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Mary Taylor, CPA Auditor of State

INDEPENDENT ACCOUNTANTS' REPORT

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

To the Board of Health:

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Columbiana General Health District, Columbiana County, Ohio (the District), as of and for the year ended December 31, 2009, which collectively comprise the District's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the District's management. Our responsibility is to express opinions on these financial statements based on our audit.

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

As discussed in Note 2, the accompanying financial statements and notes follow the cash accounting basis. This is a comprehensive accounting basis other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Columbiana General Health District, Columbiana County, Ohio, as of December 31, 2009, and the respective changes in cash financial position and the respective budgetary comparison for the General, Public Health Infrastructure, Early Start, Cancer Levy and Public Health Emergency Response Funds thereof for the year then ended in conformity with the basis of accounting Note 2 describes.

In accordance with *Government Auditing Standards*, we have also issued our report dated July 26, 2010, on our consideration of the District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. While we did not opine on the internal control over financial reporting or on compliance, that report describes the scope of our testing of internal control over financial reporting and compliance, and the results of that testing. That report is an integral part of an audit performed in accordance with *Government Auditing Standards*. You should read it in conjunction with this report in assessing the results of our audit.

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

Mary Taylor

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.

Mary Taylor, CPA Auditor of State

July 26, 2010

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

The management's discussion and analysis of the Columbiana General Health District's (the "Health District") financial performance provides an overall review of the Health District's financial activities for the year ended December 31, 2009, within the limitations of the Health District's cash basis of accounting. The intent of this discussion and analysis is to look at the Health District's financial performance as a whole; readers should also review the cash-basis basic financial statements and the notes to the financial statements to enhance their understanding of the Health District's financial performance.

Financial Highlights

Key financial highlights for 2009 are as follows:

- For 2009, the total net cash assets of the Health District increased \$146,409, which represents a 55.44% increase from 2008.
- For 2009, general cash receipts accounted for \$587,733 or 30.70% of total governmental activities cash receipts. Program specific cash receipts accounted for \$1,326,653 or 69.30% of total governmental activities cash receipts.
- For 2009, the Health District had \$1,767,977 in cash disbursements related to governmental activities; \$1,326,653 of these cash disbursements were offset by program specific charges for services, grants or contributions. General cash receipts (primarily property taxes) of \$587,733 were adequate to provide for these programs.
- The Health District's major funds are the general fund, the public health infrastructure fund, the public health emergency response fund, the early start fund and the cancer levy fund. The general fund, the Health District's largest major fund, had cash receipts of \$514,849 in 2009. The cash disbursements of the general fund, totaled \$482,611 in 2009. The general fund's cash balance increased \$32,238 from 2008 to 2009.
- The public health infrastructure fund, a Health District major fund, had cash receipts of \$138,413 in 2009. The public health infrastructure fund had cash disbursements of \$127,661 in 2009. The public health infrastructure fund cash balance increased \$10,752 from 2008 to 2009.
- The public health emergency response fund, a Health District major fund, had cash receipts of \$161,379 in 2009. The public health emergency response fund had cash disbursements of \$109,759 in 2009. The public health emergency response fund cash balance increased \$51,620 from 2008 to 2009.
- The early start fund, a Health District major fund, had cash receipts of \$413,507 in 2009. The early start fund had cash disbursements of \$380,356 in 2009. The early start fund cash balance increased \$33,151 from 2008 to 2009.
- The cancer levy fund, a Health District major fund, had cash receipts of \$264,648 in 2009. The cancer levy fund had cash disbursements of \$219,216 in 2009. The cancer levy fund cash balance increased \$45,432 from 2008 to 2009.

Using this Cash Basis Basic Financial Statements (BFS)

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

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

Reporting the Health District as a Whole

Statement of Net Assets and the Statement of Activities

The statement of net assets – cash basis and the statement of activities – cash basis answer the question, how did we do financially during 2009? These statements include *only net assets* using the *cash basis of accounting*, which is a basis of accounting other than accounting principles generally accepted in the United States of America. This basis of accounting takes into account only the current year's receipts and disbursements if the cash is actually received or paid.

