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TABLE OF CONTENTS

TITLE PAGE
Independent Accountants' Report1
Management's Discussion and Analysis
Statement of Net Assets - Cash Basis – December 31, 2010 12
Statement of Activities - Cash Basis – for the Year Ended December 31, 2010
Statement of Assets and Cash Fund Balances – Governmental Funds – December 31, 201014
Statement of Cash Receipts, Cash Disbursements and Changes in Fund Cash Balances – Governmental Funds – for the Year Ended December 31, 2010
Statement of Cash Receipts, Cash Disbursements and Changes in Fund Cash Balance - Budget and Actual - Budgetary Basis - General Fund – for the Year Ended December 31, 2010
Statement of Cash Receipts, Cash Disbursements and Changes in Fund Cash Balance - Budget and Actual - Budgetary Basis – Public Health Emergency Response Fund – for the Year Ended December 31, 2010
Statement of Cash Receipts, Cash Disbursements and Changes in Fund Cash Balance - Budget and Actual - Budgetary Basis – Early Start Fund – for the Year Ended December 31, 2010 20
Statement of Cash Receipts, Cash Disbursements and Changes in Fund Cash Balance - Budget and Actual - Budgetary Basis – Cancer Levy – for the Year Ended December 31, 2010
Statement of Cash Receipts, Cash Disbursements and Changes in Fund Cash Balance - Budget and Actual - Budgetary Basis – Home Sewage Fund – for the Year Ended December 31, 2010
Notes to the Basic Financial Statements
Independent Accountants' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Required by <i>Government Auditing Standards</i>

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Dave Yost · Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT

Columbiana General Health District Columbiana County 7360 State Route 45 Lisbon, Ohio 44432

To the Board of Health:

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Columbiana General Health District, Columbiana County, Ohio (the District), as of and for the year ended December 31, 2010, which collectively comprise the District's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the District's management. Our responsibility is to express opinions on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the Comptroller General of the United States' *Government Auditing Standards*. Those standards require that we plan and perform the audit to reasonably assure whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe our audit provides a reasonable basis for our opinions.

As discussed in Note 1, the accompanying financial statements and notes follow the cash accounting basis. This is a comprehensive accounting basis other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Columbiana General Health District, Columbiana County, Ohio, as of December 31, 2010, and the respective changes in cash financial position, thereof and the respective budgetary comparison for the General, Public Health Emergency Response, Early Start, Cancer Levy and Home Sewage funds thereof for the year then ended in conformity with the accounting basis Note 1 describes.

In accordance with *Government Auditing Standards*, we have also issued our report dated April 15, 2012, on our consideration of the District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. While we did not opine on the internal control over financial reporting or on compliance, that report describes the scope of our testing of internal control over financial reporting and compliance, and the results of that testing. That report is an integral part of an audit performed in accordance with *Government Auditing Standards*. You should read it in conjunction with this report in assessing the results of our audit.

Columbiana General Health District Columbiana County Independent Accountants' Report Page 2

We conducted our audit to opine on the District's financial statements taken as a whole. Management's Discussion & Analysis includes tables of net assets, changes in net assets and governmental activities. These tables provide additional information, but are not part of the basic financial statements. However these tables are management's responsibility, and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. These tables were subject to the auditing procedures we applied to the basic financial statements. We also applied certain additional procedures, including comparing and reconciling this information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, in accordance with auditing standards generally accepted in the United States of America. In our opinion, this information is fairly stated in all material respects in relation to the basic financial statements taken as a whole. Other than the aforementioned procedures applied to the tables, we applied no procedures to any other information in Management's Discussion & Analysis, and we express no opinion or any other assurance on it.

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Dave Yost Auditor of State

April 15, 2012

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

The management's discussion and analysis of the Columbiana General Health District's (the "Health District") financial performance provides an overall review of the Health District's financial activities for the year ended December 31, 2010, within the limitations of the Health District's cash basis of accounting. The intent of this discussion and analysis is to look at the Health District's financial performance as a whole; readers should also review the cash-basis basic financial statements and the notes to the financial statements to enhance their understanding of the Health District's financial performance.

Financial Highlights

Key financial highlights for 2010 are as follows:

- For 2010 the total net cash assets of the Health District increased \$42,738, which represents a 10.41% increase from 2009.
- For 2010, general cash receipts accounted for \$511,817 or 25.59% of total governmental activities cash receipts. Program specific cash receipts accounted for \$1,488,466 or 74.41% of total governmental activities cash receipts.
- For 2010, the Health District had \$1,957,545 in cash disbursements related to governmental activities; \$1,488,466 of these cash disbursements were offset by program specific charges for services, grants or contributions. General cash receipts (primarily property taxes) of \$511,817 were adequate to provide for these programs.
- The Health District's major funds are the general fund, the public health emergency response fund, the early start fund, the cancer levy fund and the home sewage fund. The general fund, the Health District's largest major fund, had cash receipts of \$457,225 in 2010. The cash disbursements of the general fund, totaled \$399,118 in 2010. The general fund's cash balance increased \$58,107 from 2009 to 2010.
- The public health emergency response fund, a Health District major fund, had cash receipts of \$273,470 in 2010. The public health emergency response fund had cash disbursements of \$325,083 in 2010. The public health emergency response fund cash balance decreased \$51,613 from 2009 to 2010.
- The early start fund, a Health District major fund, had cash receipts of \$305,891 in 2010. The early start fund had cash disbursements of \$313,015 in 2010. The early start fund cash balance decreased \$7,124 from 2009 to 2010.
- The cancer levy fund, a Health District major fund, had cash receipts of \$315,114 in 2010. The cancer levy fund had cash disbursements of \$258,864 in 2010. The cancer levy fund cash balance increased \$56,250 from 2009 to 2010.
- The home sewage fund, a Health District major fund, had cash receipts of \$257,050 in 2010. The home sewage fund had cash disbursements of \$256,857 in 2010. The home sewage fund cash balance increased \$193 from 2009 to 2010.

