Mary Taylor, CPA
Auditor of State

MAHONING DISTRICT BOARD OF HEALTH
MAHONING COUNTY

TABLE OF CONTENTS

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INDEPENDENT ACCOUNTANTS' REPORT

Mahoning District Board of Health
Mahoning County
50 Westchester Dr.
Youngstown, Ohio 44515

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 Mahoning District Board of Health, Mahoning County, Ohio (the "Health District"), as of and for the year ended December 31, 2009, which collectively comprise the Health District's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the Health District's management. Our responsibility is to express opinions on these financial statements based on our audit.

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

As discussed in Note 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 Mahoning District Board of Health, Mahoning County, Ohio, as of December 31, 2009, and the respective changes in cash financial position and the respective budgetary comparison for the General, Federal Grant and Mixed Grant 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 August 31, 2010, on our consideration of the Health District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. 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 District's basic financial statements. The Federal Awards Expenditures Schedule is required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. We subjected the Federal Awards Expenditure Schedule 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 Taylor

Mary Taylor, CPA
Auditor of State

August 31, 2010

MAHONING DISTRICT BOARD OF HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2009
(UNAUDITED)

The discussion and analysis of Mahoning District Board of Health's 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 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 basic financial statements and notes to enhance their understanding of the Health District's financial performance.

Financial Highlights

Key financial highlights for 2009 are as follows:

- The net assets of the Health District were $1,578,658 at the close of the year ended December 31, 2009. Of this amount, $1,241,986 (unrestricted net assets) may be used to meet the Health District's ongoing obligations to citizens and creditors. $268,308 is classified as restricted for special revenue funds and $68,364 is classified as restricted for general fund encumbrances.

- At the end of the current fiscal year, unreserved fund balance for the General Fund was $1,241,986, or about 44% of total General Fund expenditures and other financing uses.

- The Health District's total net assets increased by $367,257, which represents a 30% increase from 2008.

- The Health District had $4,177,647 in disbursements in 2009.

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 District'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 District 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 a 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 both an aggregate view of the Health District'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 District 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 expanded 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 District 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 District's cash basis of accounting, receipts and disbursements are recorded when cash is received or paid.

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 District as a Whole

The Statement of Net Assets and the Statement of Activities reflect how the Health District did financially during 2009, within the limitations of cash basis accounting. The Statement of Net Assets presents the cash balances and investments of the governmental activities of the Health District at year end. The Statement of Activities compares cash disbursements with program receipts for each governmental program. 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 cash disbursements with program receipts identifies how each governmental function draws from the Health District's general receipts.

These statements report the Health District'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 District's financial health. Over time, increases or decreases in the Health District's cash position is one indicator of whether the Health District's financial health is improving or deteriorating. When evaluating the Health District's financial condition, you should also consider other nonfinancial factors as well such as the Health District's property tax base, condition of the Health District's capital assets, the reliance on non-local financial resources for operations and the need for continued growth in the major local revenue sources such as intergovernmental revenues.

In the Statement of Net Assets – Cash Basis and the Statement of Activities – Cash Basis, the Health District's major programs are reported. Charges for services and state and federal grants finance most of these activities. To a significant extent, benefits provided through the governmental activities are being paid for by the people receiving them.

Reporting the Health District's Most Significant Funds

Fund Financial Statements

Fund financial statements provide detailed information about the Health District's major funds – not the Health District as a whole. The Health District 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. The funds of the Health District fall into two categories: governmental and fiduciary.

Governmental Funds - Most of the Health District's activities are reported in governmental funds. The governmental fund financial statements provide a detailed short-term view of the Health District'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 District's health programs. The Health District'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 District's major governmental funds are the General, Federal Grants and Mixed Grants Funds. The programs reported in the governmental funds are closely related to those reported in the governmental activities section of the entity-wide statements.

Fiduciary Funds - Fiduciary funds are used to account for resources held for the benefit of parties outside the Health District. Fiduciary funds are not reflected on the government-wide financial statements because the resources of these funds are not available to support the Health District's programs.

The Health District as a Whole

Table 1 provides a summary of the Health District's net assets for 2009 compared to 2008 on a cash basis:

As mentioned previously, net assets increased $367,257. The increase is due primarily to the following cost-cutting measures: a wage freeze for union employees, the lay-off of 6 union employees in May 2008, and the non-replacement of 1 union employee and 2 managers who retired and 4 union employees who resigned in 2008.