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

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

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

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

Reporting the Health District's Most Significant Funds

Fund Financial Statements

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

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

Governmental Funds

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

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

Notes to the Financial Statements

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

Government-Wide Financial Analysis

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

The table below provides a summary of the Health District's net cash assets at December 31, 2009 and December 31, 2008.

	Net Cash Assets					
	Go	vernmental	Go	vern ment al		
	A	Activities	A	Activities		
		2009	2008			
Assets						
Equity in pooled cash						
and cash equivalents	\$	410,498	\$	264,089		
Total assets		410,498		264,089		
Net Assets						
Restricted		289,518		162,377		
Unrestricted		120,980		101,712		
Total net as sets	\$	410,498	\$	264,089		

For 2009, the total net cash assets of the Health District increased \$146,409, which represents a 55.44% increase.

The balance of government-wide unrestricted net cash assets of \$120,980 at December 31, 2009, may be used to meet the government's ongoing obligations to citizens and creditors.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

The table below shows the changes in net cash assets for 2009 and 2008.

Change in Net Cash Assets

	Governmental Activities 2009	Governmental Activities 2008
Cash Receipts:		
Program cash receipts:		
Charges for services and sales	\$ 469,976	\$ 553,198
Operating grants and contributions	856,677	657,453
Total program cash receipts	1,326,653	1,210,651
General cash receipts:		
Property and other taxes	387,718	407,603
Unrestricted grants	135,841	115,179
Other	64,174	51,858
Total general cash receipts	587,733	574,640
Total cash receipts	1,914,386	1,785,291
Cash Disbursements:		
Salaries	883,513	960,667
Supplies	41,480	30,525
Remittance to State	64, 193	83,431
Equipment	4,798	13,803
Contracts - Services	218,349	226,841
Membership/Subscriptions	50	237
Travel	59,382	72,023
Advertising and printing	340	1,097
Public Employee's Retirement	123,813	129,189
Hospitalization	237,065	261,131
Medicare	11,666	12,880
Worker's Compenstation	11,677	5,914
Other	109, 187	74,362
Utilities	2,464	2,173
Total cash disbursements	1,767,977	1,874,273
Change in net cash assets	146,409	(88,982)
Net cash assets at beginning of year	264,089	353,071
Net cash assets at end of year	\$ 410,498	\$ 264,089

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

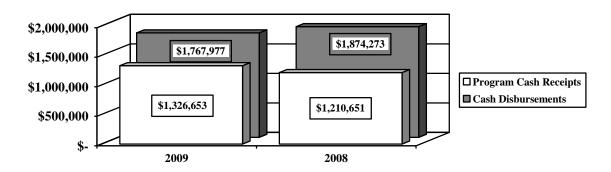
Governmental Activities

Governmental cash assets increased by \$146,409 in 2009 from 2008.

Salaries represent the largest expenditure of the Health District. In 2009, salary cash disbursements totaled \$883,513, or 49.97% of total governmental cash disbursements. Salary expenditures were supported by \$641,431 in direct charges to users for services and operating grants.

The statement of activities shows the cost of program services and the charges for services and grants offsetting those services. The following table shows, for governmental activities, the total cost of services and the net cost of services for 2009 and 2008. That is, it identifies the cost of these services supported by tax receipts and unrestricted state grants and entitlements.