Using this Cash Basis Basic Financial Statements (BFS)

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

The statement of net assets – cash basis and statement of activities – cash basis provide information about the activities of the whole Health District, presenting an aggregate view of the Health District's cash basis finances. Fund financial statements provide the next level of detail. For governmental funds, these statements tell how services were financed in the short-term as well as what remains for future spending. The fund financial statements also look at the Health District's most significant funds with all other nonmajor funds presented in total in one column. In the case of the Health District, there are five major governmental funds. The general fund is the most significant major fund.

Reporting the Health District as a Whole

Statement of Net Assets and the Statement of Activities

The statement of net assets – cash basis and the statement of activities – cash basis answer the question, how did we do financially during 2010? These statements include *only net assets* using the *cash basis of accounting*, which is a basis of accounting other than accounting principles generally accepted in the United States of America. This basis of accounting takes into account only the current year's receipts and disbursements if the cash is actually received or paid.

These two statements report the Health District's net assets and changes in those assets on a cash basis. This change in net cash assets is important because it tells the reader that, for the Health District as a whole, the cash basis financial position of the Health District has improved or diminished. The causes of this change may be the result of many factors, some financial, some not. Non-financial factors include the Health District's property tax base, current property tax laws in Ohio restricting revenue growth, facility conditions, mandated federal and state programs and other factors.

As a result of the use of the cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue for billed or provided services not collected) and liabilities and their related expenses (such as accounts payable and expenses for goods or services received but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements. Therefore, when reviewing the financial information and discussion within this annual report, the reader should keep in mind the limitations resulting from the use of the cash basis of accounting.

In the statement of net assets – cash basis and the statement of activities – cash basis, governmental activities include the Health District's programs and services, including public health infrastructure, public health emergency response, early start, cancer levy, home sewage and general government.

The statement of net assets – cash basis and the statement of activities – cash basis can be found on pages 12-13 of this report.

Reporting the Health District's Most Significant Funds

Fund Financial Statements

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District are classified as governmental funds.

Fund financial reports provide detailed information about the Health District's major funds. The Health District uses many funds to account for a multitude of financial transactions. However, these fund financial statements focus on the Health District's most significant funds. The Health District's major governmental funds are the general fund, the public health emergency response fund, the early start fund, the cancer levy fund and the home sewage fund. The analysis of the Health District's major governmental funds begins on page 9.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

Governmental Funds

All of the Health District's activities are reported in governmental funds, which focus on how money flows into and out of those funds and the balances left at year-end available for spending in future periods. These funds are reported using the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The governmental fund statements provide a detailed view of the Health District's general government operations and the basic services it provides. Governmental fund information helps you determine whether there are more or fewer cash basis financial resources that can be readily spent to finance various Health District programs. Since the Health District is reporting on the cash basis of accounting, there are no differences in the net assets and fund cash balances or changes in net assets and changes in fund cash balances. Therefore, no reconciliation is necessary between such financial statements. The governmental fund statements can be found on pages 14-17 of this report.

The Health District's budgetary process accounts for certain transactions on a cash basis. The budgetary statements for the general fund, the public health emergency response fund, the early start fund, the cancer levy fund and the home sewage fund are presented to demonstrate the Health District's compliance with annually adopted budgets. The budgetary statements can be found on pages 18-22 of this report.

Notes to the Financial Statements

The notes provide additional information that is essential to full understanding of the data provided in the governmentwide and fund financial statements. The notes to the financial statements can be found on pages 23-29 of this report.

Government-Wide Financial Analysis

Recall that the statement of net assets – cash basis provides the perspective of the Health District as a whole.

The table below provides a summary of the Health District's net cash assets at December 31, 2010 and December 31, 2009.

	Net Cash Assets					
	Governmental		Gov	vernmental		
	А	ctivities	A	ctivities		
		2010		2009		
Assets						
Equity in pooled cash						
and cash equivalents	\$	453,236	\$	410,498		
Total assets		453,236		410,498		
Net Assets						
Restricted		283,004		289,518		
Unrestricted		170,232		120,980		
Total net assets	\$	453,236	\$	410,498		

For 2010, the total net cash assets of the Health District increased \$42,738, which represents a 10.41% increase.

The balance of government-wide unrestricted net cash assets of \$170,232 at December 31, 2010, may be used to meet the government's ongoing obligations to citizens and creditors.

