



OHIO AUDITOR OF STATE  
**KEITH FABER**





**GENERAL HEALTH DISTRICT  
COSHOCOTON COUNTY**

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# OHIO AUDITOR OF STATE KEITH FABER



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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, 2022, 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, 2022, 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 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 this matter.

***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 June 28, 2024, 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

June 28, 2024

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GENERAL HEALTH DISTRICT  
 COSHOCTON COUNTY  
 STATEMENT OF NET POSITION - CASH BASIS  
 DECEMBER 31, 2022

	Governmental Activities
<b>Assets:</b>	
Equity in Pooled Cash and Cash Equivalents	\$839,018
<i>Total Assets</i>	\$839,018
<b>Net Position</b>	
Restricted for:	
Special Revenue Funds	\$367,077
Federal COVID-19 Programs	54,438
Merger with City Health Department	108,000
Unrestricted	309,503
<i>Total Net Position</i>	\$839,018

See accompanying notes to the basic financial statements.

GENERAL HEALTH DISTRICT  
 COSHOCTON COUNTY  
 STATEMENT OF ACTIVITIES - CASH BASIS  
 FOR THE YEAR END DECEMBER 31, 2022

		Program Cash Receipts		Net (Disbursements) Receipts & Changes in Net Position
	Cash Disbursements	Charges for Services and Sales	Operating Grants & Contributions	Governmental Activities
<b>Governmental Activities:</b>				
Health	\$1,266,419	\$251,084	\$668,716	(\$346,619)
<i>Total Governmental Activities</i>	\$1,266,419	\$251,084	\$668,716	(\$346,619)
 General Receipts:				
Unrestricted Grants, Contributions & Donations				225,566
Miscellaneous				31,512
<i>Total General Receipts, Transfers and Advances</i>				257,078
 Change in Net Position				(89,541)
 <i>Net Position - Beginning of Year</i>				928,559
 <i>Net Position - End of Year</i>				\$839,018

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, 2022

	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
<b>Assets</b>								
Equity in Pooled Cash and Cash Equivalents	\$479,941	\$84,386	\$15,336	\$47,206	\$31,223	\$86,976	\$101,950	\$847,018
<i>Total Assets</i>	<u>\$479,941</u>	<u>\$84,386</u>	<u>\$15,336</u>	<u>\$47,206</u>	<u>\$31,223</u>	<u>\$86,976</u>	<u>\$101,950</u>	<u>\$847,018</u>
<b>Fund Balances</b>								
Restricted	\$162,438	\$84,386	\$15,336	\$47,206	\$31,223	\$86,976	\$101,950	529,515
Assigned	36,950							36,950
Unassigned	272,553							272,553
<i>Total Fund Balances</i>	<u>\$471,941</u>	<u>\$84,386</u>	<u>\$15,336</u>	<u>\$47,206</u>	<u>\$31,223</u>	<u>\$86,976</u>	<u>\$101,950</u>	<u>\$839,018</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, 2022

	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
<b>Receipts:</b>								
Charges for Services	\$4,370	\$22,136	\$0	\$0	\$0	\$14,000	\$0	\$40,506
Fines, Licenses and Permits	33,050	0	0	36,150	0	61,170	80,208	210,578
Intergovernmental								
Apportionments	175,000	0	0	0	0	0	0	175,000
Grants	299,695	0	175,989	33,991	67,169	20,472	0	597,316
Other	55,265	6,077	0	0	0	0	10,058	71,400
Miscellaneous	25,812	51,566	3,700	0	1,000	0	0	82,078
<i>Total Receipts</i>	<u>593,192</u>	<u>79,779</u>	<u>179,689</u>	<u>70,141</u>	<u>68,169</u>	<u>95,642</u>	<u>90,266</u>	<u>1,176,878</u>
<b>Disbursements:</b>								
Current:								
Health	<u>660,794</u>	<u>76,706</u>	<u>191,673</u>	<u>79,745</u>	<u>97,317</u>	<u>83,129</u>	<u>77,055</u>	<u>1,266,419</u>
<i>Total Disbursements</i>	<u>660,794</u>	<u>76,706</u>	<u>191,673</u>	<u>79,745</u>	<u>97,317</u>	<u>83,129</u>	<u>77,055</u>	<u>1,266,419</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(67,602)</u>	<u>3,073</u>	<u>(11,984)</u>	<u>(9,604)</u>	<u>(29,148)</u>	<u>12,513</u>	<u>13,211</u>	<u>(89,541)</u>
<b>Other Financing Sources (Uses)</b>								
Transfer-In	0	0	0	0	0	0	8,000	8,000
Transfer-Out	<u>0</u>	<u>0</u>	<u>0</u>	<u>(2,000)</u>	<u>0</u>	<u>(2,000)</u>	<u>(4,000)</u>	<u>(8,000)</u>
<i>Total Other Financing Sources (Uses)</i>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(2,000)</u>	<u>0</u>	<u>(2,000)</u>	<u>4,000</u>	<u>0</u>
<i>Net Change in Fund Balances</i>	<u>(67,602)</u>	<u>3,073</u>	<u>(11,984)</u>	<u>(11,604)</u>	<u>(29,148)</u>	<u>10,513</u>	<u>17,211</u>	<u>(89,541)</u>
<i>Fund Balances Beginning of Year</i>	539,543	81,313	27,320	58,810	60,371	76,463	84,739	928,559
<i>Fund Balances End of Year</i>	<u>\$471,941</u>	<u>\$84,386</u>	<u>\$15,336</u>	<u>\$47,206</u>	<u>\$31,223</u>	<u>\$86,976</u>	<u>\$101,950</u>	<u>\$839,018</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, 2022

