

TIFT COUNTY BOARD OF HEALTH
REPORT ON AUDIT OF FINANCIAL STATEMENTS
AND REQUIRED SUPPLEMENTARY INFORMATION
FOR THE FISCAL YEAR ENDED JUNE 30, 2021

TIFT COUNTY BOARD OF HEALTH

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ROBERT BAKER

and ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Health
Tift County Board of Health
Tifton, Georgia

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Tift County Board of Health, a component unit of Tift County, Georgia as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise the Tift County Board of Health's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We did not audit the financial statements of Diversified Enterprises of Tifton, which represents 100% of the assets, fund balance, and revenues of the component units. Those statements were audited by another auditor whose report has been furnished to us, and our opinion, insofar as it related to the amounts included for Diversified Enterprises of Tifton, is based solely on the report of the other auditors. 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 *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Tift County Board of Health, as of June 30, 2021, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis (pages 3 through 7), Budgetary Comparison Schedule-General Fund (pages 33 through 34), ERS Schedule of Proportionate Share of the Net Pension Liability (page 35), ERS Schedule of Contributions (page 36), SEAD-OPEB Schedule of Proportionate Share of the Net OPEB Liability (Asset) (page 38), SEAD-OPEB Schedule of Contributions (page 39), SHBP-OPEB Schedule of Proportionate Share of the Net OPEB Liability (page 41), and SHPB-OPEB Schedule of Contributions (page 42) be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Tift County Board of Health's basic financial statements. The accompanying financial information listed as "Other Information" in the Table of Contents is presented for purposes of additional analysis and for the additional requirements under the Georgia Department of Public Health's External Entities Audit Standards and Sanctions Policy, and is not a required part of the basic financial statements.

The Budgetary Comparison Information and the Schedule of State Contractual Assistance are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Budgetary Comparison Information and the Schedule of State Contractual Assistance are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 14, 2021, on our consideration of the Tift County Board of Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Tift County Board of Health's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Tift County Board of Health's internal control over financial reporting and compliance.

ROBERT BAKER and ASSOCIATES



Certified Public Accountants
Albany, Georgia
December 14, 2021

TIFT COUNTY BOARD OF HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS

For the Fiscal Year Ended June 30, 2021

Management's discussion and analysis provides an objective and easily readable analysis of the Tift County Board of Health's financial activities. The analysis provides summary financial information for the Tift County Board of Health and should be read in conjunction with the Tift County Board of Health's financial statements.

OVERVIEW OF THE FINANCIAL STATEMENTS

The Tift County Board of Health's basic financial statements comprise three components; 1) *Government-wide financial statements*, 2) *Fund financial statements*, and 3) *Notes to the financial statements*. The *Government-wide financial statements* present an overall picture of the Tift County Board of Health's finances, which includes long-term assets and liabilities, that are not disclosed in the *Government-wide* or Fund financial statements.

The *Government-wide financial statements* are the **statement of net position** and the **statement of activities**. These statements use accounting methods similar to those used by private-sector companies. Emphasis is placed on the position of governmental activities and the change in net position. The Tift County Board of Health only operates Governmental Activities, which are supported by federal and state grants, Medicaid, and other revenues. The Board does not operate any Business-type Activities.

The **statement of net position** presents information on all assets and liabilities of the Tift County Board of Health, with the difference between assets and liabilities reported as net position. Net position is reported in three categories; 1) invested in capital assets, net of related debt, 2) restricted, and 3) unrestricted. Assets, liabilities, and net position are reported for all Governmental Activities.

The **statement of activities** presents information on all revenues and expenses of the Tift County Board of Health and the change in net position. Expenses are reported by major function and program revenues relating to those functions are reported, providing the net cost of all functions provided by the Tift County Board of Health. Governmental Activities provided by the Tift County Board of Health include various Public Health Programs.

Fund financial statements present financial information for governmental funds, proprietary funds, and fiduciary funds. These financial statements provide financial information for the major funds of the Tift County Board of Health. Governmental fund financial statements provide information on the current assets and liabilities of the funds, changes in current financial resources (revenues and expenditures), and current available resources.