The table below shows the changes in net cash assets for 2010 and 2009.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

Change in Net Cash Assets

	Governmental Activities 2010	Governmental Activities 2009
Cash Receipts:		
Program cash receipts:		
Charges for services	\$ 428,777	\$ 469,976
Operating grants and contributions	1,059,689	856,677
Total program cash receipts	1,488,466	1,326,653
General cash receipts:		
Property and other taxes	389,660	387,718
Unrestricted grants	102,206	135,841
Other	19,951	64,174
Total general cash receipts	511,817	587,733
Total cash receipts	2,000,283	1,914,386
Cash Disbursements:		
Salaries	805,993	883,513
Supplies	50,562	41,480
Remittance to State	50,646	64,193
Equipment	39,781	4,798
Contracts - Services	414,030	218,349
Membership/Subscriptions	375	50
Travel	62,413	59,382
Advertising and printing	1,266	340
Public Employee's Retirement	113,057	123,813
Hospitalization	265,533	237,065
Medicare	10,372	11,666
Worker's Compensation	10,032	11,677
Other	131,045	109,187
Utilities	2,440	2,464
Total cash disbursements	1,957,545	1,767,977
Change in net cash assets	42,738	146,409
Net cash assets at beginning of year	410,498	264,089
Net cash assets at end of year	\$ 453,236	\$ 410,498

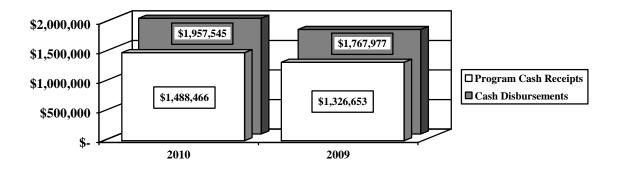
MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

Governmental Activities

Governmental cash assets increased by \$42,738 in 2010 from 2009. Salaries represent the largest cash disbursement of the Health District. In 2010, salary cash disbursements totaled \$805,993, or 41.17% of total governmental cash disbursements. Salary cash disbursements were supported by \$598,575 in direct charges to users for services and operating grants.

The statement of activities – cash basis shows the cost of program services and the charges for services and grants offsetting those services. The following table shows, for governmental activities, the total cost of services and the net cost of services for 2010 and 2009. That is, it identifies the cost of these services supported by tax receipts and unrestricted state grants and entitlements.

Governmental Activities - Program Cash Receipts vs. Total Cash Disbursements

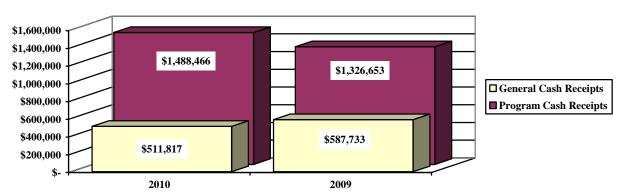


MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

Governmental Activities

Total Cost of Net Cost of Total Cost of Net Cost of Services Services Services Services 2010 2010 2009 2009 Cash disbursements: Current: Salaries \$ 805,993 \$ 207,418 883,513 242,082 \$ \$ **Supplies** 15,641 41,480 8,055 50,562 Remittance to State 50,646 16,692 64,193 23,120 Equipment 39,781 6,316 4,798 (2,257)414,030 Contracts - Services 73,750 218,349 42,477 Membership/Subscriptions 375 228 50 30 Travel 62,413 12,861 59,382 8,602 Advertising and printing 1,266 340 (160)131 Public Employee's Retirement 113,057 29,206 123,813 36,203 Hospitalization 265,533 69,464 237,065 65,472 Medicare 10,372 2,421 11,666 2,726 Worker's Compensation 10,032 2,552 11,677 3,867 Other 131,045 109,187 11,201 32,343 Utilities 2,440 56 2,464 (94)Total 1,957,545 469,079 \$ 1,767,977 \$ 441,324 \$ \$

The dependence upon general cash receipts for governmental activities is apparent; with 23.96% of cash disbursements supported through taxes and other general cash receipts during 2010.



Governmental Activities - General and Program Cash Receipts

Financial Analysis of the Government's Funds

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

Governmental Funds

The Health District's governmental funds are accounted for using the cash basis of accounting.

The Health District's governmental funds reported a combined fund cash balance of \$453,236, which is \$42,738 more than last year's total of \$410,498. The schedule below indicates the fund cash balance and the total change in fund cash balance as of December 31, 2010 and December 31, 2009, for all major and nonmajor governmental funds.

	Fund Cash Balance December 31, 2010	Fund Cash Balance December 31, 2009	Increase/ (Decrease)
Major Funds:			
General	\$ 111,349	\$ 53,242	\$ 58,107
Public Health Emergency Response	7	51,620	(51,613)
Early Start	83,022	90,146	(7,124)
Cancer Levy	123,243	66,993	56,250
Home Sewage	12,699	12,506	193
Other Nonmajor Governmental Funds	122,916	135,991	(13,075)
Total	\$ 453,236	\$ 410,498	\$ 42,738

During 2010, the Health District's fund cash balance increased \$42,738. This increase can primarily be attributed to the activity of both the general fund and the cancer levy fund. The general fund experienced significantly lower cash disbursements during 2010 due to reductions in salaries paid, remittance to the State, contributions to the Ohio Public Employees Retirement System and costs related to hospitalization. These cuts in cash disbursements allowed declining cash receipts in the general fund to still outpace cash disbursements. The cancer levy fund experienced increased cash receipts due to grant proceeds from the Susan G. Komen for the Cure organization. These receipts more than offset increased cash disbursements in the cancer levy fund during 2010.

General Fund

The general fund, the Health District's largest major fund, had cash receipts of \$457,225 in 2010. The cash disbursements of the general fund totaled \$399,118 in 2010. The general fund's cash balance increased \$58,107 from 2009 to 2010.

The table that follows assists in illustrating the cash receipts of the general fund.