Table 1
Net Assets

	Governmental Activities	
	2009	**2008**
Assets		
Equity in pooled cash and investments at fair value	$1,578,658	$1,211,401
Net Assets		
Restricted:		
Special Revenue	268,308	274,119
General Fund restricted for encumbrances	68,364	67,244
Unrestricted	1,241,986	870,038
Total Net Assets	$1,578,658	$1,211,401

Table 2 reflects the changes in net assets for 2009 compared to 2008.

Table 2
Changes in Net Assets

		2009	2008
Program Cash Receipts			
Charges for Services	$	1,189,980	1,212,135
Operating Grants and Contributions		1,775,242	2,869,205
General Receipts			
Property Taxes		1,060,955	129,122
Other Revenue		253,240	-
Total Receipts		4,279,417	4,210,462
Disbursements			
Health		4,177,647	4,277,070
Total Disbursements		4,177,647	4,277,070
Change in Net Assets before Other Financing Sources (Uses)		101,770	(66,608)
Transfers and Remittances		265,487	304,329
Change in Net Assets		367,257	237,721
Net Assets Beginning of Year		1,211,401	973,680
Net Assets End of Year	$	1,578,658	1,211,401

Operating grants and contributions were the largest source of receipts accounting for 41% of total receipts in 2009. The Health District's direct charges to users of health services made up 28% of total receipts in 2009. These receipts consist primarily of charges for services for vaccinations, food service licenses, and various permits such as plumbing, sewage systems, mobile home parks, camps, pools and spas. Property taxes were the third largest source of receipts and accounted for 25% of total receipts. Other revenue consists of donations, proceeds from the sale of assets, reimbursements, and other miscellaneous receipts.

Governmental Activities

If you look at the first column of the Statement of Activities – Cash Basis, you will see that the services provided by the Health District are all health related. The second column (Cash Disbursements) shows the cost of providing these services. The next two columns entitled Program Cash Receipts identify amounts paid by people who are directly charged for health services and grants received by the Health District that must be used to provide a specific service. The last 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 local municipalities, taxpayers and state subsidies. These net costs are paid from the general receipts which are presented at the bottom of the statement.

The Health District has tried to limit its dependence upon property taxes and local subsidies by actively pursuing grants and charging rates for services that are closely related to costs.

The Health District's Funds

The governmental funds had total receipts of $4,279,417 and disbursements of $4,177,647. The governmental funds had an increase in the cash balance of $367,257.

The fund balance of the General Fund increased $373,068 to $1,310,350 at year-end. The ending fund balance of the General Fund represents 48% of annual disbursements. The Federal Grants Fund had disbursements in excess of receipts in the amount of $16,265. The Mixed Grants Fund had disbursements in excess of receipts in the amount of $75,873.

General Fund Budgeting Highlights

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.

During the course of 2009, the Health District did not make any significant amendments to its General Fund budget.

Contacting the Health District's Financial Management

This financial report is designed to provide our citizens and taxpayers with a general overview of the Health District's finances and to reflect the Health District'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 the Michael V. Sciortino, Mahoning County Auditor, 120 Market Street, Youngstown, OH 44503.

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MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Net Assets - Cash Basis

December 31, 2009

	Primary Government
	Governmental Activities
Assets	
Equity in pooled cash and investments at fair value	$ 1,578,658
Total Assets	1,578,658
Net Assets:	
Restricted for:	
Special revenue	268,308
General fund restricted for encumbrances	68,364
Unrestricted	1,241,986
Total Net Assets	$ 1,578,658

See accompanying notes to the basic financial statements

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Activities - Cash Basis
For the Year Ended December 31, 2009

Functions/Programs	Cash Disbursements	Program Cash Receipts: Charges for Services	Program Cash Receipts: Operating Grants and Contributions	Net (Disbursements) Receipts and Changes in Net Assets: Primary Government Governmental Activities
Primary Government:				
Governmental activities:				
Health	$ 4,177,647	$ 1,189,980	$ 1,775,242	$ (1,212,425)
Total Governmental Activities	$ 4,177,647	$ 1,189,980	$ 1,775,242	$ (1,212,425)

General revenues:	
Property taxes	1,060,955
Grants and contributions not restricted to specific programs	253,240
Transfers	265,487
Total general revenues and transfers	1,579,682
Change in net assets	367,257
Net assets - beginning	1,211,401
Net assets - ending	$ 1,578,658

The notes to the financial statements are an integral part of this statement.