Fund financial statements include a **balance sheet** and a **statement of revenues, expenditures, and changes in fund balances** for all governmental funds. **Comparative statements of revenues and expenditures to budget** are provided for the Tift County Board of Health's Grants and Contracts that ended during the Fiscal Year. *Fund financial statements* provide more detailed information about the Tift County Board of Health to track revenues that are restricted to certain uses, comply with legal requirements, or account for the use of State and federal grants.

The *government-wide financial statements* and the *fund financial statements* provide different pictures of the Tift County Board of Health. The government-wide financial statements provide an overall picture of the Tift County Board of Health's financial standing. These statements are comparable to private-sector companies and give a good understanding of the Tift County Board of Health's overall financial health and how the Tift County Board of Health paid for the various activities, or functions, provided by the Tift County Board of Health. All assets of the Tift County Board of Health are reported in the **statement of net position**.

MANAGEMENT'S DISCUSSION AND ANALYSIS

All liabilities, including future employee benefits obligated but not paid by the Tift County Board of Health, are included. The **statement of activities** includes depreciation on all long lived assets of the Tift County Board of Health, but transactions between the different functions of the Tift County Board of Health have been eliminated in order to avoid “doubling up” the revenues and expenses. The *fund financial statements* provide a picture of the major funds of the Tift County Board of Health. In the case of governmental activities, outlays for long-lived assets are reported as expenditures and long-term liabilities are not included in the fund financial statements. To provide a link from the *fund financial statements* to the *government-wide financial statements*, a reconciliation is provided from the *fund financial statements* to the *government-wide financial statements*.

Notes to the financial statements provide additional detail concerning the financial activities and financial balances of the Tift County Board of Health. Additional information about the accounting practices of the Tift County Board of Health are included in the *notes to the financial statements*.

FINANCIAL HIGHLIGHTS

Total liabilities of the Tift County Board of Health exceeded total assets by \$41,942. Unrestricted net position for Governmental Activities was a deficit of \$578,492, Capital Assets of \$3,110 and Governmental Activities restricted net position was \$533,440. Total liabilities were \$1,211,048, which includes total non-current liabilities of \$1,170,021, which are Compensated Absences of \$27,351, Net Pension Liability of \$973,149, and Net OPEB Liability of \$169,521.

Total net position includes Restricted net position of \$533,440, Capital Assets of \$3,110 and Unrestricted net position deficit of \$578,492. Total net position increased by \$198,764. All of this amount is attributable to governmental activities.

Current year fees of \$314,709 were restricted to fund FY2022 expenses.

MANAGEMENT'S DISCUSSION AND ANALYSIS

FINANCIAL ANALYSIS OF THE TIFT COUNTY BOARD OF HEALTH

The following schedule provides a summary of the assets, liabilities, and net position of the Tift County Board of Health:

	Net Position Governmental Activities		Percentage Increase (Decrease)
	2021	2020	
Current Assets	\$ 1,174,845	\$ 1,073,063	9.49 %
Capital Assets	3,110	4,020	(22.64) %
Deferred Outflows	244,280	301,090	(18.87) %
Total Assets and Deferred Outflows	\$ 1,422,235	\$ 1,378,173	3.20 %
Current Liabilities	\$ 41,027	\$ 42,374	(3.18) %
Non-Current Liabilities	1,170,021	1,178,518	(0.72) %
Deferred Inflows	253,129	397,987	(36.40) %
Total Liabilities and Deferred Inflows	\$ 1,464,177	\$ 1,618,879	(9.56) %
Capital Assets	\$ 3,110	\$ 4,020	(22.64) %
Restricted	533,440	484,709	10.05 %
Unrestricted	(578,492)	(729,435)	(20.69) %
Total Net Position	\$ (41,942)	\$ (240,706)	(82.58) %

Total net position for Governmental Activities increased by \$198,764 in FY2021.

MANAGEMENT'S DISCUSSION AND ANALYSIS

FINANCIAL ANALYSIS OF THE TIFT COUNTY BOARD OF HEALTH

The following is a schedule of the changes in net position of the Tift County Board of Health:

	Changes in Net Position Governmental Activities		Percentage Increase
	2021	2020	(Decrease)
Program Revenues			
Operating Grants and Contributions	\$ 637,936	\$ 814,708	(21.70) %
Charges for Service	560,796	484,709	15.70 %
Total Revenues	\$ 1,198,732	\$ 1,299,417	(7.75) %
Expenses			
Salary and Fringe Benefits	\$ 816,485	\$ 911,672	(10.44) %
Other Operating	183,483	252,301	(27.28) %
Total Expenses	\$ 999,968	\$ 1,163,973	(14.09) %
Increase/(Decrease) in Net Position	\$ 198,764	\$ 135,444	46.75 %

Governmental Revenues exceeded Expenses for FY2021 by \$198,764.