	 2010 Amount	 2009 Amount	Percentage Change	
Cash Receipts:				
Taxes	\$ 218,146	\$ 218,155	(0.00) %	
Intergovernmental	71,714	85,950	(16.56) %	
Fees	155,996	192,948	(19.15) %	
Other	 11,369	 17,796	(36.11) %	
Total	\$ 457,225	\$ 514,849	(11.19) %	

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

During 2010, the cash receipts of the general fund decreased \$57,624. This decrease can mainly be attributed to a decrease in fees of \$36,952, which was due to the expiration and nonrenewal of the Health District's contract with the City of Salem in June of 2009.

The table that follows assists in illustrating the cash disbursements of the general fund.

	2010 2009 Amount Amount			Percentage Change
Cash Disbursements				
Salaries	\$ 204,353	\$	243,979	(16.24) %
Supplies	20,044		15,812	26.76 %
Remittance to State	22,231		37,402	(40.56) %
Contracts - Services	11,197		13,396	(16.42) %
Membership/Subscriptions	375		50	650.00 %
Travel	16,926		16,583	2.07 %
Public Employee's Retirement	28,968		33,942	(14.65) %
Hospitalization	61,328		82,989	(26.10) %
Medicare	2,536		3,037	(16.50) %
Worker's Compensation	2,783		4,628	(39.87) %
Other	28,377		30,618	(7.32) %
Utilities	 		175	(100.00) %
Total	\$ 399,118	\$	482,611	(17.30) %

During 2010, the cash disbursements of the general fund decreased \$83,493. This decrease can mainly be attributed to reductions in salaries paid, remittance to the State, contributions to the Ohio Public Employees Retirement System and costs related to hospitalization.

Public Health Emergency Response Fund

The public health emergency response fund, a Health District major fund, had cash receipts of \$273,470 in 2010. The public health emergency response fund had cash disbursements of \$325,083 in 2010. The public health emergency response fund cash balance decreased \$51,613 from 2009 to 2010.

Early Start Fund

The early start fund, a Health District major fund, had cash receipts of \$305,891 in 2010. The early start fund had cash disbursements of \$313,015 in 2010. The early start fund cash balance decreased \$7,124 from 2009 to 2010.

Cancer Levy Fund

The cancer levy fund, a Health District major fund, had cash receipts of \$315,114 in 2010. The cancer levy fund had cash disbursements of \$258,864 in 2010. The cancer levy fund cash balance increased \$56,250 from 2009 to 2010.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2010 (UNAUDITED)

Home Sewage Fund

The home sewage fund, a Health District major fund, had cash receipts of \$257,050 in 2010. The home sewage fund had cash disbursements of \$256,857 in 2010. The home sewage fund cash balance increased \$193 from 2009 to 2010.

Budgeting Highlights - General Fund

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

For 2010, the general fund final budget basis receipts of \$400,500 exceeded original budget estimates of \$248,000 by \$152,500. Actual cash receipts of \$457,225 were more than final budget estimates by \$56,725. The final budgetary basis disbursements of \$453,741 exceeded original budget estimates of \$248,000 by \$205,741. The actual budgetary basis disbursements of \$399,118 were \$54,623 less than the final budget estimates.

Capital Assets and Debt Administration

Capital Assets

The Health District does not record capital assets in the accompanying cash basis basic financial statements, but records payments for capital assets as disbursements. The Health District had equipment cash disbursements of \$39,781 during 2010.

Debt Administration

The Health District did not have any long-term obligations at December 31, 2010.

Contacting the Health District's Financial Management

This financial report is designed to provide our citizens, taxpayers, investors and creditors with a general overview of the Health District's finances and to show the Health District's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Ms. Cecile Donahey, Fiscal Officer, Columbiana General Health District, P.O. Box 309, Lisbon, OH 44432.

STATEMENT OF NET ASSETS - CASH BASIS DECEMBER 31, 2010

	Governmental Activities			
Assets:				
Equity in pooled cash and cash equivalents	\$	453,236		
Total assets		453,236		
Net assets:				
Restricted for:				
Public health infrastructure		43,631		
Emergency response		7		
Early start		83,022		
Cancer levy		123,243		
Home sewage		12,699		
Home health.		13,698		
Food service.		6,704		
Unrestricted		170,232		
Total net assets	\$	453,236		

STATEMENT OF ACTIVITIES - CASH BASIS FOR THE YEAR ENDED DECEMBER 31, 2010

				Program C	ash F	Receipts	Disl Cash Cha	Net (Cash bursements) Receipts and anges in Net ash Assets
	Cash Disbursements		Charges for Services		Operating Grants and Contributions			vernmental Activities
Governmental activities:								
Salaries.	\$	805,993	\$	210,621	\$	387,954	\$	(207,418)
Supplies		50,562		9,258		25,663		(15,641)
Remittance to State		50,646		31,828		2,126		(16,692)
Equipment		39,781		-		33,465		(6,316)
Contracts - Services		414,030		56,421		283,859		(73,750)
Membership/Subscriptions		375		147		-		(228)
Travel		62,413		17,383		32,169		(12,861)
Advertising and printing.		1,266		55		1,080		(131)
Public Employee's Retirement		113,057		28,816		55,035		(29,206)
Hospitalization		265,533		55,942		140,127		(69,464)
Medicare		10,372		2,860		5,091		(2,421)
Worker's Compensation		10,032		2,590		4,890		(2,552)
		131,045		12,783		85,919		(32,343)
Utilities		2,440		73		2,311		(56)
Totals	\$	1,957,545	\$	428,777	\$	1,059,689		(469,079)
	Pro (eneral Cash R operty and othe General purpose ants and entitle	er taxe ses	es levied for:				389,660
		o specific prog						102,206
		scellaneous.						19,951
	То	tal general cas	h rece					511,817
	Ch	ange in net ca	sh ass	ets				42,738
	Ne	t cash assets a	at beg	inning of yea	ar	•••		410,498
	Ne	t cash assets a	at end	of year	••		\$	453,236