Governmental Activities - Program Cash Receipts vs. Total Cash Disbursements

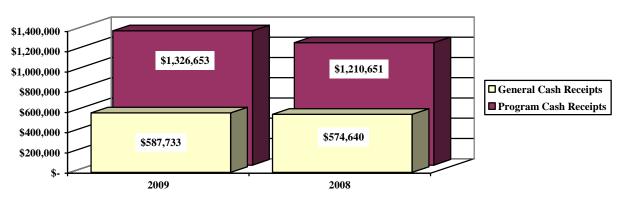


MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

		otal Cost of Services 2009	Net Cost of Services 2009		Total Cost of Services 2008			et Cost of Services 2008
Cash disbursements:								
Current:	_		_		_		_	
Salaries	\$	883,513	\$	242,082	\$	960,667	\$	356,155
Supplies		41,480		8,055		30,525		9,552
Remittance to State		64,193		23,120		83,431		27,415
Equipment		4,798		(2,257)		13,803		(2,137)
Contracts - Services		218,349		42,477		226,841		93,788
Membership/Subscriptions		50		30		237		144
Travel		59,382		8,602		72,023		16,949
Advertising and printing		340		(160)		1,097		731
Public Employee's Retirement		123,813		36,203		129,189		48,988
Hospitalization		237,065		65,472		261,131		92,897
Medicare		11,666		2,726		12,880		4,341
Worker's Compensation		11,677		3,867		5,914		1,553
Other		109,187		11,201		74,362		13,070
Utilities		2,464		(94)		2,173		176
Total	\$	1,767,977	\$	441,324	\$	1,874,273	\$	663,622

The dependence upon general cash receipts for governmental activities is apparent; with 24.96% of cash disbursements supported through taxes and other general cash receipts during 2009.

Governmental Activities - General and Program Cash Receipts



Financial Analysis of the Government's Funds

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

Governmental Funds

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

The Health District's governmental funds reported a combined fund cash balance of \$410,498, which is \$146,409 more than last year's total of \$264,089. The schedule below indicates the fund cash balance and the total change in fund cash balance as of December 31, 2009 and December 31, 2008, for all major and nonmajor governmental funds.

	Fund Cash Balance December 31, 2009	Fund Cash Balance December 31, 2008	Increase/ (Decrease)	
Major Funds:				
General	\$ 53,242	\$ 21,004	\$ 32,238	
Public Health Infrastructure	56,648	45,896	10,752	
Public Health Emergency Response	51,620	-	51,620	
Early Start	90,146	56,995	33,151	
Cancer Levy	66,993	21,561	45,432	
Other Nonmajor Governmental Funds	91,849	118,633	(26,784)	
Total	\$ 410,498	\$ 264,089	\$ 146,409	

During 2009, the Health District's fund cash balance increased \$146,409. This increase can be attributed to funding received in response to the H1N1 pandemic through the public health emergency response fund. The majority of the Health District's staff worked in that area for three months and was no longer paid by the general fund, public health infrastructure fund, or cancer levy fund where they would have normally been paid. This created increases in the fund cash balances of those funds. The early start fund cash balance increased due to reduced staff and other cutbacks related to the uncertainty in future funding.

General Fund

The general fund, the Health District's largest major fund, had cash receipts of \$514,849 in 2009. The cash disbursements of the general fund totaled \$482,611 in 2009. The general fund's cash balance increased \$32,238 from 2008 to 2009.

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

	2009 Amount	2008 Amount	Percentage Change
Cash Receipts:			
Taxes	\$ 218,155	\$ 234,000	(6.77) %
Intergovernmental	85,950	80,336	6.99 %
Fees	192,948	256,072	(24.65) %
Other	17,796	19,819	(10.21) %
Total	\$ 514,849	\$ 590,227	(12.77) %

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

During 2009, the cash receipts of the general fund decreased \$75,378. This decrease can mainly be attributed to a decrease in fees of \$63,124, which was due to the expiration and nonrenewal of the Health District's contract with the City of Salem in June of 2009. The lack of new construction due to a poor economy was also a factor in the overall decrease in general fund cash receipts.