Grant-in-aid of \$457,616 accounts for 38.18% of the Tift County Board of Health's total revenues. Salaries and Fringe Benefits of \$816,485 accounts for 81.65% of the Tift County Board of Health's expenditures.

FUND FINANCIAL INFORMATION

Governmental Funds

General Fund

The Tift County Board of Health's General Fund is the main operating fund of the Tift County Board of Health. It is used to account for all financial resources that are not restricted by externally imposed requirements. As of June 30, 2021, total assets were \$1,174,845 and total liabilities were \$0. The ending unassigned fund balance, excluding the assigned fund balance of \$533,440, was \$641,405. Total source of funds of \$1,198,732 exceeded the total use of funds of \$1,096,950 by \$101,782.

BUDGETS

Annual budgets for all programs are prepared on the modified accrual basis of accounting. The budgets are amended during the fiscal year to reflect changes in operations. Expenditures are monitored on a monthly basis to comply with funding limits and programmatic intent.

CAPITAL ASSETS ACTIVITY

The Tift County Board of Health's Capital Assets includes only Equipment. Tift County, Georgia owns all Tift County Board of Health's facilities.

MANAGEMENT'S DISCUSSION AND ANALYSIS

DEBT MANAGEMENT

Governmental Activities Debt

The Long-Term Debt listed on the Governmental Financial statement consists of Compensated Absences Payable to employees upon termination of \$27,351, Net Pension Liability of \$973,149, and Net OPEB Liability of \$169,521. Compensated Absences Payable includes an accrual for payroll taxes that would also be payable upon termination.

Notes to the Financial Statements

The notes provide additional information that is essential to a full understanding of the financial information provided on the government-wide and fund financial statements.

Economic Factors

The ability to provide services by the Board of Health is dependent on state and federal grants and fees generated for services. These revenue sources may vary from year to year.

Request for Information

This financial report is designed to provide a general overview of the Board of Health's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or request for additional information should be addressed to the District Administrator, 325 West Savannah Avenue, Valdosta, Georgia 31601.

TIFT COUNTY BOARD OF HEALTH

STATEMENTS OF NET POSITION

June 30, 2021

	PRIMARY GOVERNMENT	COMPONENT UNIT
	GOVERNMENTAL ACTIVITIES	DIVERSIFIED ENTERPRISES OF TIFTON
ASSETS		
Current Assets		
Cash	\$ 1,156,289	\$ 1,696,607
Due From DPH	18,556	-
Accounts Receivable - Net	-	249,052
Due from Other Governments	-	44,311
Prepaid Insurance	-	22,370
Total Current Assets	<u>\$ 1,174,845</u>	<u>\$ 2,012,340</u>
Capital Assets, Net of Accumulated Depreciation, Where Applicable		
Equipment	\$ 3,110	\$ 76,038
Total Assets	<u>\$ 1,177,955</u>	<u>\$ 2,088,378</u>
Deferred Outflows of Resources		
Pension Related	\$ 163,787	\$ 324,354
OPEB Related	80,493	148,061
Total Deferred Outflows of Resources	<u>\$ 244,280</u>	<u>\$ 472,415</u>
LIABILITIES		
Current Liabilities:		
Accounts Payable	\$ -	\$ 19,710
Accrued Expenses	-	223,417
Compensated Absences	41,027	70,047
Total Current Liabilities	<u>\$ 41,027</u>	<u>\$ 313,174</u>
Non-Current Liabilities:		
Compensated Absences	\$ 27,351	\$ 193,315
Net Pension Liability	973,149	1,256,629
Net OPEB Liability	169,521	241,101
Total Non-Current Liabilities	<u>\$ 1,170,021</u>	<u>\$ 1,691,045</u>
Total Liabilities	<u>\$ 1,211,048</u>	<u>\$ 2,004,219</u>
Deferred Inflows of Resources		
Pension Related	\$ 5,582	\$ 3,923
OPEB Related	247,547	435,002
Total Deferred Inflows of Resources	<u>\$ 253,129</u>	<u>\$ 438,925</u>
NET POSITION		
Investment in Capital Assets	\$ 3,110	\$ 76,038
Restricted	533,440	-
Unrestricted	(578,492)	41,611
Total Net Position	<u>\$ (41,942)</u>	<u>\$ 117,649</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

