FULTON COUNTY HEALTH DEPARTMENT

SINGLE AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2008



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Mary Taylor, CPA Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT

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

To the Members of the Board:

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Fulton County Health Department, Fulton County, Ohio (the Health Department), as of and for the year ended December 31, 2008, which collectively comprise the Health Department's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the Health Department'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 Fulton County Health Department, Fulton County, Ohio, as of December 31, 2008, and the respective changes in cash financial position and the respective budgetary comparison for the General; Environmental; Women, Infants, and Children; and Breast and Cervical Cancer Project funds thereof for the year then ended in conformity with the basis of accounting Note 1 describes.

Fulton County Health Department Fulton County Independent Accountants' Report Page 2

In accordance with *Government Auditing Standards*, we have also issued our report dated September 14, 2009, on our consideration of the Health Department's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. 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.

Management's discussion and analysis is not a required part of the basic financial statements but **is** supplementary information the Governmental Accounting Standards Board requires. We have applied certain limited procedures, consisting principally of inquiries of management regarding the methods of measuring and presenting the required supplementary information. However, we did not audit the information and express no opinion on it.

We conducted our audit to opine on the financial statements that collectively comprise the Health Department's basic financial statements. The U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* requires presenting a Schedule of Federal Awards Expenditures. The schedule is also not a required part of the basic financial statements. We subjected the Schedule of Federal Awards Expenditures to the auditing procedures applied in the audit of the basic financial statements. In our opinion, this information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Mary Jaylor

Mary Taylor, CPA Auditor of State

September 14, 2009

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2008 UNAUDITED

The discussion and analysis of the Fulton County Health Department's (the Health Department) financial performance provides an overall review of the Health Department's financial activities for the year ended December 31, 2008, within the limitations of the Health Department's cash basis of accounting. The intent of this discussion and analysis is to look at the Health Department's financial performance as a whole. Readers should also review the basic financial statements and notes to the basic financial statements to enhance their understanding of the Health Department's financial performance.

Financial Highlights

Key financial highlights for the year 2008 are as follows:

- Net assets decreased \$53,756. If Ohio Department of Health would have sent us our 2nd quarter payment of \$52,412 for the BCCP program in 2008 as requested our decrease would have only been \$1,344. Although we are concerned with any decline, this amount is small compared to the net assets balance at year end of \$1,025,433.
- Program specific receipts in the form of charges for services and operating grants and contributions comprise the largest percentage of the Health Department's receipts, making up almost 63 percent of all the dollars coming into the Department. General receipts in the form of property taxes and unrestricted grants make up the other 37 percent.
- The Health Department had \$2,309,507 in disbursements during 2008. Breast and Cervical Cancer Project, a major fund, had a decrease in expenditures in 2008.

Using the Basic Financial Statements

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

This annual report consists of a series of financial statements and notes to those statements. These statements are organized so the reader can understand the Health Department as a financial whole, an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities and conditions on the cash basis of accounting.

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

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

Basis of Accounting

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2008 UNAUDITED (Continued)

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

Reporting the Health Department as a Whole

The statement of net assets and the statement of activities reflect how the Health Department did financially during 2008, within the limitations of the cash basis of accounting. The Statement of Net Assets – Cash Basis presents the cash balances of the governmental activities of the Health Department at year end. The Statement of Activities – Cash Basis compares disbursements with program receipts for each governmental activity. Program receipts include charges paid by the recipient of the program's goods or services and grants and contributions restricted to meeting the operational or capital requirements of a particular program. General receipts are all receipts not classified as program receipts. The comparison of disbursements with program receipts.

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

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

Reporting the Health Department's Most Significant Funds

Fund Financial Statements

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

Governmental Funds - The Health Department's activities are reported in governmental funds. The governmental fund financial statements provide a detailed short-term view of the Health Department's governmental operations and the health services it provides. Governmental fund information helps determine whether there are more or less financial resources that can be spent to finance the Health Department's health programs. The Health Department's significant governmental funds are presented on the financial statements in separate columns. The information for nonmajor funds (funds whose activity or balances are not large enough to warrant separate reporting) is combined and presented in total in a single column. The Health Department's major governmental funds are the General Fund; Environmental Fund; Women Infants and Children (WIC) Fund; and Breast and Cervical Cancer Project Fund. The programs reported in the governmental funds are closely related to those reported in the governmental activities section of the entity-wide statements.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2008 UNAUDITED (Continued)

The Health Department as a Whole

Table 1 provides a summary of the Health Department's net assets for 2008 compared to 2007 on the cash basis:

Table 1 Net Assets – Cash Basis

	Go	ties	
	2008	2007	Change
Assets Cash with Fiscal Agent	\$ 1,025,433	\$ 1,079,189	\$ (53,756)
Net Assets Restricted Unrestricted	120,735 904,698	107,288 971,901	13,447 (67,203)
Total Net Assets	\$ 1,025,433	\$1,079,189	\$ (53,756)

As mentioned previously, net assets decreased \$53,756. The decrease in the unrestricted fund is due to hiring a full time nurse to replace a part time nurse adding not only salary and fringes but also insurance. Also, in the general fund we transferred more monies in 2008 to the Environmental Fund than in 2007. In the restricted fund the BCCP fund had few expenses due to Komen expenses in 2008.

Table 2 reflects the change in net assets in 2008. This a comparative analysis of government-wide data being presented.