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

		009 ount	 2008 Amount	Percentage <u>Change</u>
<u>Cash Disbursements</u>				
Salaries	\$ 2	243,979	\$ 342,874	(28.84) %
Supplies		15,812	6,713	135.54 %
Remittances to State		37,402	53,302	(29.83) %
Contracts - Services		13,396	37,015	(63.81) %
Memberships/Subscriptions		50	237	(78.90) %
Travel		16,583	26,394	(37.17) %
Advertising and Printing		-	415	(100.00) %
Public Employee's Retirement		33,942	42,380	(19.91) %
Hospitalization		82,989	105,331	(21.21) %
Medicare		3,037	4,587	(33.79) %
Worker's Compensation		4,628	2,244	106.24 %
Other		30,618	26,703	14.66 %
Utilities		175	 315	(44.44) %
Total	\$ 4	482,611	\$ 648,510	(25.58) %

During 2009, the cash disbursements of the general fund decreased \$165,899. This decrease can mainly be attributed to the retirement of the Health Commissioner in 2008, which resulted in a significant severance disbursement during the year that is uncommon for the Health District. In 2009, the Health District experienced a more typical salary disbursement for the year and therefore lower overall cash disbursements from the general fund.

Public Health Infrastructure Fund

The public health infrastructure fund, a Health District major fund, had cash receipts of \$138,413 in 2009. The public health infrastructure fund had cash disbursements of \$127,661 in 2009. The public health infrastructure fund cash balance increased \$10,752 from 2008 to 2009.

Public Health Emergency Response Fund

The public health emergency response fund, a Health District major fund, had cash receipts of \$161,379 in 2009. The public health emergency response fund had cash disbursements of \$109,759 in 2009. The public health emergency response fund cash balance increased \$51,620 from 2008 to 2009.

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED DECEMBER 31, 2009 (Unaudited)

Early Start Fund

The early start fund, a Health District major fund, had cash receipts of \$413,507 in 2009. The early start fund had cash disbursements of \$380,356 in 2009. The early start fund cash balance increased \$33,151 from 2008 to 2009.

Cancer Levy Fund

The cancer levy fund, a Health District major fund, had cash receipts of \$264,648 in 2009. The cancer levy fund had cash disbursements of \$219,216 in 2009. The cancer levy fund cash balance increased \$45,432 from 2008 to 2009.

Budgeting Highlights - General Fund

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

For 2009, the general fund final budget basis receipts of \$500,000 exactly matched the original budget estimates. Actual cash receipts of \$514,849 were more than final budget estimates by \$14,849. The final budgetary basis disbursements of \$500,000 exactly matched the original budget estimates. The actual budgetary basis disbursements of \$482,611 were \$17,389 less than the final budget estimates.

Capital Assets and Debt Administration

Capital Assets

The Health District does not record capital assets in the accompanying cash basis basic financial statements, but records payments for capital assets as disbursements. The Health District had equipment cash disbursements of \$4,798 during 2009.

Debt Administration

The Health District did not have any long-term obligations at December 31, 2009.

Contacting the Health District's Financial Management

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

STATEMENT OF NET ASSETS - CASH BASIS DECEMBER 31, 2009

	Governmental Activities		
Assets:	<u></u>		
Equity in pooled cash and cash equivalents	\$	410,498	
Total assets		410,498	
Net assets:			
Restricted for:			
Public health infrastructure		56,648	
Emergency response		51,620	
Early start		90,146	
Cancer levy		66,993	
Solid Waste/Landfill		12,506	
Home health		5,438	
Food service		6,167	
Unrestricted		120,980	
Total net assets	\$	410,498	

STATEMENT OF ACTIVITIES - CASH BASIS FOR THE YEAR ENDED DECEMBER 31, 2009

Net (Cash Disbursements) Cash Receipts and Changes in Net Cash

				Program (Changes in Net Cash Assets			
	Cash Disbursements			Charges for Services		Operating Grants and Contributions		vernmental Activities
Governmental activities:		000 710				207.024		(2.42.000)
Salaries	\$	883,513	\$	246,407	\$	395,024	\$	(242,082)
Supplies		41,480		7,541		25,884		(8,055)
Remittance to State		64,193		40,267		806		(23,120)
Equipment		4,798		-		7,055		2,257
Contracts - Services		218,349		34,836		141,036		(42,477)
Membership/Subscriptions		50		20		-		(30)
Travel		59,382		19,130		31,650		(8,602)
Advertising and printing		340		-		500		160
Public Employee's Retirement		123,813		35,318		52,292		(36,203)
Hospitalization		237,065		63,906		107,687		(65,472)
Medicare		11,666		3,368		5,572		(2,726)
Worker's Compensation		11,677		3,909		3,901		(3,867)
Other		109,187		15,204		82,782		(11,201)
Utilities		2,464		70		2,488		94
Totals	\$	1,767,977	\$	469,976	\$	856,677		(441,324)
	Prope	ral Cash Receipts: rty and other taxes le						207 710
		eral purposes						387,718
		s and entitlements no						135,841
	Misce	llaneous						64,174
	Total	general cash receipts						587,733
	Chang	ge in net cash assets.						146,409
	Net c	ash assets at beginni	ing of y	ear		• •		264,089
	Net c	ash assets at end of	year				\$	410,498