STATEMENT OF ASSETS AND CASH FUND BALANCES GOVERNMENTAL FUNDS DECEMBER 31, 2010

	(General	Eme	e Health rgency ponse	Early Start	Cancer Levy
Cash assets: Equity in pooled cash and cash equivalents	\$	111,349	\$	7	\$ 83,022	\$ 123,243
Total assets	\$	111,349	\$	7	\$ 83,022	\$ 123,243
Fund cash balances: Unreserved, undesignated, reported in: General fund. Special revenue funds.	\$	111,349	\$	- 7	\$ 83,022	\$ 123,243
Total fund cash balances.	\$	111,349	\$	7	\$ 83,022	\$ 123,243

Home Sewage		Other vernmental Funds	Total Governmental Funds			
\$ 12,699	\$	122,916	\$	453,236		
\$ 12,699	\$	122,916	\$	453,236		
\$ -	\$	-	\$	111,349		
 12,699		122,916		341,887		
\$ 12,699	\$	122,916	\$	453,236		

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCES GOVERNMENTAL FUNDS FOR THE YEAR ENDED DECEMBER 31, 2010

	(General	Public Health Emergency Response		Emergency Early		Cancer Levy	
Cash receipts:						<u> </u>		
Taxes	\$	218,146	\$	-	\$	-	\$	171,514
Intergovernmental		71,714		273,470		296,529		30,492
Fees		155,996		-		-		-
Licenses and permits.		-		-		-		-
Other		11,369		-		9,362		113,108
Total cash receipts.		457,225		273,470		305,891		315,114
Cash disbursements:								
Salaries		204,353		68,652		175,141		100,157
Supplies		20,044		11,068		4,554		2,023
Remittance to State		22,231		-		-		-
Equipment		-		39,781		-		-
Contracts - Services		11,197		107,777		4,229		88,422
Membership/Subscriptions		375		-		-		-
Travel		16,926		6,023		19,745		441
Advertising and printing		-		803		-		-
Public Employee's Retirement		28,968		12,467		24,363		13,441
Hospitalization		61,328		8,569		68,392		45,967
Medicare.		2,536		786		2,436		940
Worker's Compensation		2,783		531		2,089		1,306
Other		28,377		68,626		9,626		6,167
Utilities		-		-		2,440		-
Total cash disbursements		399,118		325,083		313,015		258,864
Net change in fund cash balances		58,107		(51,613)		(7,124)		56,250
Fund cash balances at beginning of year		53,242		51,620		90,146		66,993
Fund cash balances at end of year	\$	111,349	\$	7	\$	83,022	\$	123,243

Home Sewage	Go	Other wernmental Funds	Go	Total vernmental Funds
\$ -	- \$	-	\$	389,660
189,940		186,703		1,048,848
15,000)	2,760		173,756
46,400)	174,243		220,643
5,710)	27,827		167,376
257,050)	391,533		2,000,283
41,137	,	216,553		805,993
-	-	12,873		50,562
2,875	i	25,540		50,646
-	-	-		39,781
189,941		12,464		414,030
-	-	-		375
-	-	19,278		62,413
-	-	463		1,266
5,759)	28,059		113,057
15,960)	65,317		265,533
588	;	3,086		10,372
504	Ļ	2,819		10,032
93	;	18,156		131,045
-		-		2,440
256,857	<u> </u>	404,608		1,957,545
193		(13,075)		42,738
12,506	i	135,991		410,498
\$ 12,699		122,916	\$	453,236

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) GENERAL FUND FOR THE YEAR ENDED DECEMBER 31, 2010

	Budgeted Amounts						Fin	iance with al Budget Positive
	Original Final			Actual		(Negative)		
Budgetary basis receipts:								
Taxes	\$	118,322	\$	191,081	\$	218,146	\$	27,065
Intergovernmental		38,898		62,817		71,714		8,897
Fees		84,613		136,643		155,996		19,353
Other		6,167		9,959		11,369		1,410
Total budgetary basis receipts		248,000		400,500		457,225		56,725
Budgetary basis disbursements:								
Salaries.		100,000		225,000		204,353		20,647
Supplies		10,000		27,061		20,044		7,017
Remittance to State		15,000		17,500		22,231		(4,731)
Contracts - Services		3,000		8,000		11,197		(3,197)
Membership/Subscriptions.		500		500		375		125
Travel.		16,000		21,000		16,926		4,074
Public Employee's Retirement		14,000		31,500		28,968		2,532
Hospitalization		71,800		91,630		61,328		30,302
Medicare		1,500		3,350		2,536		814
Worker's Compensation		2,000		2,000		2,783		(783)
Other		14,200		26,200		28,377		(2,177)
Total budgetary basis disbursements		248,000		453,741		399,118		54,623
Net change in fund cash balance		-		(53,241)		58,107		111,348
Fund cash balance at beginning of year		53,242		53,242		53,242		
Fund cash balance at end of year	\$	53,242	\$	1	\$	111,349	\$	111,348

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) PUBLIC HEALTH EMERGENCY RESPONSE FUND FOR THE YEAR ENDED DECEMBER 31, 2010