Table 2 Changes in Net Assets

	Governmental Activities							
	2008	Change						
Receipts								
Program Cash Receipts								
Charges for Services	\$549,599	\$ 487,513	\$ 62,086					
Operating Grants and Contributions	867,912	966,884	(98,972)					
Total Program Cash Receipts	1,417,511	1,454,397	(36,886)					
General Receipts								
Property Taxes Levied for								
General Health Department Purposes	616,783	684,469	(67,686)					
Grants and Entitlements not Restricted								
to Specific Programs	191,204	136,577	54,627					
Gifts and Contributions	17,562	25,249	(7,687)					
Miscellaneous	12,691	14,901	(2,210)					
Total General Receipts	838,240	861,196	(22,956)					
Total Receipts	2,255,751	2,315,593	(59,842)					

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2008 UNAUDITED (Continued)

Table 2 Changes in Net Assets

	Governmental Activities							
		2008	Change					
Disbursements								
General Health								
General Health		725,209	666,342	58,867				
Vital Statistics		26,239	28,070	(1,831)				
Administration		179,810	176,214	3,596				
Environmental Health		339,340	320,937	18,403				
Women, Infant, and Children		259,279	239,946	19,333				
Breast and Cervical Cancer Project		306,974	413,030	(106,056)				
Immunizations		41,912	42,574	(662)				
Child and Family Health Services		50,573	37,431	13,142				
Family Planning		85,072	134,101	(49,029)				
Cardivascular Health		65,112	68,872	(3,760)				
Women's Health Services		69,225	41,251	27,974				
Public Health Infastructure		160,762	167,674	(6,912)				
Total Disbursements		2,309,507	2,336,442	(26,935)				
Change in Net Assets		(53,756)	(20,849)	(32,907)				
Net Assets Beginning of Year		1,079,189	1,100,038	(20,849)				
Net Assets End of Year	\$	1,025,433	\$ 1,079,189	\$ (53,756)				

In 2008, 37 percent of the Health Department's total receipts were from general receipts, consisting mainly of property taxes levied for general health department purposes. Program receipts accounted for 63 percent of the Health Department's total receipts in year 2008. These receipts consist primarily of charges for services for birth and death certificates; food service licenses; trailer park, swimming pools and spas, and water system permits; and, state and federal operating grants and donations.

Governmental Activities

If you look at the Statement of Activities – Cash Basis, you will see that the first column lists the major services provided by the Health Department. The next column identifies the costs of providing these services. The major program disbursements for governmental activities are for General Health; Environmental Health; WIC; and Breast and Cervical Cancer Project, which account for 40%, 15%, 11%, and 13% of all governmental disbursements, respectively. The next two columns of the Statement entitled Program Receipts identify amounts paid by people who are directly charged for the service and grants received by the Health Department that must be used to provide a specific service. The net cost column compares the program receipts to the cost of the service. This "net cost" amount represents the cost of the service which ends up being paid from money provided by taxpayers and state subsidies. These net costs are paid from the general receipts which are presented at the bottom of the Statement. A comparison between the total cost of services and the net cost is presented in Table 3.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2008 UNAUDITED (Continued)

Table 3

	Governmental Activities												
		Total Cost of Net Cost of Services 2008 Services 2008				otal Cost of rvices 2007		et Cost of vices 2007					
General Health													
General Health	\$	725,209	\$	520,234	\$	666,342	\$	449,104					
Vital Statistics		26,239		(24,438)		28,070		(27,574)					
Administration		179,810		179,810		176,214		176,214					
Envrinomental Health		339,340		216,012		320,937		201,236					
Women, Infant, and Children		259,279		(1,162)		239,946		(18,758)					
Breast and Cervical Cancer Proje	;	306,974		(110)		413,030		72,853					
Immunizations		41,912		12		42,574		(3,326)					
Child and Family Health Services		50,573		5,671		37,431		(8,002)					
Family Planning		85,072		7,173		134,101		45,953					
Cardiovascular Health		65,112		(1,888)		68,872		808					
Women's Health Services		69,225		10,669	41,251			(4,585)					
Public Health Infastructure		160,762		(19,987)		167,674		(1,878)					
Totals	\$	2,309,507	\$	891,996	\$	2,336,442	\$	882,045					

The Health Department has tried to limit its dependence upon property taxes and local subsidies by actively pursuing federal grants and charging rates for services that are closely related to costs. Only 37% percent of the Health Department costs are supported through property taxes, unrestricted grants, and other general receipts.

The Health Department's Funds

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

The focus of the Health Department's governmental funds is to provide information on receipts, disbursements, and balances of spendable resources. Such information is useful in assessing the Health Department's financing requirements. In particular, unreserved fund balance may serve as a useful measure of the Health Department's net resources available for spending at the end of the year.

At the end of 2008, the Health Department's governmental funds reported total ending fund balances of \$1,025,433. \$1,022,275 of the total is unreserved fund balance, which is available for spending. The remainder of fund balance is reserved to indicate it is not available for new spending.

While the bulk of the governmental fund balances are not reserved in the governmental fund statements, they lead to restricted net assets on the Statement of Net Assets – Cash Basis due to their being restricted for use for a particular purpose mandated by the source of the resources such as the state and federal governments.

The general fund is the chief operating fund of the Health Department. At the end of 2008, unreserved fund balance in the general fund was \$891,853. As a measure of the general fund's liquidity, it may be useful to compare unreserved fund balance to total general fund expenditures. Unreserved fund balance represents 77% of the total general fund expenditures.