STATEMENT OF ASSETS AND CASH FUND BALANCES GOVERNMENTAL FUNDS DECEMBER 31, 2009

	General		Public Health Infrastructure		Public Health Emergency Response		Early Start	
Cash assets: Equity in pooled cash and cash equivalents	\$	53,242	\$	56,648	\$	51,620	\$	90,146
Total assets	\$	53,242	\$	56,648	\$	51,620	\$	90,146
Fund cash balances: Unreserved, undesignated, reported in: General fund	\$	53,242	\$	- 56,648	\$	51,620	\$	- 90,146
Total fund cash balances	\$	53,242	\$	56,648	\$	51,620	\$	90,146

Cancer Levy		Gov	Other ernmental Funds	Total Governmental Funds		
\$	66,993	\$	91,849	\$	410,498	
\$	66,993	\$	91,849	\$	410,498	
\$	66,993	\$	- 91,849	\$	53,242 357,256	
\$	66,993	\$	91,849	\$	410,498	

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCES GOVERNMENTAL FUNDS FOR THE YEAR ENDED DECEMBER 31, 2009

	General		Public Health ublic Health Emergency frastructure Response		Early Start		
Cash receipts:							
Taxes	\$	218,155	\$ -	\$	-	\$	-
Intergovernmental		85,950	138,413		161,379		413,482
Fees		192,948	-		-		-
Licenses and permits		-	-		-		-
Other		17,796	 		_		25
Total cash receipts		514,849	 138,413		161,379		413,507
Cash disbursements:							
Salaries		243,979	40,313		49,986		197,612
Supplies		15,812	849		3,238		6,423
Remittances to State		37,402	-		_		-
Equipment		-	-		4,798		-
Contracts - Services		13,396	60,800		24,938		4,200
Memberships/Subscriptions		50	-		-		-
Travel		16,583	2,068		1,090		23,182
Advertising and printing		-	-		340		-
Public Employee's Retirement		33,942	5,738		4,142		27,894
Hospitalization		82,989	4,988		7,609		73,482
Medicare		3,037	585		660		2,812
Worker's Compensation		4,628	523		-		2,333
Other		30,618	11,703		12,958		40,223
Utilities		175	94		_		2,195
Total cash disbursements		482,611	127,661		109,759		380,356
Net change in fund cash balances		32,238	10,752		51,620		33,151
Fund cash balances							
at beginning of year		21,004	 45,896				56,995
Fund cash balances at end of year	\$	53,242	\$ 56,648	\$	51,620	\$	90,146

	Cancer Levy	Gover	ther nmental unds	Go	Total vernmental Funds
Φ.	1 60 560	Φ.		Φ.	205 510
\$	169,563	\$	-	\$	387,718
	49,891		143,403		992,518
	260		18,620		211,828
	-		231,236		231,236
	44,934	-	28,331		91,086
	264,648		421,590		1,914,386
	122,988		228,635		883,513
	970		14,188		41,480
	-		26,791		64,193
	-		-		4,798
	47,381		67,634		218,349
	-		_		50
	174		16,285		59,382
	-		-		340
	18,338		33,759		123,813
	24,370		43,627		237,065
	1,260		3,312		11,666
	1,288		2,905		11,677
	2,447		11,238		109,187
	-		_		2,464
	219,216		448,374		1,767,977
	45,432		(26,784)		146,409
	21,561		118,633		264,089
		_			
\$	66,993	\$	91,849	\$	410,498