		Budgeted	Amo	unts		Fina	ance with Il Budget ositive
	Original Final			Actual	(Negative)		
Budgetary basis receipts:							·· · · ·
Intergovernmental	\$	-	\$	273,470	\$ 273,470	\$	-
Total budgetary basis receipts		-		273,470	 273,470		-
Budgetary basis disbursements:							
Salaries.		-		91,800	68,652		23,148
Supplies		-		7,000	11,068		(4,068)
Equipment		-		40,000	39,781		219
Contracts - Services		-		85,550	107,777		(22,227)
Travel		-		14,950	6,023		8,927
Advertising and printing		-		-	803		(803)
Public Employee's Retirement		-		14,000	12,467		1,533
Hospitalization		-		11,550	8,569		2,981
Medicare		-		1,450	786		664
Worker's Compensation		-		1,000	531		469
Other		-		57,790	 68,626		(10,836)
Total budgetary basis disbursements				325,090	 325,083		7
Net change in fund cash balance		-		(51,620)	(51,613)		7
Fund cash balance at beginning of year		51,620		51,620	 51,620		-
Fund cash balance at end of year	\$	51,620	\$	_	\$ 7	\$	7

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) EARLY START FUND FOR THE YEAR ENDED DECEMBER 31, 2010

	Budgeted Amounts Original Final					Actual	Variance with Final Budget Positive (Negative)	
Budgetary basis receipts:	Original		<u> </u>			Actual	(incative)	
Intergovernmental	\$	271,430	\$	268,231	\$	296,529	\$	28,298
Other	Ψ	8,570	Ψ	8,469	Ψ	9,362	φ	893
Total budgetary basis receipts.		280,000		276,700		305,891		29,191
Budgetary basis disbursements:								
Salaries.		180,000		203,000		175,141		27,859
Supplies		6.000		8,190		4.554		3.636
Contracts - Services		500		500		4.229		(3,729)
Membership/Subscriptions		175		175		-		175
Travel		14.000		17.000		19,745		(2,745)
Advertising and printing		375		375				375
Public Employee's Retirement		25,200		28,420		24,363		4,057
Hospitalization		39,760		57,760		68,392		(10,632)
Medicare		2,700		3,036		2,436		600
Worker's Compensation		3,600		3,600		2,089		1,511
Other		7,690		7,690		9,626		(1,936)
Utilities		-		400		2,440		(2,040)
Total budgetary basis disbursements		280,000		330,146		313,015		17,131
Net change in fund cash balance		-		(53,446)		(7,124)		46,322
Fund cash balance at beginning of year		90,146		90,146		90,146		
Fund cash balance at end of year	\$	90,146	\$	36,700	\$	83,022	\$	46,322

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) CANCER LEVY FUND FOR THE YEAR ENDED DECEMBER 31, 2010

		Budgeted	Amou				Fin F	iance with al Budget Positive
	Ori	Original Final			Actual		(Negative)	
Budgetary basis receipts:	¢	120.071	¢	120.071	¢	171 514	¢	22.442
Taxes	\$	139,071	\$	139,071	\$	171,514	\$	32,443
Intergovernmental		24,724		24,724		30,492		5,768
Other		91,712		91,712		113,108		21,396
Total budgetary basis receipts.		255,507		255,507		315,114		59,607
Budgetary basis disbursements:								
Salaries.		120,000		120,000		100,157		19,843
Supplies		1,500		7.500		2.023		5,477
Contracts - Services		82.507		122.507		88,422		34,085
Travel		1,000		1.000		441		559
Public Employee's Retirement		16,800		16,800		13.441		3,359
Hospitalization		25.200		36.193		45.967		(9,774)
Medicare		1,800		1,800		940		860
Worker's Compensation		2,400		2,400		1,306		1,094
Other		4,300		14,300		6,167		8,133
Total budgetary basis disbursements		255,507		322,500		258,864		63,636
Net change in fund cash balance		-		(66,993)		56,250		123,243
Fund cash balance at beginning of year		66,993		66,993		66,993		
Fund cash balance at end of year	\$	66,993	\$		\$	123,243	\$	123,243

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) HOME SEWAGE FUND FOR THE YEAR ENDED DECEMBER 31, 2010

		Budgeted	Amou				Fin P	iance with al Budget Positive
	Original		Final		Actual		(Negative)	
Budgetary basis receipts:	<u>_</u>		.		.	100.010	÷	
Intergovernmental	\$	65,025	\$	187,276	\$	189,940	\$	2,664
Fees		5,135		14,790		15,000		210
Licenses and permits		15,885		45,749		46,400		651
Other		1,955		5,630		5,710		80
Total budgetary basis receipts.		88,000		253,445		257,050		3,605
Budgetary basis disbursements:								
Salaries		55,000		55,000		41,137		13,863
Remittance to State		2,400		2,400		2,875		(475)
Contracts - Services		-		176,745		189,941		(13,196)
Travel.		4,500		4,500		-		4,500
Public Employee's Retirement		7,700		7,700		5,759		1,941
Hospitalization		16,464		16,464		15,960		504
Medicare		825		825		588		237
Worker's Compensation		825		825		504		321
Other		286		286		93		193
Total budgetary basis disbursements		88,000		264,745		256,857		7,888
Net change in fund cash balance		-		(11,300)		193		11,493
Fund cash balance at beginning of year		12,506		12,506		12,506		
Fund cash balance at end of year	\$	12,506	\$	1,206	\$	12,699	\$	11,493

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 1 - DESCRIPTION OF THE HEALTH DISTRICT

The Columbiana General Health District, Columbiana County (the "Health District") is a body politic and corporate established to exercise the rights and privileges conveyed to it by the constitution and laws of the State of Ohio. The Health District is directed by a five-member Board and a Health Commissioner. The Health District's services include communicable disease investigations, immunization clinics, inspections, public health nursing services and issuing health-related licenses and permits.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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. Generally accepted accounting principles (GAAP) 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. In the government-wide financial statements, Financial Accounting Standards Board (FASB) pronouncements and Accounting Principles Board (APB) opinions issued on or before November 30, 1989, have been applied, to the extent they are applicable to the cash basis of accounting, unless those pronouncements conflict with or contradict GASB pronouncements, in which case GASB prevails. The following are the more significant of the Health District's accounting policies.