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Cash Basis Assets and Fund Balances
Governmental Funds
December 31, 2009

	General	*Federal Grants*	*Mixed Grants*	*Other Governmental Funds*	*Total Governmental Funds*
Assets					
Equity in pooled cash and investments at fair value	$ 1,310,350	$ 137,077	$ 6,675	$ 124,556	$ 1,578,658
Total Assets	1,310,350	137,077	6,675	124,556	1,578,658
Fund Balances					
Reserved:					
Reserved for Encumbrances	68,364	70,376	27,270	19,556	$ 185,566
Unreserved, reported in:					
General fund	1,241,986				1,241,986
Special revenue funds		66,701	(20,595)	105,000	151,106
Total Fund Balances	$ 1,310,350	$ 137,077	$ 6,675	$ 124,556	$ 1,578,658

See accompanying notes to the basic financial statements

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Cash Receipts, Disbursements and Changes in Cash Basis Fund Balances
Governmental Funds
For the Year Ended December 31, 2009

	General	*Federal Grants*	*Mixed Grants*	*Other Governmental Funds*	*Total Governmental Funds*
Receipts					
Property and other taxes	$ 910,714	$	$	$ 150,241	$ 1,060,955
Fees and charges for services	681,361	8,755		238,280	928,396
Licenses and permits	261,584				261,584
Intergovernmental	772,677	689,288	368,039	56,502	1,886,506
All other revenue	141,976				141,976
Total Receipts	2,768,312	698,043	368,039	445,023	4,279,417
Disbursements					
Current:					
Health	2,739,508	714,308	443,912	279,919	4,177,647
Total Disbursements	2,739,508	714,308	443,912	279,919	4,177,647
Excess of Receipts Over (Under) Disbursements	28,804	(16,265)	(75,873)	165,104	101,770
Other Financing Sources (Uses)					
Remittances to Other Government Agencies				(172,066)	(172,066)
Transfers in (see Note 10)	457,055	112,791			569,846
Transfers out	(112,791)		(2)	(19,500)	(132,293)
Total Other Financing Sources	344,264	112,791	(2)	(191,566)	265,487
Net Change in Fund Balances	373,068	96,526	(75,875)	(26,462)	367,257
Fund Balances Beginning of Year	937,282	40,551	82,550	151,018	1,211,401
Fund Balances End of Year	$ 1,310,350	$ 137,077	$ 6,675	$ 124,556	$ 1,578,658

See accompanying notes to the basic financial statements

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual -Budget Basis
Board of Health General Fund

(Non-GAAP Budgetary Basis)

For the Year Ended December 31, 2009

	Original Budget	*Final Budget*	*Actual Amounts*	*Variance with Final Budget - Positive (Negative)*
Receipts				
Property and other taxes	$ 917,261	$ 917,261	$ 910,714	$ (6,547)
Fees and charges for services	560,091	565,091	681,361	116,270
Licenses and permits	251,870	251,870	261,584	9,714
Intergovernmental	767,776	767,776	772,677	4,901
All other revenue	127,379	122,379	141,976	19,597
Total Receipts	2,624,377	2,624,377	2,768,312	143,935
Disbursements				
Current:				
Health				
Personal services	2,195,919	2,294,938	2,064,841	230,097
Materials and supplies	190,769	219,454	166,719	52,735
Contractual services	517,092	501,730	458,489	43,241
Travel	25,204	36,225	28,801	7,424
Utilities	41,386	46,792	42,196	4,596
Capital outlay	56,990	57,465	46,820	10,645
Other	5	11	6	5
Total Disbursements	3,027,365	3,156,615	2,807,872	348,743
Excess (Deficiency) Of Receipts Over Disbursements	(402,988)	(532,238)	(39,560)	492,678
Other Financing Sources (Uses)				
Transfers in	431,472	431,472	457,055	25,583
Transfers out	(112,791)	(112,791)	(112,791)	
Total Other Financing Sources	318,681	318,681	344,264	25,583
Net Change in Fund Balance	(84,307)	(213,557)	304,704	518,261
Fund Balance At Beginning Of Year	870,040	870,040	870,038	
Prior Year Encumbrances Appropriated	67,244	67,244	67,244	
Fund Balance At End Of Year	$ 852,977	$ 723,727	$ 1,241,986	$ 518,261

The notes to the financial statements are an integral part of this statement.

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual -Budget Basis
Board of Health Federal Grants

(Non-GAAP Budgetary Basis)

