS (Continued)**

FINDING NUMBER 2020-001 (Continued)

Material Weakness (Continued)

The Health District should take the necessary steps to ensure that all revenues, disbursements and equity of the Health District are properly presented and disclosed in the Health District's financial statements. In addition, the Health District should ensure that all budgetary information is properly included.

Officials' Response: See Corrective Action Plan.

Coshocton Public Health District

637 Chestnut Street
Coshocton, Ohio 43812-2362
www.coshoctoncounty.net



Phone: (740) 622-1426
Fax: (740) 295-7576
Email: coshcohealth@coshoctoncounty.net

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

DECEMBER 31, 2020

Finding Number	Finding Summary	Status	Additional Information
2019-001	Material Weakness -Incorrect Financial Statement	Not Corrected	Repeated as 2020-001

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CORRECTIVE ACTION PLAN DECEMBER 31, 2020

Finding Number:	2020-001
Planned Corrective Action:	The Coshocton Public health District will take the necessary steps to ensure that all revenues, disbursements and equity of the health district are properly disclosed and presented. If the health district is unsure of how to properly report revenues or disbursements, it will seek clarification and guidance from the county or state audits office.
Anticipated Completion Date:	05/01/2023
Responsible Contact Person:	Steve Lonsinger

OHIO AUDITOR OF STATE KEITH FABER



COSHOCTON COUNTY GENERAL HEALTH DISTRICT

COSHOCTON COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

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



Certified for Release 5/25/2023

88 East Broad Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at
www.ohioauditor.gov