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

These statements include adequate disclosure of material matters, in accordance with the basis of accounting described in the preceding paragraph.

B. Fund Accounting

The Health District uses funds to maintain its financial records during the year. Fund accounting is a concept developed to meet the needs of governmental entities in which legal or other restraints require the recording of specific receipts and disbursements. The transactions of each fund are reflected in a self-balancing group of accounts. The Health District classifies each fund as either governmental, proprietary or fiduciary.

Governmental Funds - The Health District classifies funds financed primarily from taxes, intergovernmental receipts (e.g. grants) and other nonexchange transactions as governmental funds.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

The following are the Health District's major governmental funds:

<u>General fund</u> - This fund is used to account for all financial resources of the Health District except those required to be accounted for in another fund. The general fund balance is available to the Health District for any purpose provided it is expended or transferred according to the general laws of Ohio.

<u>Public health emergency response fund</u> - This is a federal grant fund used to account for the support and enhancement of public health infrastructure that is critical to public health preparedness and response.

<u>*Early start fund*</u> - This fund accounts for activity associated with the contract with the Columbiana County Family and Children First Council to provide services to children from birth to three years that are at risk or have special needs through the federally funded Help Me Grow program.

<u>Cancer levy fund</u> - This fund accounts mainly for tax monies received for reducing the incidence and mortality of cancer through programs for prevention, early detection, treatment and care.

<u>*Home Sewage Fund*</u> - This fund accounts for septic permits, septic installer registration, and septic hauler licenses for the septic system program needed to meet State requirements.

Other governmental funds of the Health District are used to account for grants and other resources, and capital projects whose use is restricted to a particular purpose.

Proprietary Funds - These funds are used to account for activities that are financed and operated in a manner similar to private business enterprises where the intent is that costs of providing services to the general public on a continuing basis be financed or recovered primarily through user charges. The Health District does not have any proprietary funds.

Fiduciary Funds - Fiduciary fund reporting focuses on net assets and changes in net assets. The fiduciary fund category is split into four classifications: pension trust funds, investment trust funds, private-purpose trust funds and agency funds. Agency funds are custodial in nature (assets equal liabilities) and do not involve measurement of results of operations. The Health District does not have any fiduciary funds.

C. Basis of Presentation and Measurement Focus

<u>Government-wide Financial Statements</u> - The statement of net assets – cash basis and the statement of activities – cash basis display information about the Health District as a whole. These statements include the financial activities of the primary government. These statements usually distinguish between those activities of the Health District that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health District has no business-type activities.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

The statement of net assets – cash basis presents the cash balance of the governmental activities of the Health District at year end. The statement of activities – cash basis compares disbursements and program receipts for each program or function of the Health District's governmental activities. Disbursements are reported by function. A function is a group of related activities designed to accomplish a major service or regulatory program for which the Health District is responsible.

Program receipts include charges paid by the recipient of the goods or services offered by the program, grants and contributions that are restricted to meeting the operational or capital requirements of a particular program, and receipts of interest earned on grants that are required to be used to support a particular program.

Receipts which are not classified as program receipts are presented as general receipts of the Health District, with certain limited exceptions. The comparison of direct disbursements with program receipts identifies the extent to which each governmental program is self-financing on a cash basis or draws from the general receipts of the Health District.

<u>Fund Financial Statements</u> - Fund financial statements report detailed information about the Health District. The focus of governmental fund financial statements is on major funds. Each major fund is presented in a separate column. Nonmajor funds are aggregated and presented in a single column.

D. Budgetary Process

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

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

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

E. Cash and Cash Equivalents

The Columbiana 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 Treasurer, Nick Barborak, 105 S. Market Street, Lisbon, Ohio 44432.

F. Capital Assets

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

G. Unpaid Vacation and Sick Leave

Employees are entitled to cash payments for unused vacation and sick leave in certain circumstances, such as upon leaving employment. Unpaid vacation and sick leave are not reflected as liabilities under the basis of accounting used by the Health District (see Note 2.A).

H. Long-Term Obligations

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

I. Employer Contributions to Cost-Sharing Pension Plans

The Health District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 4 and 5 the employer contributions include portions for pension benefits and for postretirement health care benefits.

J. Net Assets

Net assets are reported as restricted when enabling legislation or creditors, grantors or laws or regulations of other governments have imposed limitations on its use.

The Health District first applies restricted resources when a disbursement is incurred for purposes for which both restricted and unrestricted net assets are available.