TIFT COUNTY BOARD OF HEALTH
BALANCE SHEET - GOVERNMENTAL FUNDS

June 30, 2021

	GENERAL FUND
ASSETS	
Current Assets	
Cash	\$ 1,156,289
Due From DPH	18,556
Total Current Assets	\$ 1,174,845
 Total Assets	 \$ 1,174,845
 LIABILITIES AND FUND BALANCE	
Fund Balance	
Unassigned	\$ 641,405
Assigned:	
Prior Year Income Fund	314,709
Board Designated	218,731
Total Fund Balance	\$ 1,174,845
 Total Liabilities and Fund Balance	 \$ 1,174,845

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

TIFT COUNTY BOARD OF HEALTH

RECONCILIATION OF THE BALANCE SHEET - GOVERNMENTAL FUNDS
TO THE STATEMENT OF NET POSITION

June 30, 2021

Total Fund Balance of Governmental Funds	\$ 1,174,845
Capital assets used in governmental activities are not financial resources and therefore, are not reported in the Fund Financial Statements.	3,110
Deferred outflows of resources are not available for use in the current period and therefore, are not reported in the Fund Financial Statements.	244,280
Compensated absences are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(68,378)
Net pension accruals are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(973,149)
Net OPEB accruals are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(169,521)
Deferred inflows of resources are not available to pay for current liabilities and therefore, are not reported in the Fund Financial Statements.	<u>(253,129)</u>
Total Net Position of Governmental Activities	<u>\$ (41,942)</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

TIFT COUNTY BOARD OF HEALTH

STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE -
GOVERNMENTAL FUNDS

For the Fiscal Year Ended June 30, 2021

	<u>PUBLIC HEALTH</u>
REVENUES	
Georgia Department of Public Health	
Grant-In-Aid	\$ 457,616
County Participating	35,035
County Non-Participating	145,285
Outpatient Client Fees	136,772
Health Check Fees	3,835
Out-Patient Medicare	15,481
Medicaid DSPS	3,118
Medicaid PCM	2,831
Inter/Inter Agency	161,306
Qualifying Local Funds	484
Environmental Fees	93,700
Administrative Claiming	84,297
Private Pay Insurance	58,972
TOTAL REVENUES	<u>\$ 1,198,732</u>
EXPENDITURES	
Salaries and Hourly	\$ 514,579
Fringe Benefits	301,906
Supplies and Materials	22,367
Pharmaceuticals	59,269
Repairs and Maintenance	32,683
Utilities	906
Printing	935
Direct Benefits	1,257
Other Operating Expenses	20,877
Computer Software	5,268
Equipment	12,998
Travel	4,667
Contracted Services	5,591
Telecommunication	27,285
Postage	5,672
Indirect Costs	80,690
TOTAL EXPENDITURES	<u>\$ 1,096,950</u>
EXCESS OF REVENUES OVER (UNDER) EXPENDITURES	\$ 101,782
FUND BALANCE - BEGINNING OF YEAR	<u>1,073,063</u>
FUND BALANCE - END OF YEAR	<u><u>\$ 1,174,845</u></u>

TTHE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

TIFT COUNTY BOARD OF HEALTH

RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES
AND CHANGES IN FUND BALANCE - GOVERNMENTAL FUNDS
TO THE STATEMENT OF ACTIVITIES

For the Fiscal Year Ended June 30, 2021

Net Changes in Fund Balance - Total Governmental Funds	\$	101,782
<p>Governmental funds report capital outlays as expenditures. However, in the Statement of Activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciated expense. These amounts are detailed as follows:</p>		
Depreciation Expense		(910)
<p>Compensated absences expenses reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in Governmental Funds.</p>		
		2,246
<p>Pension expense reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in the Governmental Funds.</p>		
		(44,143)
<p>OPEB expenses reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in the Governmental Funds.</p>		
		<u>139,789</u>
Change in Net Position of Governmental Activities	\$	<u><u>198,764</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Summary of Significant Account Policies is presented to assist the reader in interpreting the financial statements. The policies are considered essential and should be read in conjunction with the accompanying financial statements.