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) GENERAL FUND FOR THE YEAR ENDED DECEMBER 31, 2009

		l Amounts		Variance with Final Budget Positive (Negative)	
Budgetary basis receipts:	Original	<u>Final</u>	<u>Actual</u>		
Taxes	\$ 211,863	\$ 211,863	\$ 218,155	\$ 6,292	
Intergovernmental	83,471	83,471	\$5,950	2,479	
Fees	187,383	187,383	192,948	5,565	
Other	17,283	17,283	17,796	513	
Total budgetary basis receipts	500,000	500,000	514,849	14,849	
Total budgetaly basis receipts	300,000	300,000	314,049	14,049	
Budgetary basis disbursements:					
Salaries	252,770	252,770	243,979	8,791	
Supplies	16,382	16,382	15,812	570	
Remittances to State	38,750	38,750	37,402	1,348	
Contracts - Services	13,878	13,878	13,396	482	
Membership/Subscriptions	52	52	50	2	
Travel	17,181	17,181	16,583	598	
Public Employee's Retirement	35,165	35,165	33,942	1,223	
Hospitalization	85,979	85,979	82,989	2,990	
Medicare	3,146	3,146	3,037	109	
Worker's Compensation	4,795	4,795	4,628	167	
Other	31,721	31,721	30,618	1,103	
Utilities	181	181	175	6	
Total budgetary basis disbursements	500,000	500,000	482,611	17,389	
Net change in fund cash balance	-	-	32,238	32,238	
Fund cash balance at beginning of year	21,004	21,004	21,004		
Fund cash balance at end of year	\$ 21,004	\$ 21,004	\$ 53,242	\$ 32,238	

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) PUBLIC HEALTH INFRASTRUCTURE FUND FOR THE YEAR ENDED DECEMBER 31, 2009

		Budgeted	l Amou	ınts		Fin	iance with al Budget Positive
	(Original		Final	 Actual	(Negative)	
Budgetary basis receipts:							
Intergovernmental	\$	118,000	\$	118,000	\$ 138,413	\$	20,413
Total budgetary basis receipts		118,000		118,000	 138,413		20,413
Budgetary basis disbursements:							
Salaries		37,262		51,755	40,313		11,442
Supplies		785		1,090	849		241
Contracts - Services		56,199		78,057	60,800		17,257
Travel		1,911		2,655	2,068		587
Public Employee's Retirement		5,304		7,367	5,738		1,629
Hospitalization		4,611		6,404	4,988		1,416
Medicare		541		751	585		166
Worker's Compensation		483		671	523		148
Other		10,817		15,025	11,703		3,322
Utilities		87		121	94		27
Total budgetary basis disbursements		118,000		163,896	127,661		36,235
Net change in fund cash balance		-		(45,896)	10,752		56,648
Fund cash balance at beginning of year		45,896		45,896	 45,896		
Fund cash balance at end of year	\$	45,896	\$		\$ 56,648	\$	56,648

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) PUBLIC HEALTH EMERGENCY RESPONSE FUND FOR THE YEAR ENDED DECEMBER 31, 2009

		Budgeted	Amo				Fin F	iance with al Budget Positive
	Or	<u>iginal</u>		Final	Actual		(Negative)	
Budgetary basis receipts:								
Intergovernmental	\$	_	\$	161,379	\$	161,379	\$	
Total budgetary basis receipts				161,379		161,379		
Budgetary basis disbursements:								
Salaries		-		73,494		49,986		23,508
Supplies		-		4,761		3,238		1,523
Equipment		-		7,055		4,798		2,257
Contracts - Services		_		36,666		24,938		11,728
Travel		_		1.603		1.090		513
Advertising and printing		-		500		340		160
Public Employee's Retirement		-		6,090		4,142		1,948
Hospitalization		-		11,188		7,609		3,579
Medicare		-		970		660		310
Other		_		19,052		12,958		6,094
Total budgetary basis disbursements		-		161,379		109,759		51,620
Net change in fund cash balance		-		-		51,620		51,620
Fund cash balance at beginning of year								
Fund cash balance at end of year	\$	-	\$		\$	51,620	\$	51,620