Receipts exceeded disbursements in the general fund by \$148,436 in 2008. Intergovernmental revenues consist of payments from the townships, villages, and cities in the Health Department.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2008 UNAUDITED (Continued)

The Environmental Fund accounts for the issuance of water, sewer, and food licenses and permits. License and permit fees accounted for 86 percent of environmental fund revenue. The rest of the receipt revenue is from transfers from the General Fund.

The Breast and Cervical Cancer Project fund balance increased minimally by \$2,443.

The WIC special revenue fund accounts for federal grant monies for the WIC program. WIC is a program for pregnant women, women who recently had a baby, breastfeeding moms and infants and children up to age five. WIC provides nutrition education and support, breastfeeding education and support, referrals to healthcare, immunization screenings and referrals, and supplemental foods. At the end of 2008, the total fund balance was \$3,398.

General Fund Budgeting Highlights

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

During the course of 2008, the Health Department amended its appropriations several times, and the budgetary statement reflects both the original and final appropriated amounts.

Contacting the Health Department's Financial Management

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

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Net Assets - Cash Basis December 31, 2008

Assets	Go	ry Government vernmental Activities
Cash with Fiscal Agent		
	\$	1,025,433
Total Assets		
Restricted for:		
Capital Projects		
Unrestricted		120,735
		904,698
Total Net Assets		
	\$	1,025,433

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Activities - Cash Basis For the Year Ended December 31, 2008

				Prograr	n Rece	ipts	t (Disbursements) Receipts nd Changes in Net Assets				
	Disbursements		Disbursements		Disbursements		fo	Charges r Services nd Sales		Operating Grants and Contributions	 Primary Government Governmental Activities
Governmental Activities											
General Health											
General Health	\$ 725,	209	\$	200,475	\$	4,500	\$ (520,234)				
Vital Statistics	26,	239		50,677			24,438				
Administration	179,	810					(179,810)				
Community Health Services											
Environmental Health	339,	340		123,238		90	(216,012)				
Women, Infants, and Children (WIC)	259,	279				260,441	1,162				
Breast and Cervical Cancer Project (BCCP)	306,	974				307,084	110				
Immunizations (IAP)	41,	912				41,900	(12)				
Child and Family Health Services (CFHS)	50,	573		79		44,823	(5,671)				
Family Planning (FP)	85,	072		47,899		30,000	(7,173)				
Cardiovascular Health (CVH)	65,	112		67,000			1,888				
Women's Health Services (WHS)	69,	225		10,356		48,200	(10,669)				
Public Health Infrastructure (PHI)	160,	762		49,875		130,874	 19,987				
Total Governmental Activities	2,309,	507		549,599		867,912	 (891,996)				
			General R Property T	eceipts axes Levied for							
			General H	lealth District Purpo	ses		616,783				
			Grants and	Entitlements not R	estricte	d to Specific Programs	191,204				
			Gifts and C	Contributions			17,562				
			Miscellane	ous			 12,691				
			Total Gene	eral Receipts			838,240				
			Change in	Net Assets			(53,756)				

Net Assets Beginning of Year

Net Assets End of Year

1,079,189

1,025,433

\$

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Cash Basis Assets and Fund Balances Governmental Funds December 31, 2008

	(General	 ronmental Fund	Ir	omen, nfants, Children	Cerv	east and ical Cancer Project	Gov	Other ernmental Funds	Go	Total overnmental Funds
Assets											
Cash with Fiscal Agents	\$	891,897	\$ 12,801	\$	3,398	\$	49,209	\$	68,128	\$	1,025,433
Fund Balances											
Reserved:											
Reserved for Encumbrances		44	126				500		2,488		3,158
Unreserved:											
Undesignated, Reported in:											
General Fund		891,853									891,853
Special Revenue Funds			12,675		3,398		48,709		65,640		130,422
Total Fund Balances	\$	891,897	\$ 12,801	\$	3,398	\$	49,209	\$	68,128	\$	1,025,433

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Cash Receipts, Disbursements and Changes in Cash Basis Fund Balances Governmental Funds For the Year Ended December 31, 2008

Dessints		General	Enviro	onmental Fund		Vomen, Infants, d Children
Receipts	\$	616,783				
Property and Other Local Taxes Intergovernmental	φ	195,704	\$	90	\$	260,441
Fines, Licenses and Permits		195,704	Ψ	106,582	Ψ	200,441
Charges for Services		191,544		16,656		
Gifts and Contributions		9,239		,		85
Contractual Services		59,608				
Private Grant		,				
Miscellaneous		6,816		498		592
Total Receipts		1,079,694		123,826		261,118
Disbursements General Health General Health Vital Statistics Administration Environmental Health Women, Infants, and Children (WIC) Breast and Cervical Cancer Project (BCCP) Immunizations (IAP) Child and Family Health Services (CFHS) Women's Health Services (WHS) Public Health Infrastructure (PHI) Family Planning (FP) Cardiovascular Health (CVH)		725,209 26,239 179,810		339,340		259,279
Total Disbursements		931,258		339,340		259,279
Excess of Receipts Over (Under) Disbursements		148,436		(215,514)		1,839
Other Financing Sources (Uses) Transfers In Transfers Out		(225,125)		225,000		
Total Other Financing Sources (Uses)		(225,125)		225,000		
Net Change in Fund Balances		(76,689)		9,486		1,839
Fund Balances Beginning of Year		968,586		3,315		1,559
Fund Balances End of Year	\$	891,897	\$	12,801	\$	3,398