The accounting policies of the Tift County Board of Health conform to generally accepted accounting principles (GAAP) as applicable to governmental units. This report, the accounting systems and classification of accounts conform to standards of the Governmental Accounting Standards Board (GASB) or, where applicable, the Financial Accounting Standards Board (FASB).

The accounting policies of the Tift County Board of Health are based upon accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board (GASB). The Governmental Accounting Standards Board (GASB) is the standard-setting body for governmental accounting and financial reporting. The GASB periodically updates its codification of the existing Governmental Accounting and Financial Reporting Standards which, along with the subsequent GASB pronouncements (Statements and Interpretations), constitutes GAAP for governmental units. The more significant of these accounting policies are described below.

FUTURE ADOPTION OF GASB PRONOUNCEMENTS

Due to the ongoing COVID-19 pandemic, the GASB issued Statement 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, in May 2020. The effective dates of the following GASB pronouncements, which were issued prior to May 2020, are based on the revised dates in Statement 95:

GASB Statement 87, *Leases*. This statement was issued June 2017 to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments and increases the usefulness of governments' financial statements. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. GASB Statement 87 will be effective for the fiscal year ending June 30, 2022.

GASB Statement 91, *Conduit Debt Obligations*. This statement was issued May 2019 to provide a single method of reporting conduit debt obligations by issuers and eliminate diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. GASB Statement 91 will be effective for the fiscal year ending June 30, 2023.

GASB Statement 92, *Omnibus 2020*. This statement was issued January 2020 to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing practice issues that have been identified during implementation and application of certain GASB Statements. GASB Statement 92 will be effective for the fiscal year ending June 30, 2022.

GASB Statement 93, *Replacement of Interbank Offered Rates*. This statement was issued March 2020 to address accounting and financial reporting implications that result from the replacement of an Interbank Offered Rate (IBOR) in agreements in which variable payments made or received depend on an IBOR. GASB Statement 93 will be effective for the fiscal year ending June 30, 2022.

TIFT COUNTY BOARD OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

GASB Statement 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangement*. This statement was issued March 2020 to improve financial reporting by addressing issues related to public-private and public-public partnership arrangements and to provide guidance for accounting and financial reporting for availability payment arrangements. GASB Statement 94 will be effective for the fiscal year ending June 30, 2023.

GASB Statement 96, *Subscription-Based Information Technology Arrangements*. This statement was issued May 2020 to provide guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs). GASB Statement 96 will be effective for the fiscal year ending June 30, 2023.

GASB Statement 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans-an amendment of GASB Statements 14 and 84, and a supersession of GASB Statement 32*. This statement was issued June 2020 to provide for more consistent financial reporting of defined contribution pension plans, defined contribution OPEB plans, and other employee benefit plans. The statement will also enhance the relevance, consistency, and comparability of (1) the information related to Section 457 plans that meet the definition of a pension plan and the benefits provided through those plans and (2) investment information for all Section 457 plans. The requirements in (1) paragraph 4 of Statement 97 as it applies to defined contribution pension plans, defined contribution OPEB plans, and other employee benefit plans and (2) paragraph 5 of Statement 97 are effective immediately. The other requirement of GASB Statement 97 will be effective for the fiscal year ending June 30, 2022.

The Board of Health will implement new GASB pronouncements no later than the required effective date. The Board of Health is currently evaluating whether or not the above listed new GASB pronouncements will have a significant impact to their financial statements.

REPORTING ENTITY

The Board of Health is governed by the Tift County Board of Health. These financial statements report only the financial activities of the Tift County Board of Health. These financial statements are included as a discretely presented component unit of Tift County, Georgia. The Board does not exercise any authority over any other entity which would require inclusion in these financial statements as required by Section 2100 of the Codification of Governmental Accounting and Financial Reporting Standards.