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
<b>Receipts:</b>				
Charges for Services	\$3,700	\$4,215	\$4,370	\$155
Fines, Licenses and Permits	29,200	36,256	33,050	(3,206)
Intergovernmental				
Apportionments	175,000	175,000	175,000	0
Grants	18,961	298,742	299,695	953
Other	151,200	55,236	55,265	29
Miscellaneous	1,650	25,811	25,812	1
<i>Total Receipts</i>	<u>379,711</u>	<u>595,260</u>	<u>593,192</u>	<u>(2,068)</u>
<b>Disbursements:</b>				
Current				
Health:				
Salaries	390,048	363,413	290,634	72,779
Employee Fringe Benefits	121,142	141,855	86,588	55,267
Supplies	48,539	170,717	90,453	80,264
Equipment	10,000	109,000	37,823	71,177
Contract Services	281,004	244,585	151,384	93,201
Travel/Conferences	2,000	2,000	84	1,916
Other Expenses	51,855	79,267	40,777	38,490
<i>Total Disbursements</i>	<u>904,588</u>	<u>1,110,837</u>	<u>697,743</u>	<u>413,094</u>
<i>Deficiency of Receipts (Under) Disbursements</i>	<u>(524,877)</u>	<u>(515,577)</u>	<u>(104,551)</u>	<u>411,026</u>
<b>Other Financing (Uses)</b>				
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>	(526,877)	(517,577)	(106,551)	411,026
<i>Unencumbered Fund Balance Beginning of Year</i>	481,477	481,477	481,477	0
Prior Year Encumbrances Appropriated	56,060	56,060	56,060	0
<i>Unencumbered Fund Balance End of Year</i>	<u>\$10,660</u>	<u>\$19,960</u>	<u>\$430,986</u>	<u>\$411,026</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, 2022

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
<b>Receipts:</b>				
Charges for Services	\$25,000	\$21,500	\$22,136	\$636
Intergovernmental				
Other	8,200	6,077	6,077	0
Miscellaneous	53,500	50,700	51,566	866
<i>Total Receipts</i>	86,700	78,277	79,779	1,502
<b>Disbursements:</b>				
Current				
Health:				
Salaries	63,181	64,181	42,747	21,434
Employee Fringe Benefits	11,394	11,426	7,228	4,198
Supplies	4,500	4,500	802	3,698
Contract Services	27,000	27,000	24,811	2,189
Other Expenses	3,400	3,400	1,173	2,227
<i>Total Disbursements</i>	109,475	110,507	76,761	33,746
<i>Net Change in Fund Balance</i>	(22,775)	(32,230)	3,018	35,248
<i>Unencumbered Fund Balance Beginning of Year</i>	79,358	79,358	79,358	0
Prior Year Encumbrances Appropriated	1,954	1,954	1,954	0
<i>Unencumbered Fund Balance End of Year</i>	\$58,537	\$49,082	\$84,330	\$35,248