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) EARLY START FUND FOR THE YEAR ENDED DECEMBER 31, 2009

	Budgete	d Amounts		Variance with Final Budget Positive	
	Original	Final	Actual	(Negative)	
Budgetary basis receipts:					
Intergovernmental	\$ 399,976	\$ 359,978	\$ 413,482	\$ 53,504	
Other	24	22	25	3	
Total budgetary basis receipts	400,000	360,000	413,507	53,507	
Budgetary basis disbursements:					
Salaries	207,818	216,647	197,612	19,035	
Supplies	6,755	7,042	6,423	619	
Contracts - Services	4,418	4,605	4,200	405	
Travel	24,379	25,415	23,182	2,233	
Public Employee's Retirement	29,335	30,581	27,894	2,687	
Hospitalization	77,277	80,560	73,482	7,078	
Medicare	2,957	3,083	2,812	271	
Worker's Compensation	2,453	2,558	2,333	225	
Other	42,300	44,098	40,223	3,875	
Utilities	2,308	2,406	2,195	211	
Total budgetary basis disbursements	400,000	416,995	380,356	36,639	
Net change in fund cash balance	-	(56,995)	33,151	90,146	
Fund cash balance at beginning of year	56,995	56,995	56,995		
Fund cash balance at end of year	\$ 56,995	\$ -	\$ 90,146	\$ 90,146	

STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN FUND CASH BALANCE - BUDGET AND ACTUAL (BUDGETARY BASIS) CANCER LEVY FUND FOR THE YEAR ENDED DECEMBER 31, 2009

	Budgete	d Amounts		Variance with Final Budget Positive	
	Original	Final	Actual	(Negative)	
Budgetary basis receipts:					
Taxes	\$ 140,957	\$ 140,957	\$ 169,563	\$ 28,606	
Intergovernmental	41,474	41,474	49,891	8,417	
Fees	216	216	260	44	
Other	37,353	37,353	44,934	7,581	
Total budgetary basis receipts	220,000	220,000	264,648	44,648	
Budgetary basis disbursements:					
Salaries	123,428	135,525	122,988	12,537	
Supplies	973	1,069	970	99	
Contracts - Services	47,549	52,211	47,381	4,830	
Travel	175	192	174	18	
Public Employee's Retirement	18,404	20,207	18,338	1,869	
Hospitalization	24,457	26,854	24,370	2,484	
Medicare	1,265	1,388	1,260	128	
Worker's Compensation	1,293	1,419	1,288	131	
Other	2,456	2,696	2,447	249	
Total budgetary basis disbursements	220,000	241,561	219,216	22,345	
Net change in fund cash balance	-	(21,561)	45,432	66,993	
Fund cash balance at beginning of year	21,561	21,561	21,561		
Fund cash balance at end of year	\$ 21,561	\$ -	\$ 66,993	\$ 66,993	

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

NOTE 1 - DESCRIPTION OF THE HEALTH DISTRICT

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

These financial statements are presented on a cash basis of accounting. This cash basis of accounting differs from accounting principles generally accepted in the United States of America (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 District's accounting policies.

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

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

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

B. Fund Accounting

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

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

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

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

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

<u>Public health infrastructure fund</u> - This is a federal grant fund used to account for the Centers for Disease Control and Prevention - Investigations and Technical Assistance Program.

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

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

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

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

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

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

C. Basis of Presentation and Measurement Focus

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

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

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

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

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

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

D. Budgetary Process

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

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

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

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

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

E. Cash and Cash Equivalents

The Columbiana County Treasurer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County Treasurer, Nick Barborak, 105 S. Market Street, Lisbon, Ohio 44432.