GOVERNMENT WIDE AND FUND FINANCIAL STATEMENTS

The basic financial statements include both government-wide and fund financial statements. The government-wide financial statements (i.e., the Statement of Net Position and the Statement of Activities) report information on all of the non-fiduciary activities of the Agency. Governmental activities are normally supported by client fees and grant-in-aid from the Georgia Department of Public Health (DPH).

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

The Statement of Activities reports the expenses of a given function or activity and are offset by program revenues. Direct expenses are those that are clearly identifiable to activities within a specific function or identifiable program. Program revenues include; 1.) Charges to clients for services provided by the Agency, and 2.) Grants and contributions that are restricted to meeting the operational requirement of a particular function or identifiable program as specified by DPH and other granting agencies. Intra/Inter agency revenues and expenses are not reflected in the Statement of Activities.

The government-wide financial statements report using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements report using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Agency considers revenues to be available if they are collected within 30 days of the end of the current fiscal period. Expenditures generally are recorded when the related liability is incurred, as under accrual accounting. However, debt service expenditures, as well as expenditures related to compensated absences and claims and judgments, are recorded as expenditures only when payment is due.

Expenditure-driven grants are recognized as revenue when the qualifying expenditures have been incurred and all other grant requirements have been met.

BASIS OF PRESENTATION

The financial transactions of the Board of Health are recorded in individual funds. Each fund is accounted for by providing a separate set of self-balancing accounts that comprises its assets, liabilities, reserves, fund equity, revenues, and expenditures/expenses.

GASB Statement 34 *Basic Financial Statements - and Management's Discussion and Analysis - For State and Local Governments* sets forth minimum criteria (percentage of the assets, liabilities, revenues, or expenditures/expenses of either fund category or the governmental and enterprise combined) for the determination of major funds. The Board of Health electively added funds, as major funds, which either had debt outstanding or specific community focus. The non-major governmental funds are combined in a single column in the fund financial statements. The Board of Health has no non-major governmental funds.

Governmental Funds

The measurement focus of the Governmental Funds (in the fund financial statements) is upon determination of financial position and changes in financial position (sources, uses, and balances of financial resources) rather than upon net income. The following is a description of the major Governmental Funds of the Board of Health:

- The General Fund accounts for all of the Board of Health's services and is the primary operating unit of the Board of Health.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

BASIS OF ACCOUNTING

Basis of accounting refers to the point at which revenues or expenditures/expenses are recognized in the accounts and reported in the financial statements. It relates to the timing of the measurements made, regardless of the measurement focus applied.

The government-wide statements are presented on an accrual basis of accounting. The Governmental Funds in the fund financial statements are presented on a modified accrual basis.

Accrual

Revenues are recognized when earned and expenses are recognized when incurred.

Modified Accrual

Under the modified basis of accounting, revenues are recorded when susceptible to accrual; i.e., both measurable and available. "Available" means collectible within the following 3 months. Expenditures are generally recognized under the modified accrual basis of accounting when the related liability is incurred. The exception to this general rule is that principal and interest on general obligation long-term debt and compensated absences, if any, are recognized when due.

FUND BALANCES

Governmental funds report nonspendable fund balance for amounts that cannot be spent because they are either (a) not in spendable form; or (b) legally or contractually required to be maintained intact. Restricted fund balance is reported when externally imposed constraints are placed on the use of resources by grantors, contributors, or laws or regulations of other governments. Committed fund balance is reported for amounts that can only be used for specific purposes pursuant to constraints imposed by formal action of the Board of Health's highest level of decision-making authority, the Board of Health. A formal resolution of the Board of Health is required to establish, modify, or rescind a fund balance commitment. The Board of Health reports assigned fund balance for amounts that are constrained by the Board's intent to be used for specific purposes, but are neither restricted nor committed. Unassigned fund balance is the residual amount remaining that does not meet any other criterion.

When the Board of Health incurs an expenditure for purposes for which various fund balance classifications can be used, it is the Board of Health's policy to use restricted fund balance first, then committed fund balance, assigned fund balance, and finally unassigned fund balance.

NET POSITION - Net position represents the difference between assets and liabilities in reporting which utilizes the economic resources measurement focus. Net position invested in capital assets, net of related debt, consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of any borrowing used (i.e., the amount that the Board of Health has spent) for the acquisition, construction, or improvement of those assets. Net position is reported as restricted using the same definition as used for restricted fund balance as described in the section above. All other net position is reported as unrestricted.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

The Board of Health applies restricted resources first when an expense is incurred for purposes which both restricted and unrestricted net position is available.