For the Year Ended December 31, 2009

	Original Budget	*Final Budget*	*Actual Amounts*	*Variance with Final Budget - Positive (Negative)*
Receipts				
Fees and charges for services	$	$ 7,000	$ 8,755	$ 1,755
Intergovernmental		773,677	689,288	(84,389)
Total Receipts		780,677	698,043	(82,634)
Disbursements				
Current:				
Health				
Personal services		646,980	585,456	61,524
Materials and supplies		47,274	29,742	17,532
Contractual services	18,226	147,966	142,455	5,511
Travel		9,923	6,648	3,275
Utilities		6,838	6,247	591
Capital outlay		75,699	11,107	64,592
Other		3,029	3,029	
Total Disbursements	18,226	937,709	784,684	153,025
Excess (Deficiency) Of Receipts Over Disbursements	(18,226)	(157,032)	(86,641)	70,391
Other Financing Sources (Uses)				
Transfers in		117,391	112,791	(4,600)
Total Other Financing Sources		117,391	112,791	(4,600)
Net Change in Fund Balance	(18,226)	(39,641)	26,150	65,791
Fund Balance At Beginning Of Year	22,325	22,325	22,325	
Prior Year Encumbrances Appropriated	18,226	18,226	18,226	
Fund Balance At End Of Year	$ 22,325	$ 910	$ 66,701	$ 65,791

The notes to the financial statements are an integral part of this statement.

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Receipts, Disbursements and Changes In Fund Balance - Budget and Actual -Budget Basis
Board of Health Mixed Grants

(Non-GAAP Budgetary Basis)

For the Year Ended December 31, 2009

	Original Budget	*Final Budget*	*Actual Amounts*	*Variance with Final Budget - Positive (Negative)*
Receipts				
Fees and charges for services	$ 500	500	$	$ (500)
Intergovernmental	442,369	432,524	368,039	(64,485)
Total Receipts	442,869	433,024	368,039	(64,985)
Disbursements				
Current:				
Health				
Personal services	236,023	236,023	198,394	37,629
Materials and supplies	599	599	494	105
Contractual services	272,824	272,824	270,426	2,398
Travel	309	309	158	151
Utilities	1,358	1,358	1,194	164
Capital outlay	517	517	516	1
Total Disbursements	511,630	511,630	471,182	40,448
Excess (Deficiency) Of Receipts Over Disbursements	(68,761)	(78,606)	(103,143)	(24,537)
Other Financing Sources (Uses)				
Transfers out			(2)	(2)
Total Other Financing Sources			(2)	(2)
Net Change in Fund Balance	(68,761)	(78,606)	(103,145)	(24,539)
Fund Balance(Deficit) At Beginning Of Year	27,473	27,473	27,472	(1)
Prior Year Encumbrances Appropriated	55,078	55,078	55,078	
Fund Balance(Deficit) At End Of Year	$ 13,790	$ 3,945	$ (20,595)	$ (24,540)

The notes to the financial statements are an integral part of this statement.

MAHONING DISTRICT BOARD OF HEALTH
COUNTY OF MAHONING

Statement of Fiduciary Net Assets - Cash Basis

Fiduciary Funds

December 31, 2009

		Agency
Assets		
Equity in pooled cash and investments at fair value	$	20,143
Total Assets		20,143
Net Assets:		
Due to other funds		19,092
Due to other governments		1,051
Total Net Assets	$	20,143

See accompanying notes to the basic financial statements

Note 1 – Reporting Entity

A five-member Board of Health appointed by the District Advisory Council governs the Health District. The Board appoints a health commissioner and all employees of the Health District.

The reporting entity is composed of the primary government, component units, and other organizations that are included to ensure the financial statements of the Health District are not misleading.

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

B. Component Units
Component units are legally separate organizations for which the Health District is financially accountable. The Health District is financially accountable for an organization if the Health District appoints a voting majority of the organization's governing board and (1) the Health District is able to significantly influence the programs or services performed or provided by the organization; or (2) the Health District is legally entitled to or can otherwise access the organization's resources; or the Health District is legally obligated or has otherwise assumed the responsibility to finance the deficits of, or provide support to, the organization. Component units also include legally separate, tax-exempt entities whose resources are for the direct benefit of the Health District, are accessible to the Health District and are significant in amount to the Health District. The Health District had no component units.

C. Joint Ventures and Public Entity Risk Pools
A joint venture is a legal entity or other organization that results from a contractual arrangement and that is owned, operated, or governed by two or more participants as a separate and specific activity subject to joint control, in which the participants retain (a) an ongoing financial interest or (b) an ongoing financial responsibility. A description of the Health District's joint ventures can be found in Note 12.

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

As discussed further in Note 2.C, 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.

A. Basis of Presentation

The Health District'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.

Note 2 - Summary of Significant Accounting Policies (continued)

Government-Wide Financial Statements

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, except for fiduciary funds. 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.

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 or business activity is self-financing on a cash basis or draws from the general receipts of the Health District.

Fund Financial Statements

During the year, the Health District segregates transactions related to certain Health District functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. Fund financial statements are designed to present financial information of the Health District at 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. Fiduciary funds are reported by type.

B. Fund Accounting

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

Governmental Funds

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

General Fund - The General Fund accounts for all financial resources, 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.