F. Capital Assets

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

G. Unpaid Vacation and Sick Leave

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

H. Long-Term Obligations

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

I. Employer Contributions to Cost-Sharing Pension Plans

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

J. Net Assets

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

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

NOTE 3 - RISK MANAGEMENT

During 2009, the Health District received liability insurance through the Public Entities Pool of Ohio. Coverage provided by the Public Entities Pool of Ohio is as follows:

Legal Liability - Third Party Claims (\$1,000 deductible)	\$3,000,000
Medical Malpractice Liability (\$1,000 deductible)	3,000,000
Automobile Liability	3,000,000
Wrongful Acts (\$1,000 deductible)	3,000,000

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

NOTE 4 - PENSION PLANS

Ohio Public Employees Retirement System

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

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

Funding Policy - The Ohio Revised Code provides statutory authority for member and employer contributions. For 2009, member and contribution rates were consistent across all three plans. While members in the State and local divisions may participate in all three plans, law enforcement and public safety divisions exist only within the Traditional Plan. The 2009 member contribution rates were 10.00% for members in State and local classifications. Public safety and law enforcement members contributed 10.10%. The Health District's contribution rate for 2009 was 14.00%, except for those plan members in law enforcement or public safety, for whom the contribution was 17.63% of covered payroll.

The Health District's contribution rate for pension benefits for 2009 was 7.00% from January 1 through March 31, 2009 and 8.50% from April 1 through December 31, 2009, except for those plan members in law enforcement and public safety. For those classifications, pension contributions were 10.63% from January 1 through March 31, 2009 and 12.13% from April 1 through December 31, 2009. The Health District's required contributions for pension obligations to the Traditional Pension and Combined Plans for the years ended December 31, 2009, 2008, and 2007 were \$71,733, \$64,831, and \$73,152, respectively; these contributions were sufficient to fulfill the requirements.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

NOTE 5 - POSTRETIREMENT BENEFIT PLANS

Ohio Public Employees Retirement System

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

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

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

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

Employer contribution rates are expressed as a percentage of the covered payroll of active employees. In 2009, local government employers contributed 14.00% of covered payroll (17.63% for public safety and law enforcement). Each year the OPERS Retirement Board determines the portion of the employer contribution rate that will be set aside for the funding of the postemployment health care benefits. The portion of employer contributions allocated to fund post-employment healthcare for 2009 was 7.00% from January 1 through March 31, 2009 and 5.50% from April 1 through December 31, 2009.

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

The Health District's contributions allocated to fund post-employment health care benefits for the years ended December 31, 2009, 2008, and 2007 were \$52,080, \$64,831, and \$48,201, respectively; these contributions were sufficient to fulfill the requirements.

The Health Care Preservation Plan (HCPP) adopted by the OPERS Board of Trustees on September 9, 2004, was effective January 1, 2007. Member and employer contribution rates increased as of January 1, 2006, January 1, 2007 and January 1, 2008, which allowed additional funds to be allocated to the health care plan.

NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

NOTE 6 - CONTINGENT LIABILITY

Litigation

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

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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

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

To the Board of Health:

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Columbiana General Health District, Columbiana County, (the District) as of and for the year ended December 31, 2009, which collectively comprise the District's basic financial statements and have issued our report thereon dated July 26, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the Comptroller General of the United States' Government Auditing Standards.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Voinovich Government Center / 242 Federal Plaza W. / Suite 302 / Youngstown, OH 44503-1293 Telephone: (330) 797-9900 (800) 443-9271 Fax: (330) 797-9949 www.auditor.state.oh.us Columbiana General Health District
Columbiana County
Independent Accountants' Report on Internal Control Over Financial
Reporting and on Compliance and Other Matters Required by
Government Auditing Standards
Page 2

We did note certain matters not requiring inclusion in this report that we reported to the District's management in a separate letter dated July 26, 2010.

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

Mary Taylor, CPA Auditor of State

Mary Taylor

July 26, 2010



Mary Taylor, CPA Auditor of State

COLUMBIANA GENERAL HEALTH DISTRICT

COLUMBIANA COUNTY

CLERK'S CERTIFICATION

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

CLERK OF THE BUREAU

Susan Babbitt

CERTIFIED SEPTEMBER 21, 2010