The Tift County Board of Health has no proprietary or fiduciary funds.

DEFERRED OUTFLOW/INFLOWS OF RESOURCES - In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represent a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The Board of Health has two types of items that qualify for reporting in this category; (1) it is the change in proportion and differences between employer contributions and proportionate share of contributions for pensions and, (2) the Board of Health's contributions subsequent to the measurement date. These amounts are deferred and will be recognized as an outflow in the applicable period.

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position that applies to future period (s) and so will not be recognized as an inflow of resources (revenue) until that time. The Board of Health has one type of item that qualifies for reporting in this category; the net difference between projected and actual earnings on pension plan investments. This amount is deferred and will be recognized as an inflow of resources in the period in which the amount becomes available.

CAPITAL ASSETS - FUND FINANCIAL STATEMENTS - Assets are not capitalized in the general fund. Instead, equipment purchases are reflected as expenditures in the operating statements. All purchased capital assets are valued at cost where historical records are available and at an estimated historical cost where no historical records exist. The costs of normal repairs and maintenance are shown as expenditures. The Center follows Georgia Department of Public Health policy in regard to cumulative capital asset records.

CAPITAL ASSETS AND DEPRECIATION - GOVERNMENT-WIDE FINANCIAL STATEMENTS - Capital assets are recorded as follows for the Statement of Net Position and Statement of Activities:

The Board of Health's capital assets with useful lives of more than one year are stated at historical cost. Donated assets are stated at fair value on the date of the donation. The Board of Health capitalizes all assets with a cost of \$5,000 or more as purchased. The cost of normal repairs and maintenance that do not add to the asset value or materially extend the useful lives are not capitalized. Capital assets are depreciated using the straight-line method. Estimated useful lives, in years, for depreciable assets are as follows:

Computer Equipment	5
Other Equipment	7

COMPENSATED ABSENCES - Center employees earn 10, 12, or 14 hours of annual leave per month depending on length of service. The maximum allowable accumulation is 360 hours for any one employee. In accordance with the provisions of Statement of Financial Accounting Standards No. 43,

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

“Accounting for Compensated Absences,” no liability is recorded for nonvesting accumulated rights to receive sick pay benefits. Center employees earn 10 hours per month sick leave up to a maximum of 720 hours. If an employee terminates he/she forfeits all accumulated sick leave.

Compensated absences are accrued and recorded as current and non-current liabilities on the government-wide financial statements. The annual change in the liability is reflected in the Statement of Activities.

PENSIONS - For the purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Employee’s Retirement System of Georgia (ERS) and additions to/deductions from ERS’s fiduciary net position have been determined on the same basis as they are reported by ERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

LEGAL COMPLIANCE - BUDGETARY RESTRICTIONS - Line item budgets were developed as part of the grant agreements. Provisions were made for revision of the budgets during the year. The budgeted amounts shown in the accompanying statements reflect the final revised budgets for the grants. All budgets were prepared on the modified accrual basis of accounting and are consistent with accounting principles generally accepted in the United States of America.

USE OF ESTIMATES - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results could differ from these estimates.

Certain significant estimates in this financial statement include:

- The collectability of consumer receivables.
- Medicaid revenue and receivables.
- Depreciation expense on Agency owned assets.
- Current portion of compensated absences payable.

NOTE 2 - DEPOSITS AND INVESTMENTS

Total cash and investments as of June 30, 2021, are summarized as follows:

As reported in the Statement of Net Position:

Cash	<u>\$ 1,156,289</u>
Cash deposited with financial institutions	<u>\$ 1,155,914</u>

Interest rate risk. The Board of Health does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - DEPOSITS AND INVESTMENTS - CONTINUED

Custodial credit risk - deposits. Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. State statutes require all deposits and investments (other than federal or state government instruments) to be collateralized by depository insurance, obligations of the U.S. government, or bonds of public authorities, counties, or municipalities. As of June 30, 2020, the Board of Health did not have any balances exposed to custodial credit risk as uninsured and uncollateralized as defined by GASB pronouncements.