Federal Grants Fund – is used to account for federal grants received by the Health District. Separate cost centers are established to account for each federal grant within this fund.

Note 2 - Summary of Significant Accounting Policies (continued)

Mixed Grants Fund – is used to account for grants which are funded by a combination of federal and state grants. Separate cost centers are established to account for each mixed grant within this fund.

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

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. Trust funds are used to account for assets held by the Health District under a trust agreement for individuals, private organizations, or other governments and are not available to support the Health District's own programs. The Health District did not have any trust funds in 2009.

Agency funds are purely custodial in nature and are used to account for assets held by the Health District that must be remitted to the State of Ohio.

C. Basis of Accounting

The Health District's financial statements are prepared using the cash basis of accounting. Except for modifications having substantial support, 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. Any such modifications made by the Health District are described in the appropriate section in this note.

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.

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 the County Board of Health may appropriate. The appropriations resolution is the County Board of Health'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 fund, department, and object level for all funds.

ORC Section 5705.28(C)(1) requires the Health District to file an estimate of contemplated revenue and expenses with the municipalities and townships within the Health District by about June 1 (forty-five days prior to July 15). The county auditor cannot allocate property taxes from the municipalities and townships within the district if the filing has not been made.

Note 2 - Summary of Significant Accounting Policies (continued)

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

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 certificated of estimated resources in effect at the time final appropriations were passed by the Health District.

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 appropriation amounts passed by the Health District during the year.

E. Cash and Investments

The County Treasurer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County:

Lisa Antonini
Mahoning County Treasurer
120 Market Street
Youngstown, Ohio 44503

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. Inventory and Prepaid Items

The Health District reports disbursements for inventory and prepaid items when paid. These items are not reflected as assets in the accompanying financial statements.

H. Capital Assets

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

Note 2 - Summary of Significant Accounting Policies (continued)

I. Interfund Receivables/Payables

The Health District reports advances-in and advances-out for interfund loans. These items are not reflected as assets and liabilities in the accompanying financial statements.

J. Accumulated Leave

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

K. 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 7 and 8, the employer contributions include portions for pension benefits and for postretirement health care benefits.

L. Long-Term Obligations

The Health District's cash basis financial statements do not report liabilities for long-term obligations. Proceeds of debt 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 an other financing source nor a capital outlay expenditure are reported at inception. Lease payments are reported when paid.

M. 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 federal and state grant monies. The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available.

N. Fund Balance Reserves

The Health District 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.

O. Interfund Transactions

Exchange transactions between funds are reported as receipts in the seller funds and as disbursements in the purchaser funds. Subsidies from one fund to another without a requirement for repayment are reported as interfund transfers. Interfund transfers are reported as other financing sources/uses in governmental funds. Repayments from funds responsible for particular cash disbursements to the funds that initially paid for them are not presented in the financial statements.

Note 3 - Accountability and Compliance

A. Accountability
All funds have positive fund balances as of December 31, 2009.

B. Compliance
The Health District has no significant violations of finance-related legal or contractual provisions as of December 31, 2009.

Note 4 - 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:

General Fund	$68,364
Major Special Revenue Funds:	
Federal Grants	$70,376
Mixed Grants	$27,270
Other Governmental Funds	$19,556

Note 5 - Property Taxes

Property taxes include amounts levied against all real property, public utility property, and tangible personal property located in the Health District. Property tax receipts received in 2009 for real and public utility property taxes represents collections of 2008 taxes. Property tax payments received during 2009 for tangible personal property (other than public utility property) is for 2009 taxes.

2009 real property taxes are levied after October 1, 2009, on the assessed values as of January 1, 2009, the lien date. Assessed values for real property taxes are established by State statute at 35 percent of appraised market value. 2009 real property taxes are collected in and intended to finance 2010.

Real property taxes are payable annually or semiannually. 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. 2009 public utility property taxes which became a lien on December 31, 2008, are levied after October 1, 2009, and are collected in 2010 with real property taxes.

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

Note 5 - Property Taxes (continued)

The full tax rate for all Health District operations for the year ended December 31, 2009, was $.28 per $1,000 of assessed value. The assessed values of real property, public utility property, and tangible personal property upon which 2009 property tax receipts were based are as follows:

Real Property	
Residential	$2,457,099,010
Agriculture	132,816,520
Commercial/Industrial/Mineral	772,306,020
Public Utility Property	
Real	556,090
Personal	99,897,450
Tangible Personal Property	3,257,010
Total Assessed Value	$3,465,932,100
Plus Tax Loss Reimbursement *	30,164,631
Grand Total	$3,496,096,731

* Per ORC 3709.28 for Tax Loss Reimbursement (ORC 5727.86 (A) (1))

The County Treasurer collects property taxes on behalf of all taxing districts within the County, including the Health District. The County Auditor periodically remits to the Health District its portion of the taxes collected.