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, 2022

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
<b>Receipts:</b>				
Intergovernmental				
Grants	\$189,672	\$165,149	\$175,989	\$10,840
Miscellaneous	0	3,700	3,700	0
<i>Total Receipts</i>	<u>189,672</u>	<u>168,849</u>	<u>179,689</u>	<u>10,840</u>
<b>Disbursements:</b>				
Current				
Health:				
Salaries	134,545	129,575	129,512	63
Employee Fringe Benefits	37,098	30,743	28,804	1,939
Supplies	5,641	11,250	10,416	834
Equipment	0	8,918	8,899	19
Contract Services	16,000	14,104	14,103	1
<i>Total Disbursements</i>	<u>193,284</u>	<u>194,590</u>	<u>191,734</u>	<u>2,856</u>
<i>Net Change in Fund Balance</i>	(3,612)	(25,741)	(12,045)	13,696
<i>Unencumbered Fund Balance Beginning of Year</i>	<u>25,741</u>	<u>25,741</u>	<u>25,741</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$22,129</u></u>	<u><u>\$0</u></u>	<u><u>\$13,696</u></u>	<u><u>\$13,696</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, 2022

	<u>Budgeted Amounts</u>		<u>Actual</u>	Variance With
	<u>Original</u>	<u>Final</u>		Final Budget Positive (Negative)
<b>Receipts:</b>				
Fines, Licenses and Permits	\$36,400	\$36,150	\$36,150	\$0
Intergovernmental				
Grants	37,767	33,991	33,991	0
<i>Total Receipts</i>	<u>74,167</u>	<u>70,141</u>	<u>70,141</u>	<u>0</u>
<b>Disbursements:</b>				
Current				
Health:				
Salaries	17,994	22,094	20,628	1,466
Employee Fringe Benefits	16,082	20,404	17,155	3,249
Supplies	500	500	11	489
Travel/Conferences	2,000	2,000	1,382	618
Other Expenses	33,500	44,070	40,570	3,500
<i>Total Disbursements</i>	<u>70,076</u>	<u>89,068</u>	<u>79,746</u>	<u>9,322</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>4,091</u>	<u>(18,927)</u>	<u>(9,605)</u>	<u>9,322</u>
<b>Other Financing Sources (Uses)</b>				
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>	2,091	(20,927)	(11,605)	9,322
<i>Unencumbered Fund Balance Beginning of Year</i>	58,754	58,754	58,754	0
Prior Year Encumbrances Appropriated	57	57	57	0
<i>Unencumbered Fund Balance End of Year</i>	<u>\$60,902</u>	<u>\$37,884</u>	<u>\$47,206</u>	<u>\$9,322</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, 2022

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
<b>Receipts:</b>				
Intergovernmental				
Grants	\$68,729	\$78,431	\$67,169	(\$11,262)
Miscellaneous	0	0	1,000	1,000
<b>Total Receipts</b>	<u>68,729</u>	<u>78,431</u>	<u>68,169</u>	<u>(10,262)</u>
<b>Disbursements:</b>				
Current				
Health:				
Salaries	46,468	47,468	33,704	13,764
Employee Fringe Benefits	13,437	14,853	11,549	3,304
Supplies	2,820	2,820	840	1,980
Contract Services	8,980	51,225	51,225	0
Total Disbursements	<u>71,705</u>	<u>116,366</u>	<u>97,318</u>	<u>19,048</u>
<i>Net Change in Fund Balance</i>	(2,976)	(37,935)	(29,149)	8,786
<i>Unencumbered Fund Balance Beginning of Year</i>	58,127	58,127	58,127	0
Prior Year Encumbrances Appropriated	<u>2,245</u>	<u>2,245</u>	<u>2,245</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$57,396</u></u>	<u><u>\$22,437</u></u>	<u><u>\$31,223</u></u>	<u><u>\$8,786</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, 2022