Cerv	reast and rical Cancer Project	Go	Other vernmental Funds	Go	Total vernmental Funds
				\$	616,783
\$	187,084	\$	295,797		939,116
					106,582
			58,334		266,534
			8,238		17,562
			116,875		176,483
	120,000				120,000
	2,333		2,452		12,691
	309,417		481,696		2,255,751

		725,209
		26,239
		179,810
		339,340
		259,279
306,974		306,974
	41,912	41,912
	50,573	50,573
	85,072	85,072
	65,112	65,112
	69,225	69,225
	160,762	160,762
306,974	472,656	2,309,507
2,443	9,040	(53,756)
	125	225,125
		(225,125)
	125	
2,443	9,165	(53,756)
46,766	58,963	1,079,189
\$ 49,209	\$ 68,128	\$ 1,025,433

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual - Budget Basis General Fund For the Year Ended December 31, 2008

	 Budgeted	Amo	ounts		Fir	riance with nal Budget Positive
	 Original		Final	Actual	(Negative)	
Receipts Property and Other Local Taxes	\$ 730,000	\$	730,000	\$ 616,783	\$	(113,217)
Intergovernmental	79,000		79,000	195,704		116,704
Charges for Services	212,000		212,000	191,544		(20,456)
Gifts and Contributions	21,500		21,500	9,239		(12,261)
Contractual Services	61,000		61,000	59,608		(1,392)
Miscellaneous	 146,804		146,804	6,816		(139,988)
Total Receipts	 1,250,304		1,250,304	 1,079,694		(170,610)
Disbursements General Health						
General Health	777,373		747,373	725,254		22,119
Vital Statistics	33,250		33,250	26,239		7,011
Administration	237,483		237,483	179,810		57,673
	 		_0:,:00	 		01,010
Total Disbursements	 1,048,106		1,018,106	 931,303		86,803
Excess of Receipts Over Disbursements	 202,198		232,198	 148,391		(83,807)
Other Financing Sources Uses						
Transfers Out	(202,198)		(232,198)	(225,125)		7,073
Total Other Financing Uses	 (202,198)		(232,198)	 (225,125)		7,073
Total Other Financing 0303	 (202,150)		(202,100)	 (220,120)		7,075
Net Change in Fund Balances				(76,734)		(76,734)
Prior Year Encumbrances Appropriated	810		810	810		
Fund Balances Beginning of Year	 967,777		967,777	 967,777		
Fund Balances End of Year	\$ 968,587	\$	968,587	\$ 891,853	\$	(76,734)

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual - Budget Basis Environmental Fund For the Year Ended December 31, 2008

	Budgeted Amounts				Fir	riance with nal Budget	
		Original		Final	 Actual		Positive Negative)
Receipts Intergovernmental Revenue Fines, Licenses and Permits Charges for Services Miscellaneous	\$	186,450 32,000 25,000	\$	186,450 32,000 25,000	\$ 90 106,582 16,656 498	\$	90 (79,868) (15,344) (24,502)
Total Receipts		243,450		243,450	 123,826		(119,624)
Disbursements Community Health Services Environmental Health		395,148		395,180	339,466		55,714
Excess of Disbursements Over Receipts		(151,698)		(151,730)	(215,640)		(63,910)
Other Financing Sources Transfers In		151,698		151,730	 225,000		73,270
Net Change in Fund Balances					9,360		9,360
Prior Year Encumbrances Appropriated		32		32	32		
Fund Balances Beginning of Year		3,283		3,283	 3,283		
Fund Balances End of Year	\$	3,315	\$	3,315	\$ 12,675	\$	9,360

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual - Budget Basis Women, Infants, and Children Fund For the Year Ended December 31, 2008

	Budgeted Amounts					Fina	ance with al Budget
	0	Original		Final	 Actual		ositive egative)
Receipts Intergovernmental Fines, Licenses and Permits	\$	252,855	\$	252,855	\$ 260,441 85	\$	7,586 85
Miscellaneous		10,000		10,000	 592		(9,408)
Total Receipts		262,855		262,855	 261,118		(1,737)
Disbursements Community Health Services Women, Infant, and Children		262,855		262,855	 259,279		3,576
Net Change in Fund Balances					1,839		1,839
Fund Balances Beginning of Year		1,559		1,559	 1,559		
Fund Balances End of Year	\$	1,559	\$	1,559	\$ 3,398	\$	1,839

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual - Budget Basis Breast and Cervical Cancer Project Fund For the Year Ended December 31, 2008

	Budgeted Amounts			Actual	Fin F	ance with al Budget Positive	
Receipts		Original		Final	 Actual	(IN	egative)
Intergovernmental Gifts and Contributions	\$	162,000 1,000	\$	173,055 1,000	\$ 187,084	\$	14,029 (1,000)
Private Grant		179,760		179,760	120,000		(59,760)
Miscellaneous		1,000		1,000	2,333		1,333
Total Receipts		343,760		354,815	 309,417		(45,398)
Disbursements Community Health Services Breast and Cervical Cancer Project		343,760		354,815	307,474		47,341
, Net Change in Fund Balances				,	 1,943		1,943
Fund Balances Beginning of Year		46,766		46,766	 46,766		
Fund Balances End of Year	\$	46,766	\$	46,766	\$ 48,709	\$	1,943

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008

Note 1 – Reporting Entity

The Fulton County Health Department (the Health Department) is governed by a six-member Board of Health. Four of the Board members are appointed by the Department Advisory Council and one member is appointed by the City of Wauseon and one member is appointed by the Fulton County Licensing Council. The Board appoints a health commissioner and all employees of the Health Department.