Note 6 - Risk Management

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

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

The Health District belongs to the Public Entities Pool of Ohio (PEP), a risk-sharing pool available to Ohio local governments. PEP provides property and casualty coverage for its members. American Risk Pooling Consultants, Inc. (ARPCO), a division of York Insurance Services Group, Inc. (York), functions as the administrator of PEP and provides underwriting, claims, loss control, risk management, and reinsurance services for PEP. PEP is a member of the American Public Entity Excess Pool (APEEP), which is also administered by ARPCO. Member governments pay annual contributions to fund PEP. PEP pays judgments, settlements and other expenses resulting from covered claims that exceed the members' deductibles.

Casualty Insurance
APEEP provides PEP with an excess risk-sharing program. Under this arrangement, PEP retains insured risks up to an amount specified in the contracts. At December 31, 2009, PEP retained $350,000 for casualty claims and $150,000 for property claims.

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

Note 6 - 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, 2009 and 2008 (the latest information available):

Casualty & Property Coverage	2009	2008
Assets	$36,374,898	$35,769,535
Liabilities	(15,256,862)	(15,310,206)
Net Assets – unrestricted	$21,118,036	$20,459,329

At December 31, 2009 and 2008, respectively, the liabilities above include approximately $14.1 million and $13.7 million of estimated incurred claims payable. The assets above also include approximately $13.7 million and $12.9 million of unpaid claims to be billed to approximately 447 member governments in the future, as of December 31, 2009 and 2008, respectively. These amounts will be included in future contributions from members when the related claims are due for payment. As of December 31, 2009, the Health District's share of these unpaid claims collectible in future years is approximately $45,000.

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	
2008	$22,647
2009	$22,356

After one year of membership, a member may withdraw on the anniversary of the date of joining PEP, if the member notifies PEP in writing 60 days prior to the anniversary date. Upon withdrawal, members are eligible for a full or partial refund of their capital contributions, minus the subsequent year's contribution. Withdrawing members have no other future obligation to PEP. 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.

Note 7 - Defined Benefit Pension Plans

Ohio Public Employees Retirement System

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, OPERS invests employer contributions to provide a formula retirement benefit similar in nature to the Traditional Pension Plan benefit. Member contributions, the investment of which is self-directed by the members, 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 both the Traditional Pension 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. Interested parties may obtain a copy by writing to OPERS, Attention: Finance Director, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling 614-222-5601 or 800-222-7377.

The Ohio Revised Code provides statutory authority for member and employer contributions. For 2009, member and employer 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 Pension Plan. The 2009 member contribution rates were 10.0% for members in state and local classifications. Public safety members and law enforcement contributed 10.1%. The public safety and law enforcement classifications do not apply to the Health District. The Health District paid 100% of the employee share to OPERS for its employees per the collective bargaining agreement and Board authorization. The Health District's contribution rate for pension benefits for 2009 was 14.00% percent of covered payroll.

The Health District's required contribution for pension obligations to the Traditional Pension and Combined Plans for the years ended December 31, 2009, 2008, and 2007 were $442,421, $471,510, and $528,459, respectively. The Health District paid both the entire employee share and the employer share in all three years. The full amount has been contributed for 2009, 2008 and 2007. Contributions to the member-directed plan for 2009 were $3,513.

Note 8 - Postemployment Benefits

Ohio Public Employees Retirement System

The Ohio Public Employees Retirement System (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. In order to quality for post-employment health care coverage, age and service retirees under the Traditional Pension and Combines Plans must have 10 or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The health care coverage provided by OPERS meets the definition of an Other Postemployment Benefit (OPEB) as described in GASB Statement No. 45, "Accounting and Financial Reporting by Employers for Post-employment Benefits other than Pension".

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

Note 8 - Postemployment Benefits (continued)

Ohio Revised Code. The Ohio Revised Code provides the statutory authority requiring public employers to fund post retirement health care through their contributions to OPERS. A portion of each employer's contribution to the Traditional Pension or Combined Plans is set aside for the funding of postretirement health care benefits. Employer contribution rates are expressed as a percentage of the covered payroll of active members. In 2009, state and local employers contributed at a rate of 14.00% of covered payroll. Active members do not make contributions to the OPEB Plan. OPERS' Post Employment Health Care plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). Each year, the OPERS Retirement Board determines the portion of the employer contribution rate that will be set aside for funding of post employment health care benefits. For 2009, the employer contribution allocated to the health care plan was 7.00% from January 1 through March 31, 2009 and 5.5% 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.