	Budgeted Amounts		Actual	Variance With Final Budget Positive (Negative)
	Original	Final		
<b>Receipts:</b>				
Charges for Services	\$12,500	\$13,500	\$14,000	\$500
Fines, Licenses and Permits	43,300	59,470	61,170	1,700
Intergovernmental				
Grants	100,000	20,472	20,472	0
<i>Total Receipts</i>	<u>155,800</u>	<u>93,442</u>	<u>95,642</u>	<u>2,200</u>
<b>Disbursements:</b>				
Current				
Health:				
Salaries	46,362	46,362	40,100	6,262
Employee Fringe Benefits	16,807	17,682	16,132	1,550
Supplies	1,000	1,000	0	1,000
Other Expenses	97,554	98,512	30,393	68,119
<i>Total Disbursements</i>	<u>161,723</u>	<u>163,556</u>	<u>86,625</u>	<u>76,931</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(5,923)</u>	<u>(70,114)</u>	<u>9,017</u>	<u>79,131</u>
<b>Other Financing Sources (Uses)</b>				
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>	(7,923)	(72,114)	7,017	79,131
<i>Unencumbered Fund Balance Beginning of Year</i>	74,408	74,408	74,408	0
Prior Year Encumbrances Appropriated	2,055	2,055	2,055	0
<i>Unencumbered Fund Balance End of Year</i>	<u><u>\$68,540</u></u>	<u><u>\$4,349</u></u>	<u><u>\$83,480</u></u>	<u><u>\$79,131</u></u>

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, 2022**

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**Note 1 – Reporting Entity**

Empowered by § 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 Health District operates autonomously from the government of Coshocton 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 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  
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**NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022**

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**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 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.

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  
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***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 Coshocton, Fairfield, Licking, Perry 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  
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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 Coshocoton County Treasurer's Office is located at 349 Main Street, Coshocoton, 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  
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**NOTES TO THE BASIC FINANCIAL STATEMENTS  
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***Long-Term Obligations***

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

***Leases***

For 2022, GASB Statement No. 87, *Leases*, was effective. This GASB pronouncement had no effect on beginning net position/fund balance.

The Health District is the lessee (as defined by GASB 87) in one lease related to a lease for a Canon color printer, which will become the Health District's property at the end of the lease. Lease payables are not reflected under the Health District's cash basis of accounting. Lease disbursements are recognized when they are paid.

***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.

***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.

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***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.

***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 – Budgetary 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 and the Women, Infants and Children (WIC) 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:



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	General	Child & Family Health	Women, Infants & Children (WIC)	Solid Waste Grant	Public Health Emergency Preparedness (PHEP)	Household Sewage Treatment
Fund Balance, Cash						
Accounting Basis	\$471,941	\$84,386	\$15,336	\$47,206	\$31,223	\$86,976
Year-End Encumbrances	(36,950)	(56)	(58)	0	0	(3,496)
<u>Perspective Difference:</u>						
Funds Reclassified:						
District Health Reserve	(4,005)	0	0	0	0	0
WIC Reserve	0	0	(1,582)	0	0	0
Fund Balance, Budget Basis	<u>\$430,986</u>	<u>\$84,330</u>	<u>\$13,696</u>	<u>\$47,206</u>	<u>\$31,223</u>	<u>\$83,480</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.

**Note 5 - Intergovernmental**

The County apportions the excess of the Health Districts 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 subdivision revenue.

**Note 6 – Interfund Balances and Transfers**

**Transfers**

During 2022, the following transfers were made:

	<u>Transfer from</u>				
	Solid Waste Grant Fund	Household Sewage Treatment	Other Governmental	Total	
<u>Transfer to</u>					
Other Governmental Funds	\$2,000	\$2,000	\$4,000	\$8,000	

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 governmental funds were in compliance with Ohio Revised Code to either make debt payments or for designated projects.

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**NOTES TO THE BASIC FINANCIAL STATEMENTS  
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***Interfund Balances***

There were no Interfund balances at December 31, 2022.

**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 2022, 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. A Self-Insurance Internal Service Fund is maintained to account for, and finance, its uninsured risks of loss in this program. Effective January 1, 2022 a Third Party Administrator, Mutual Health Services began reviewing all claims which are then paid by the County. For January 1, 2022, the plan provided 3 different options for coverage for eligible County employees. The first option being Plan A – Buyup a major medical with a \$1,000 individual and \$2,000 family deductible and a Preferred Provider Network (PPO) with a \$1,000 individual and a \$2,000 family deductible. The second option being Plan B - Core a major medical with a \$2,000 individual deductible and a \$4,000 family deductible and a Preferred Provider Network (PPO) with a \$1,000 individual and a \$2,000 family deductible. The third option being a Plan C - Health Savings Account (HSA) major medical with a \$5,000 individual deductible and a \$10,000 family deductible and a Preferred Provider Network (PPO) with a \$2,700 deductible and a \$5,400 family deductible. The County purchases stop-loss coverage of \$90,000 per employee per year and an aggregate annual limit of \$1,000,000. For the period January 1, 2022 through June 30,2022, the County provided three options for employees to choose from. Plan A- Buyup - \$2,287 family coverage, \$777 single, Employee + Spouse \$1,575 and Employee + child/children \$1,288. For Plan B – Core - \$2,290 family coverage, \$710 single coverage, \$1,435 Employee + spouse and \$1,175 employee + child/children. Plan C – HSA - \$2,062 family coverage, \$701 single, \$1,415 employee + spouse and \$1,159 employee + child/children coverage which represents the entire premium required. For the period July 1, 2022 through December 31, 2022 the County insurance rates increased; Plan A- Buyup - \$2,604 family coverage, \$885 single, Employee + Spouse \$1,802 and Employee + child/children \$1,472. For Plan B – Core - \$2,378 family coverage, \$808 single coverage, \$1,640 Employee + spouse and \$1,341 employee + child/children. Plan C – HSA - \$2,346 family coverage, \$797 single, \$1,617 employee + spouse and \$1,322 employee + child/children coverage which represents the entire premium required.