A. Primary Government

The primary government consists of all funds, departments, boards and agencies that are not legally separate from the Health Department. The Health Department's services include communicable disease investigations, immunization clinics, inspections, public health nursing services, the issuance of health-related licenses and permits, and emergency response planning.

B. Public Entity Risk Pools

The Health Department participates in a public entity risk pool. Note 5 to the financial statements provide additional information for this entity. This organization is the Public Entities Pool of Ohio (PEP).

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

Note 2 - Summary of Significant Accounting Policies

As discussed further in Note 2.C, these financial statements are presented on the 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. 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. Following are the more significant of the Health Department's accounting policies.

A. Basis of Presentation

The Health Department's basic financial statements consist of government-wide financial statements, including a statement of net assets 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 assets and the statement of activities display information about the Health Department as a whole. These statements include the financial activities of the primary government. These statements usually distinguish between those activities of the Health Department that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health Department has no business-type activities.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

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

Fund Financial Statements

During the year, the Health Department segregates transactions related to certain Health Department functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. Fund financial statements are designed to present financial information of the Health Department at this more detailed level. The focus of governmental fund financial statements is on major funds. Each major fund is presented in a separate column. Nonmajor funds are aggregated and presented in a single column.

B. Fund Accounting

The Health Department uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. Funds are used to segregate resources that are restricted as to use. The funds of the Health Department are presented as governmental.

Governmental Funds

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

The General Fund accounts for all financial resources, except those required to be accounted for in another fund. The General Fund balance is available to the Health Department for any purpose provided it is expended or transferred according to the general laws of Ohio.

The Environmental Fund accounts for monies received from licenses and permits for items such as food, water, sewage, swimming pools, camps, manufactured home parks, solid waste, infectious waste, and other non-mandated programs. There is no restriction on the use of these funds.

The Women, Infants, and Children special revenue fund accounts for federal grant monies for the Women, Infants, and Children Program.

The Breast and Cervical Cancer Project Fund accounts for all financial resources related to the Breast and Cervical Cancer Project Grant from the Ohio Department of Health. The fund also accounts for all financial resources from the Northwest Ohio Susan G. Komen Foundation.

The other governmental funds of the Health Department account for grants and other resources whose use is restricted for a particular purpose

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

C. Basis of Accounting

The Health Department's financial statements are prepared using the cash basis of accounting. Receipts are recorded in the Health Department's financial records and reported in the financial statements when cash is received rather than when earned and disbursements are recorded when cash is paid rather than when a liability is incurred.

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 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 liabilities and their related expenses) are not recorded in these financial statements.

D. Budgetary Process

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

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

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

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

E. Cash and Investments

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 2 - Summary of Significant Accounting Policies (continued)

F. Restricted Assets

Assets are reported as restricted when limitations on their use change the nature or normal understanding of their use. 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.

G. Accumulated Leave

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

H. Employer Contributions to Cost-Sharing Pension Plans

The Health Department recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 6 and 7, the employer contributions include portions for pension benefits and for postretirement health care benefits.

I. Net Assets

Net assets are reported as restricted when there are limitations imposed on their use either through enabling legislation or through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. Net assets restricted for other purposes primarily include fund balances for the following funds: Women, Infant, and Children; Breast and Cervical Cancer Project; Children and Family Health Services; Family Planning; Immunization Action Plan; Public Health Infrastructure; Cardiovascular Health; and Women's Health Services.

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

J. Fund Balance Reserves

The Health Department reserves any portion of fund balances which is not available for appropriation or which is legally segregated for a specific future use. Unreserved fund balance indicates that portion of fund balance which is available for appropriation in future periods. Fund balance reserves have been established for encumbrances.

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 and each major special revenue fund is prepared on the budgetary basis to provide a meaningful comparison of actual results with the budget. The difference between the budgetary basis and the cash basis is outstanding year end encumbrances are treated as expenditures (budgetary basis) rather than as a reservation of fund balance (cash basis). The encumbrances outstanding at year end (budgetary basis) amounted to:

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 3 - Budgetary Basis of Accounting (continued)

General Fund	\$44
Major Special Revenue Fund:	
Environmental Fund	\$126
Breast and Cervical Cancer Project Fund	\$500

Note 4 - Property Taxes

Property taxes include amounts levied against all real property, public utility property, and tangible personal property located in the Health Department. Property tax receipts received in 2008 for real and public utility property taxes represents collections of the 2007 taxes. Property tax payments received during 2008 for tangible personal property (other than public utility property) is for 2008 taxes.

2008 real property taxes are levied after October 1, 2008 on the assessed values as of January 1, 2008, the lien date. Assessed values for real property taxes are established by State statute at 35 percent of appraised market value. 2008 real property taxes are collected in and intended to finance 2009.

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

Public utility tangible personal property is assessed at varying percentages of true value; public utility real property is assessed at 35 percent of true value. 2008 public utility property taxes which became a lien on December 31, 2007, are levied after October 1, 2008, and are collected in 2009 with real property taxes.

2008 tangible property taxes are levied after October 1, 2007, on the value as of December 31, 2007. Collections are made in 2008. Tangible personal property assessments are being phased out – the assessment percentage for all property including inventory for 2007 is 12.5 percent. This will be reduced to 6.25 percent for 2008, and zero for 2009. Payments by multi-county taxpayers are due September 20. Single county taxpayers may pay annually or semi-annually. If paid annually, payment is due April 30; if paid semi-annually, the first payment is due April 3, with the remainder due September 20.