Benefits are advance-funded using the individual entry age actuarial cost method. Significant actuarial assumptions, based on OPERS's latest actuarial review performed as of December 31, 2008, include a rate of return on investments of 6.5%, an annual increase in active employee total payroll of 4% compounded annually (assuming no change in the number of active employees), and an additional increase in total payroll of between .5% and 6.3% based on additional annual pay increases. Health care costs were assumed to increase at the projected wage inflation rate plus an additional factor ranging from .5% to 3% for the next 6 years. In subsequent years (7 and beyond), health care costs were assumed to increase at 4% (the projected wage inflation rate).

All investments are carried at market value. For actuarial valuation purposes, a smoothed market approach is used. Under this approach, assets are adjusted to reflect 25% of unrealized market appreciation or depreciation on investment assets annually, not to exceed a 12% corridor.

The Traditional Pension and Combined Plans had 357,584 active contributing participants as of December 31, 2009. The number of active contributing participants for both plans used in the December 31, 2008 actuarial valuation was 356,388. Actual employer contributions for 2009 which were used to fund postemployment benefits were $186,496. The actual contribution and the actuarial required contribution amounts are the same. OPERS's net assets available for the payment of benefits at December 31, 2008 (the latest information available), was $10.7 billion. Based on the actuarial cost method used, the actuarial valuation as of December 31, 2008 reported the actuarial accrued liability and the unfunded actuarial accrued liability for OPEB at $29.6 billion and $18.9 billion, respectively.

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

Note 9 – Leases

The Health District leases buildings and office equipment under noncancelable leases. The Health District disbursed $225,844 to pay lease costs for the year ended December 31, 2009. Future lease payments are as follows:

Year	Amount
2010	223,000
2011	220,805
2012	224,459
2013	133,415
2014	26,320
Total	$827,999

Note 10 - Interfund Transfers

During 2009 the following transfers were made:

Transfers from the Mixed Grants Fund to the General Fund	$2
Transfers from Agency Funds to the General Fund	437,553
Transfer from Other Governmental Funds to the General Fund	19,500
Transfer from the General Fund to the Federal Grants Funds	112,791
Total Transfers	$569,846

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

Note 11 – Contingent Liabilities

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

Note 12 – Joint Ventures

Healthy Valley Alliance

The Health District is a member of the Health Valley Alliance (HVA) which is a partnership formed in 1995. It is comprised of more than 50 local organizations such as local boards of health and hospitals, and its mission is to develop and sustain a plan to improve the health of the community. HVA has a council of volunteers who collaborate, plan, implement and monitor health activities. The Health District's health commissioner and medical director serve on the HVA council which has a total of 23 members. The Health District has no ongoing financial interest in or responsibility to the HVA.

Note 12 – Joint Ventures (continued)

Mahoning County Family and Children First Council

The Health District is a member of the Mahoning County Family and Children First Council (MCFCFC) which was established on April 24, 1995 to promote the coordination and collaboration of services for children and families. A nominal annual fee of $100 is charged for membership to offset operating expenses. MCFCFC consists of an executive committee (state mandated members) and an Advisory Council that includes unlimited representatives from public/private service providers and family members.

MAHONING DISTRICT BOARD OF HEALTH
MAHONING COUNTY

FEDERAL AWARDS EXPENDITURES SCHEDULE
FOR THE YEAR ENDED DECEMBER 31, 2009

Federal Grantor/ *Pass Through Grantor* Program Title	Pass Through Entity Number	Federal CFDA Number	Disbursements
U.S. DEPARTMENT OF AGRICULTURE			
Passed Through Ohio Department of Health/ Youngstown Area Community Action Council:			
Special Supplemental Nutrition Program for Women, Infants and Children	FY-09	10.557	$ 7,692
	FY-10		3,406
Total U.S. Department of Agriculture			**11,098**
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT:			
Passed Through Mahoning County:			
Lead Based Paint Hazard Control Privately Owned Housing		14.900	76,712
Total U.S. Department of Housing and Urban Development			**76,712**
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Passed Through State Department of Aging/ District XI Area Agency on Aging, Inc.:			
Title III, Part B - Grants for Supportive Services and Senior Center	FY-08-6352	93.044	5,298
	FY-09-6352		35,650
Total CFDA # 93.044			**40,948**
Passed Through Ohio Department of Health:			
Childhood Lead Poisoning Prevention	05010011LD0109	93.197	44,457
Projects - State and Local Childhood Lead Poisoning	05010011LD0310		32,402
Prevention and Surveillance of Blood Levels in Children	05010011LE0310		8,400
Total CFDA # 93.197			**85,259**
Centers For Disease Control and Prevention - Investigations and Technical Assistance	05010012PI0209	93.283	**114,894**
Public Health Emergency Preparedness	05010012PI0110	93.069	**271,861**
Maternal and Child Health Services Block Grant to the States	05010011LE0209	93.994	74,125
	05010011LE0310		7,250
	05010011MC0209		269,408
	05010011MC0110		68,088
Total CFDA # 93.994			**418,871**
Medical Assistance Program		93.778	**16,100**
Passed Through National Association of County and City Health Officials:			
Medical Reserve Corps Small Grant Program		93.008	**604**
Total U.S. Department of Health and Human Services			**948,537**
Total Federal Financial Assistance			**$ 1,036,347**