NOTE 3 - RISK MANAGEMENT

During 2010, the Health District received liability insurance through the Public Entities Pool of Ohio. Coverage provided by the Public Entities Pool of Ohio is as follows:

Legal Liability - Third Party Claims (\$1,000 deductible)	\$6,000,000
Medical Malpractice Liability (\$1,000 deductible)	6,000,000
Automobile Liability	6,000,000
Wrongful Acts (\$1,000 deductible)	6,000,000

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 4 - PENSION PLANS

Ohio Public Employees Retirement System

Plan Description - The Health District participates in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The Traditional Pension Plan is a costsharing, multiple-employer defined benefit pension plan. The Member-Directed Plan is a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20% per year). Under the Member-Directed Plan, members accumulate retirement assets equal to the value of the member and vested employer contributions plus any investment earnings. The Combined Plan is a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and a defined contribution plan. Under the Combined Plan, employer contributions are invested by the retirement system to provide a formula retirement benefit similar to the Traditional Pension Plan benefit. Member contributions, whose investment is self-directed by the member, accumulate retirement assets in a manner similar to the Member-Directed Plan. While members in the State and local divisions may participate in all three plans, law enforcement (generally sheriffs, deputy sheriffs and township police) and public safety divisions exist only within the traditional pension plan.

OPERS provides retirement, disability, survivor and death benefits and annual cost of living adjustments to members of the Traditional Pension and the Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that may be obtained by writing to OPERS, Attention: Finance Director, 277 E. Town St., Columbus, OH 43215-4642 or by calling (614) 222-5601 or (800) 222-7377.

Funding Policy - The Ohio Revised Code provides statutory authority for member and employer contributions. For 2010, member and contribution rates were consistent across all three plans. 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. The 2010 member contribution rates were 10.00% for members in State and local classifications. Public safety and law enforcement members contributed 10.5% and 11.1%, respectively. The Health District's contribution rate for 2010 was 14.00%, except for those plan members in law enforcement or public safety, for whom the Health District's contribution was 17.87% of covered payroll.

The Health District's contribution rate for pension benefits for members in the Traditional Plan for 2010 was 8.50% from January 1 through February 28, 2010 and 9.00% from March 1 through December 31, 2010. The Health District's contribution rate for pension benefits for members in the Combined Plan for 2010 was 9.27% from January 1 through February 28, 2010 and 9.77% from March 1 through December 31, 2010. The Health District's required contributions for pension obligations to the Traditional Pension and Combined Plans for the years ended December 31, 2010, 2009, and 2008 were \$74,796, \$71,733, and \$64,831, respectively; these contributions were sufficient to fulfill the requirements.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 5 - POSTRETIREMENT BENEFIT PLANS

Ohio Public Employees Retirement System

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

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

Disclosures for the healthcare plan are presented separately in the OPERS financial report which may be obtained by writing to OPERS, Attention: Finance Director, 277 E. Town St., Columbus, OH 43215-4642 or by calling (614) 222-5601 or (800) 222-7377.

Funding Policy - The post-employment healthcare plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). State statute requires that public employers fund post-employment healthcare through contributions to OPERS. A portion of each employer's contribution to the Traditional or Combined Plans is set aside for the funding of post-employment health care.

Employer contribution rates are expressed as a percentage of the covered payroll of active employees. In 2010, local government employers contributed 14.00% of covered payroll (17.87% for public safety and law enforcement). Each year the OPERS Retirement Board determines the portion of the employer contribution rate that will be set aside for the funding of the postemployment health care benefits. The portion of employer contributions allocated to fund post-employment healthcare for members in the Traditional Plan for 2010 was 5.50% from January 1 through February 28, 2010 and 5.00% from March 1 through December 31, 2010. The portion of employer contributions allocated to fund post-employment healthcare for members in the Combined Plan for 2010 was 4.73% from January 1 through February 28, 2010 and 4.23% from March 1 through December 31, 2010.

The OPERS Retirement Board is also authorized to establish rules for the payment of a portion of the health care benefits provided, by the retiree or their surviving beneficiaries. Payment amounts vary depending on the number of covered dependents and the coverage selected. Active members do not make contributions to the post-employment healthcare plan.

The Health District's contributions allocated to fund post-employment health care benefits for the years ended December 31, 2010, 2009, and 2008 were \$41,914, \$52,080, and \$64,831, respectively; these contributions were sufficient to fulfill the requirements.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 6 - CONTINGENT LIABILITY

Litigation

The Health District is not currently involved in litigation for which the Health District's legal counsel anticipates a loss.

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Dave Yost · Auditor of State

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

Columbiana General Health District Columbiana County 7360 State Route 45 Lisbon, Ohio 44432

To the Board of Health:

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Columbiana General Health District, Columbiana County, (the District) as of and for the year ended December 31, 2010, which collectively comprise the District's basic financial statements and have issued our report thereon dated April 15, 2012. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the Comptroller General of the United States' *Government Auditing Standards*.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Columbiana General Health District Columbiana County Independent Accountants' Report on Internal Control Over Financial Reporting and Compliance and Other

Matters Required by *Government Auditing Standards* Page 2

We did note certain matters not requiring inclusion in this report that we reported to the District's management in a separate letter dated April 15, 2012.

We intend this report solely for the information and use of management, the Board of Health and others within the District. We intend it for no one other than these specified parties.

thre Yort

Dave Yost Auditor of State

April 15, 2012



Dave Yost • Auditor of State

COLUMBIANA GENERAL HEALTH DISTRICT

COLUMBIANA COUNTY

CLERK'S CERTIFICATION

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

Susan Babbett

CLERK OF THE BUREAU

CERTIFIED MAY 15, 2012

> 88 East Broad Street, Fifth Floor, Columbus, Ohio 43215-3506 Phone: 614-466-4514 or 800-282-0370 Fax: 614-466-4490 www.auditor.state.oh.us