The full tax rate for all Health Department operations for the year ended December 31, 2008, was \$1.00 per \$1,000 of assessed value. The assessed values of real property, public utility property, and tangible personal property upon which 2008 property tax receipts were based are as follows:

Real Property	2008
Residential	\$562,010,140
Agricultural	\$90,239,980
Commercial/Industrial/Mineral	\$157,047,590
Public Utility Property	
Real	\$470,320
Personal	\$35,585,730
Tangible Personal Property	\$78,898,388
Total Assessed Value	\$924,252,148

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 5 - Risk Management

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

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

The Health Department belongs to the Public Entities Pool of Ohio (PEP), a risk-sharing pool available to Ohio local governments. PEP provides property and casualty coverage for its members. PEP is a member of the American Public Entity Excess Pool (APEEP). Member governments pay annual contributions to fund PEP. PEP pays judgments, settlements and other expenses resulting from covered claims that exceed the members' deductibles.

A. Public Entity Risk Pool

Casualty Coverage

For an occurrence prior to January 1, 2006 PEP retains casualty risks up to \$250,000 per occurrence, including claim adjustment expenses. PEP pays a percentage of its contributions to APEEP. APEEP reinsures claims exceeding \$250,000, up to \$1,750,000 per claim and \$10,000,000 in the aggregate per year.

For an occurrence on or subsequent to January 1, 2006, the Pool retains casualty risk up to \$350,000 per occurrence. Claims exceeding \$350,000 are reinsured with APEEP in an amount not to exceed \$2,650,000 for each claim and \$10,000,000 in the aggregate per year. Governments can elect up to \$10,000,000 in additional coverage with the General Reinsurance Corporation, through contracts with PEP.

If losses exhaust PEP's retained earnings, APEEP provides *excess of funds available* coverage up to \$5,000,000 per year, subject to a per-claim limit of \$2,000,000 (prior to January 1, 2006) or \$3,000,000 (on or subsequent to January 1, 2006) as noted above.

Property Coverage

Beginning in 2005, APEEP established a risk-sharing property program. Under the program, Travelers reinsures specific losses exceeding \$250,000 up to \$600 million per occurrence. This amount was increased to \$300,000 in 2007. For 2007, APEEP reinsures members for specific losses exceeding \$100,000 up to \$300,000 per occurrence, subject to an annual aggregate loss payment. For 2006, APEEP reinsures members for specific losses exceeding \$100,000 up to \$250,000 per occurrence, subject to an annual aggregate stop-loss coverage based upon the combined members' total insurable values. If the stop loss is reached by payment of losses between \$100,000 and \$250,000 in 2006, or \$100,000 and \$300,000 in 2007, Travelers will then reinsure specific losses exceeding \$100,000 up to their \$600 million per occurrence limit. The aggregate stop-loss limit for 2008 was \$2,014,548.

The aforementioned casualty and property reinsurance agreements do not discharge PEP's primary liability for claims payments on covered losses. Claims exceeding coverage limits are the obligation of the respective government.

Property and casualty settlements did not exceed insurance coverage for the past three fiscal years.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 5 - Risk Management (continued)

Financial Position

PEP's financial statements (audited by other accountants) conform with generally accepted accounting principles, and reported the following assets, liabilities and retained earnings at December 31, 2007 and 2006 (the latest information available).

	2007	2006
Assets	\$37,560,071	\$36,123,194
Liabilities	(17,340,825)	(16,738,904)
Net Assets	\$20,219,246	\$19,384,290

At December 31, 2007 and 2006, respectively, the liabilities above include approximately \$15.9 million and \$15.0 million of estimated incurred claims payable. The assets and retained earnings above also include approximately \$15.0 million and \$14.4 million of unpaid claims to be billed to approximately 443 member governments in the future, as of December 31, 2007 and 2006, respectively. These amounts will be included in future contributions from members when the related claims are due for payment. The Health Department's share of these unpaid claims collectible in future years is approximately \$5,000. This payable includes the subsequent year's contribution due if the Health Department terminates participation, as described in the last paragraph below.

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

Contributions to PEP					
2006	\$5,146				
2007	\$4,571				
2008	\$4,529				

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

Cincinnati Insurance Company holds the coverage for building contents with a \$550,000 limit and a \$500 deductible. Settled claims have not exceeded this commercial coverage in any of the past three years. There has been no significant reduction in coverage from the prior year.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 5 - Risk Management (continued)

B. Workers' Compensation

The Health Department pays the State Workers' Compensation System a premium based on a rate per \$100 of salaries. This rate is calculated based on accident history and administrative costs.

C. Employee Benefits

The Health Department provided health insurance to eligible employees through a County Consortium. The Health Department provides life insurance in the amount of \$15,000 for eligible employees and accidental death and dismemberment insurance to most employees through Ft. Dearborn Life.

Note 6 - Defined Benefit Pension Plans

A. Ohio Public Employees Retirement System

Plan Description - The Health Department participates in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The traditional plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20 percent per year). Under the member-directed plan, members accumulate retirement assets equal to the value of the member and vested employer contributions plus any investment earnings. The combined plan is a cost-sharing, multiple-employer defined benefit pension plan 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 plan benefit. Member contributions, whose investment is self-directed by the member, accumulate retirement assets in a manner similar to the member-directed plan.