The accompanying notes are an integral part of this schedule.

MAHONING DISTRICT BOARD OF HEALTH
MAHONING COUNTY

NOTES TO THE FEDERAL AWARDS EXPENDITURES SCHEDULE
YEAR ENDED DECEMBER 31, 2009

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The accompanying Federal Awards Expenditures Schedule (the "Schedule") reports the Mahoning District Board of Health's (the "Health District") federal award programs' disbursements. The schedule has been prepared on the cash basis of accounting.

NOTE B - MATCHING REQUIREMENTS

Certain Federal programs require the Health District to contribute non-Federal funds (matching funds) to support the Federally-funded programs. The Health District has met its matching requirements. The Schedule does not include the expenditure of non-Federal matching funds.

NOTE C – COMMINGLING OF FEDERAL, STATE, AND LOCAL FUNDING

Cash receipts from the U.S. Department of Health and Human Services are commingled with State and Local funding. It is assumed federal monies are expended first.

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*

Mahoning District Board of Health
Mahoning County
50 Westchester Drive
Youngstown, Ohio 44515

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 Mahoning District Board of Health, Mahoning County, (the "Health District") as of and for the year ended December 31, 2009, which collectively comprise the Health District's basic financial statements and have issued our report thereon dated August 31, 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 Health District's internal control over financial reporting as a basis for designing our audit procedures for the purpose of expressing our opinions on the financial statements, but not for the purpose of opining on the effectiveness of the Health District's internal control over financial reporting. Accordingly, we have not opined on the effectiveness of the Health 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 Health District's financial statements will not be prevented, or detected and timely corrected.

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

Compliance and Other Matters

As part of reasonably assuring whether the Health 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*.

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

Mary Taylor, CPA
Auditor of State

August 31, 2010

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 REQUIRED BY OMB CIRCULAR A-133

Mahoning District Board of Health
Mahoning County
50 Westchester Drive
Youngstown, Ohio 44515

To the Members of the Board:

Compliance

We have audited the compliance of Mahoning District Board of Health (the "Health District") 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, 2009. The summary of auditor's results section of the accompanying schedule of findings identifies the Health District's major federal programs. The Health District'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 District'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 included in the Comptroller General of the United States' *Government Auditing Standards*; 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 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 District'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 District's compliance with those requirements.

In our opinion, the Mahoning District Board of Health 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, 2009.

Internal Control Over Compliance

The Health District'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 District'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 opining on compliance in accordance with OMB Circular A-133, but not for the purpose of opining on the effectiveness of internal control over compliance. Accordingly, we have not opined on the effectiveness of the Health District's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, when performing their assigned functions, to prevent, or to timely detect and correct, noncompliance with a federal program compliance requirement. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a federal program compliance requirement will not be prevented, or timely detected and corrected.

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 over compliance that might be deficiencies, 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, the Board, federal awarding agencies, and pass-through entities. It is not intended for anyone other than these specified parties.

Mary Taylor

Mary Taylor, CPA
Auditor of State

August 31, 2010

MAHONING DISTRICT BOARD OF HEALTH
MAHONING COUNTY

SCHEDULE OF FINDINGS
OMB CIRCULAR A -133 § .505
DECEMBER 31, 2009

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 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 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):**	CFDA #93.994 – Maternal and Child Health Services Block Grant to the States. CFDA #93.069 – Public Health Emergency Preparedness.
(d)(1)(viii)	**Dollar Threshold: Type A\B Programs**	Type A: > $ 300,000 Type B: all others
(d)(1)(ix)	**Low Risk Auditee?**	No

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

Mary Taylor, CPA
Auditor of State

MAHONING DISTRICT BOARD OF HEALTH

MAHONING 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 Babbitt

CLERK OF THE BUREAU

CERTIFIED
SEPTEMBER 30, 2010

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