**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

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

<u>2022</u>	
Cash and investments	\$42,310,794
Actuarial liabilities	\$15,724,479

**Note 8 – Defined Benefit Pension Plan**

***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):

<b>Group A</b>	<b>Group B</b>	<b>Group C</b>
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
<b>State and Local</b>	<b>State and Local</b>	<b>State and Local</b>
<b>Age and Service Requirements:</b> Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	<b>Age and Service Requirements:</b> Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	<b>Age and Service Requirements:</b> Age 57 with 25 years of service credit or Age 62 with 5 years of service credit

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<b>Traditional Plan Formula:</b> 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	<b>Traditional Plan Formula:</b> 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	<b>Traditional Plan Formula:</b> 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
<b>Combined Plan Formula:</b> 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	<b>Combined Plan Formula:</b> 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	<b>Combined Plan Formula:</b> 1% of FAS multiplied by years of service for the first 35 years and 1.25% for service years in excess of 35

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

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

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

	State and Local
<b>2022 Statutory Maximum Contribution Rates</b>	
Employer	14.0 %
Employee *	10.0 %
 <b>2022 Actual Contribution Rates</b>	
Employer:	
Pension **	14.0 %
Post-employment Health Care Benefits **	0.0
Total Employer	14.0 %
Employee	10.0 %

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

\*\* These pension and employer health care rates are for the traditional and combined plans. Beginning July 1, 2022, the employer contribution rate for the combined plan allocated 2 percent for health care with the remainder going to pension. 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 \$80,665 for the year 2022.

**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.

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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 2022, 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 of Trustees determines the portion of the employer contribution rate that will be set aside to fund health care. The portion of employer contributions allocated to health care for members in the Traditional Pension Plan was 0% during calendar year 2022. For the Combined Plan, the portion of the employer contributions allocated to health care was 0% from January 1, 2022 to June 30, 2022, and was 2% from July 1, 2022 to December 31, 2022.

As recommended by OPERS’ actuary, the portion of employer contributions allocated to health care beginning Jan. 1, 2023 remains at 0% for the Traditional Pension Plan and 2% for the Combined Plan. The 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 for Member-Directed Plan participants for 2022 was 4.0%.

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 2022.

**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  
FOR THE YEAR ENDED DECEMBER 31, 2022**

**Note 11 – Public Entity Risk Pool**

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. Sedgwick functions as the administrator of PEP. Public Entity Risk Services of Ohio (PERSO) functions as the claims service provider and risk control service provider. 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, 2022.