OPERS provides retirement, disability, survivor and death benefits and annual cost-of-living adjustments to members of the traditional and combined plans. Members of the member-directed plan do not qualify for ancillary benefits. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that may be obtained by writing to OPERS, 277 East Town Street, 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 the year ended December 31, 2008, members in state and local classifications contributed 10 percent of covered payroll.

The Health Department's contribution rate for 2008 was 14 percent of covered payroll. For the period January1, through December 31, 2008, a portion of the Health Department's contribution equal to 7 percent of covered payroll was allocated to fund the postemployement healthcare plan. Employer contribution rates are actuarially determined. State statute sets a maximum contribution rate for the Health Department of 14 percent.

The Health Department's required contributions for pension obligations to the traditional and combined plans for the years ended December 31, 2008, 2007, and 2006 were \$172,465, \$158,649, and \$148,849 respectively. The full amount has been contributed for 2008, 2007 and 2006. Contributions to the member-directed plan for 2008 were \$5,239 made by the Health Department and \$3,742 made by the plan members.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 6 - Defined Benefit Pension Plans (continued)

B. Social Security System

Under the Ohio Revised Code (ORC) §145.034, all employees covered by the Ohio Public Employees Retirement System (OPERS) have the option to choose Social Security as their desired retirement system. As of December 31, 2008, six members of the Health Department have elected Social Security. The Board's liability is 6.2 percent of wages.

Note 7 - Postemployment Benefits

Plan Description - OPERS maintains a cost-sharing multiple-employer defined benefit postemployement healthcare plan for qualifying members of both the traditional and combined pension plans. Members of the member-directed plan do not qualify for ancillary benefits, including postemployement healthcare plan includes a medical plan, a prescription drug program and Medicare Part B premium reimbursement.

To qualify for postemployement healthcare coverage, age and service retirees under the traditional and combined plans must have ten years or more of qualifying Ohio service credit. Healthcare coverage for disability benefit recipients and qualified survivor benefit recipients is available. The Ohio Revised code permits, but does not require, OPERS to provide healthcare benefits to 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 provided separately in the OPERS financial report which may be obtained by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling (614) 222-5601 or (800) 222 – 7377.

Funding Policy – The postemployement healthcare plan was established under, and is administered in accordance with, Internal Revenue Code 401 (h). State statute requires that public employers fund postemployement 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 postemployement healthcare.

Employer contribution rates are expressed as a percentage of the covered payroll of active employees. In 2008, local government employers contributed 14 percent of covered payroll (17.40 percent for public safety and law enforcement). Each year, The OPERS retirement board determines the portion of the employer contribution that will be set aside for funding postemployement healthcare benefits. The amount of the employer contributions which was allocated to fund postemployement healthcare was 7 percent of covered payroll from January 1 through December 31, 2008.

The retirement board is also authorized to establish rules for the payment of a portion of the healthcare benefits by the retiree or retiree's surviving beneficiaries. Payment amounts vary depending on the number of covered dependents and selected coverage.

The Health Department's contributions allocated to fund postemployement healthcare benefits for the years ended December 31, 2008, 2007, and 2006 were \$86,233, \$63,044, and \$49,463 respectively; 100 percent has been contributed for 2008, 2007 and 2006.

On September 9, 2004, the OPERS Retirement Board adopted a Health Care Preservation Plan (HCPP) which was effective January 1, 2007. Member and employer contribution rates increased as of January 1, 2006. January 1, 2007, and January 1, 2008, which allowed additional funds to be allocated to the healthcare plan.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2008 (Continued)

Note 8 - Interfund Transfers

During 2008 the following transfers were made:

Transfers from the General Fund to:	
Environmental Fund	\$ 225,000
Other Governmental Funds	125
Total Transfers from the General Fund	\$ 225,125

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

Note 9 – Contingent Liabilities

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

Note 10 - Related Party

The Health Department entered into contracts with Dr. Murtiff for family planning and physician services. Dr. Murtiff's spouse is a member of the Health Department, but abstains from voting on the doctor's contracts. Total payments to Dr. Murtiff during the audit period totaled \$10,500.

FULTON COUNTY HEALTH DEPARTMENT FULTON COUNTY SCHEDULE OF FEDERAL AWARDS EXPENDITURES FOR THE YEAR ENDED DECEMBER 31, 2008

FEDERAL GRANTOR Pass-through Grantor Program Title	Federal CFDA Number	Project Number	Disbursements
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES Passed Through the Ohio Department of Health			
Public Health Emergency Preparedness	93.069	02610012Pl0108 02610012Pl0209	\$ 69,709 28,161 97,870
Family Planning Services	93.217	02610011FP0108	25,556
Immunization Grants	93.268	02610012IM0108	41,900
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283	02610014BC0108 02610014BC0209	80,595 94,864 175,459
Maternal and Child Health Services Block Grant to the States	93.994	02610011MC0108 02610011MC0209	16,765 16,599 33,364
Total Department of Health and Human Services			374,149
UNITED STATES DEPARTMENT OF AGRICULTURE Passed Through the Ohio Department of Health			
Special Supplemental, Nutrition Program for Women, Infants, and Children	10.557	02610011WA0108 02610011WA0209	206,122 52,481
Total Department of Agriculture			258,603
TOTAL FEDERAL AWARDS EXPENDITURES			\$ 632,752

The accompanying notes are an integral part of this schedule.

NOTES TO THE SCHEDULE OF FEDERAL AWARDS EXPENDITURES FISCAL YEAR ENDED DECEMBER 31, 2008

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Federal Awards Expenditures (the Schedule) summarizes activity of the Health Department's federal award programs. The schedule has been prepared on the cash basis of accounting.

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Mary Taylor, CPA Auditor of State

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

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

To the Members of the Board:

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Fulton County Health Department, Fulton County, (the Health Department) as of and for the year ended December 31, 2008, which collectively comprise the Health Department's basic financial statements and have issued our report thereon dated September 14, 2009, wherein we noted the Health Department uses a comprehensive accounting basis other than generally accepted accounting principles. 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 Health Department's internal control over financial reporting as a basis for designing our audit procedures for expressing our opinion on the financial statements, but not to opine on the effectiveness of the Health Department's internal control over financial reporting. Accordingly, we have not opined on the effectiveness of the Health Department's internal control over internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the Health Department's ability to initiate, authorize, record, process, or report financial data reliably in accordance with its applicable accounting basis, such that there is more than a remote likelihood that the Health Department's internal control will not prevent or detect a more-than-inconsequential financial statement misstatement.

A material weakness is a significant deficiency, or combination of significant deficiencies resulting in more than a remote likelihood that the Health Department's internal control will not prevent or detect a material financial statement misstatement.

Fulton County Health Department Fulton County Independent Accountants' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Required by *Government Auditing Standards* Page 2

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all internal control deficiencies that might be 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.

We noted a certain matter that we reported to the Health Department's management in a separate letter dated September 14, 2009.

Compliance and Other Matters

As part of reasonably assuring whether the Health Department's financial statements are free of material misstatement, we tested its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could directly and materially affect the determination of financial statement amounts. However, 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*.

We intend this report solely for the information and use of the audit committee, management, Members of the Board, federal awarding agencies and pass-through entities. We intend it for no one other than these specified parties.

Mary Jaylor

Mary Taylor, CPA Auditor of State

September 14, 2009



Mary Taylor, CPA Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

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

To the Members of the Board:

Compliance

We have audited the compliance of Fulton County Health Department, Fulton County (the Health Department) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133, Compliance Supplement* that apply to each of its major federal programs for the year ended December 31, 2008. The summary of auditor's results section of the accompanying schedule of findings identifies the Health Department's major federal programs. The Health Department's management is responsible for complying with the requirements of laws, regulations, contracts, and grants applicable to each major federal program. Our responsibility is to express an opinion on the Health Department's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to reasonably assure whether noncompliance occurred with the types of compliance requirements referred to above that could directly and materially affect a major federal program. An audit includes examining, on a test basis, evidence about the Health Department's compliance with those requirements and performing other procedures we considered necessary in the circumstances. We believe our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Health Department's compliance with those requirements.

In our opinion, the Fulton County Health Department complied, in all material respects, with the requirements referred to above that apply to each of its major federal programs for the year ended December 31, 2008.

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Internal Control Over Compliance

The Health Department's management is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Health Department's internal control over compliance with requirements that could directly and materially affect a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Health Department's internal control over compliance.

A control deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, when performing their assigned functions, to prevent or detect noncompliance with a federal program compliance requirement on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the Health Department's ability to administer a federal program such that there is more than a remote likelihood that the Health Department's internal control will not prevent or detect more-than-inconsequential noncompliance with a federal program compliance requirement.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that the Health Department's internal control will not prevent or detect material noncompliance with a federal program's compliance requirements.

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

We intend this report solely for the information and use of the audit committee, management, Members of the Board, federal awarding agencies, and pass-through entities. It is not intended for anyone other than these specified parties.

Mary Jaylor

Mary Taylor, CPA Auditor of State

September 14, 2008

SCHEDULE OF FINDINGS OMB CIRCULAR A -133 § .505 DECEMBER 31, 2008

1. SUMMARY OF AUDITOR'S RESULTS					
(d)(1)(i)	Type of Financial Statement Opinion	Unqualified			
(d)(1)(ii)	Were there any material control weaknesses reported at the financial statement level (GAGAS)?	No			
(d)(1)(ii)	Were there any other significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No			
(d)(1)(iii)	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No			
(d)(1)(iv)	Were there any material internal control weaknesses reported for major federal programs?	No			
(d)(1)(iv)	Were there any other significant deficiencies in internal control reported for major federal programs?	No			
(d)(1)(v)	Type of Major Programs' Compliance Opinion	Unqualified			
(d)(1)(vi)	Are there any reportable findings under § .510?	No			
(d)(1)(vii)	Major Programs (list):	Special Supplemental, Nutrition Program for Women, Infants, and Children - CFDA #10.557 Centers for Disease Control and			
		Prevention - Investigations and Technical Assistance - CFDA #93.283			
(d)(1)(viii)	Dollar Threshold: Type A\B Programs	Type A: > \$ 300,000 Type B: all others			
(d)(1)(ix)	Low Risk Auditee?	No			

1. SUMMARY OF AUDITOR'S RESULTS

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

None

3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

None

SCHEDULE OF PRIOR AUDIT FINDINGS OMB CIRCULAR A -133 § .315 (b) DECEMBER 31, 2008

Finding Number	Finding Summary	Fully Corrected?	Not Corrected, Partially Corrected; Significantly Different Corrective Action Taken; or Finding No Longer Valid; <i>Explain</i>
2007-001	Material Weakness Monitoring of Financial Activity	No	Partially corrected. We will include a recommendation in the management letter.





FULTON COUNTY HEALTH DEPARTMENT

FULTON COUNTY

CLERK'S CERTIFICATION

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

Susan Babbett

CLERK OF THE BUREAU

CERTIFIED OCTOBER 13, 2009

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