Fund Balances	General	Child & Family Health Services	Women, Infants & Children	Solid Waste Grant	Public Health Emergency Preparedness	Household Sewage Treatment	Other Governmental Funds	Total
<b>Restricted for</b>								
Women, Infants and Children	\$0	\$0	\$15,336	\$0	\$0	\$0	\$0	\$15,336
Child & Family Health Fund	0	84,386	0	0	0	0	0	84,386
Solid Waste	0	0	0	47,206	0	0	0	47,206
Public Health Emergency	0	0	0	0	31,223	0	0	31,223
Environmental Reserve	0	0	0	0	0	0	27,414	27,414
Household Sewage Treatment	0	0	0	0	0	86,976	0	86,976
Swimming Pool	0	0	0	0	0	0	3,289	3,289
Water	0	0	0	0	0	0	47,470	47,470
DH Construction and Demolition	0	0	0	0	0	0	2,673	2,673
Campground	0	0	0	0	0	0	5,869	5,869
Food Service	0	0	0	0	0	0	15,235	15,235
Federal COVID-19 Programs	54,438	0	0	0	0	0	0	54,438
Merger with City Health Depart.	108,000	0	0	0	0	0	0	108,000
<i>Total Restricted</i>	<u>162,438</u>	<u>84,386</u>	<u>15,336</u>	<u>47,206</u>	<u>31,223</u>	<u>86,976</u>	<u>101,950</u>	<u>529,515</u>
<b>Assigned to</b>								
Operating Expenses	36,950	0	0	0	0	0	0	36,950
<i>Total Assigned</i>	<u>36,950</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>36,950</u>
<b>Unassigned</b>								
	<u>272,553</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>272,553</u>
<i>Total Fund Balances</i>	<u><u>\$471,941</u></u>	<u><u>\$84,386</u></u>	<u><u>\$15,336</u></u>	<u><u>\$47,206</u></u>	<u><u>\$31,223</u></u>	<u><u>\$86,976</u></u>	<u><u>\$101,950</u></u>	<u><u>\$839,018</u></u>

**GENERAL HEALTH DISTRICT  
COSHOCTON COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2022**

**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 ended in April 2023. During 2022, 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 2022, the Health District received coronavirus funds through multiple funding sources in the form of grants from the Ohio Department of Health. The Health District returned \$61,043 in unspent COVID-19 Cares Grant, Assistance Listing (AL) Number 21.019, to the Ohio Department of Health in 2022. No monies were spent on-behalf of other governments.

	Funding Source	Award Period	Award Amount	Received in 2022
CN22 COVID-19 Vaccination	AL 93.268	1/01/22 - 6/30/23	\$ 98,588	\$38,114
COVID-19 Enhanced Operations (EO22)	AL 93.323	8/01/22 - 7/31/23	\$343,392	\$66,004
COVID-19 Enhanced Operations (EO21)	AL 93.323	12/1/20 - 7/31/22	\$303,540	\$90,390
COVID-19 Vaccine Equity Supplement Local Health Department Subgrants (VE21)	AL 93.268	12/1/20 - 6/30/22	<u>\$ 64,778</u>	<u>\$ 0</u>
			\$810,298	\$194,508

**Note 14 - Merger**

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.



# OHIO AUDITOR OF STATE KEITH FABER



65 East State 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 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, 2022, 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 June 28, 2024, wherein we noted the Health District uses a special purpose framework other than generally accepted accounting principles 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 2022-001 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 Schedule of Findings. 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

June 28, 2024

**COSHOCTON COUNTY GENERAL HEALTH DISTRICT  
COSHOCTON COUNTY**

**SCHEDULE OF FINDINGS  
DECEMBER 31, 2022**

<b>FINDINGS RELATED TO THE FINANCIAL STATEMENTS REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS</b>
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**FINDING NUMBER 2022-001**

**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 \$54,438 in Restricted for Federal COVID-19 Programs within Unrestricted Net Position. In addition, the Health District reported \$54,438 in Federal COVID-19 Programs within the General Fund Unassigned Fund Balance. This 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 budgeted and actual grant activity in Intergovernmental Revenue – Other instead of Intergovernmental Revenue – Grants in the Household Sewage Treatment Fund budget versus actual statement. This resulted in errors of \$100,000, \$20,472 and \$20,472 in original estimated revenue, final estimated revenue and actual receipts in these line items, respectively;
- The Health District received \$10,058 in State funding in the Other Governmental Funds. However, it was reported as Miscellaneous Revenue instead of Intergovernmental Revenue – Other.

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

We also noted various insignificant adjustments and reclassifications in amounts ranging from \$247 to \$50,566.

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. In addition, the Health District should ensure that all budgetary information is properly included.

**Officials' Response:**

Coshocton Public Health District started filing Regulatory vs. Modified Cash effective year ending 2023.

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## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

December 31, 2022

Finding Number	Finding Summary	Status	Additional Information
2021-001	Material Weakness – Incorrect Financial Statement	Not Corrected	Repeated as 2022-001
2021-002	Noncompliance and Material Weakness for Cares Grant Reporting	N/A	All reports for grant have been completed

# 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 7/16/2024**

65 East State 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](http://www.ohioauditor.gov)