NOTE 3 - DUE TO/FROM DPH

The Tift County Board of Health has amounts receivable and payable to the Georgia Department of Public Health as of June 30, 2021 as follows:

	Due From	Due To	Net
Grant-in-Aid	\$ -	\$ -	\$ -
Administrative Claiming	18,556	-	18,556
 Total	 \$ 18,556	 \$ -	 \$ 18,556

NOTE 4 - CAPITAL ASSETS

Capital asset activity for the fiscal year ended June 30, 2021 was as follows:

	Balance June 30, 2020	Increase	Decrease	Balance June 30, 2021
Equipment	\$ 39,497	\$ -	\$ -	\$ 39,497
Accumulated Depreciation	(35,477)	(910)	-	(36,387)
 Governmental Activities Capital Asset	 \$ 4,020	 \$ (910)	 \$ -	 \$ 3,110

NOTE 5 - PRIOR YEAR INCOME

In accordance with prior year accounting policies the following revenues were received in the current fiscal year but are not available for use until the next fiscal year.

	<u>Public Health</u>
Fees	\$ 314,709

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - COMPENSATED ABSENCES

Non-current liabilities on the statement of net position are made up of compensated absences payable at June 30, 2021. All of the compensated absences are related to governmental activities. Changes in compensated absences for fiscal year 2021 are as follows:

Balance June 30, 2020	Additions	Deletions	Balance June 30, 2021
\$ 70,624	\$ -	\$ 2,246	\$ 68,378
Current			\$ 41,027
Long-Term			27,351
Total Compensated Absences			\$ 68,378

NOTE 7 - FUND BALANCE

The following is a summary of fund balance transactions for FY2021:

	Unassigned	Assigned		Total
		Prior Year Income	Board Designated	
July 01, 2020	\$ 588,354	\$ 350,275	\$ 134,434	\$ 1,073,063
ADDITIONS:				
Excess of Revenues and Other Financing Sources Over Expenditures and Other Financing (Uses)	137,348	-	-	137,348
Operating Transfers In	-	314,709	84,297	399,006
TOTAL FUND BALANCE AND ADDITIONS:	\$ 725,702	\$ 664,984	\$ 218,731	\$ 1,609,417
DEDUCTIONS:				
Operating Transfers Out	\$ 84,297	\$ 350,275	\$ -	\$ 434,572
TOTAL DEDUCTIONS	\$ 84,297	\$ 350,275	\$ -	\$ 434,572
FUND BALANCE - June 30, 2021	\$ 641,405	\$ 314,709	\$ 218,731	\$ 1,174,845

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA

ERS - EMPLOYEE RETIREMENT SYSTEM - GASB 68

Plan Description

The Employees' Retirement System (ERS) is a cost-sharing multiple-employer defined benefit pension plan established by the Georgia General Assembly during the 1949 Legislative Session for the purpose of providing retirement allowances for employees of the State of Georgia and its political subdivisions. ERS is directed by a Board of Trustees. Title 47 of the O.C.G.A. assigns the authority to establish and amend the benefit provisions to the State Legislature. ERS issues a publicly available financial report that can be obtained at www.ers.ga.gov/financials.

Benefits Provided

The ERS Plan supports three benefit tiers: Old Plan, New Plan, and Georgia State Employees' Pension and Savings Plan (GSEPS). Employees under the old plan started membership prior to July 1, 1982 and are subject to plan provisions in effect prior to July 1, 1982. Members hired on or after July 1, 1982 but prior to January 1, 2009 are new plan members subject to modified plan provisions. Effective January 1, 2009, new state employees and rehired state employees who did not retain membership rights under the Old or New Plans are members of GSEPS. ERS members hired prior to January 1, 2009 also have the option to irrevocably change their membership to GSEPS.

Under the Old Plan, the New Plan, and GSEPS, a member may retire and receive normal retirement benefits after completion of 10 years of creditable service and attainment of age 60 or 30 years of creditable service regardless of age. Additionally, there are some provisions allowing for early retirement after 25 years of creditable service for members under age 60.

Retirement benefits paid to members are based upon the monthly average of the member's highest 24 consecutive calendar months, multiplied by the number of years of creditable service, multiplied by the applicable benefit factor. Annually, post-retirement cost-of-living adjustments may also be made to members' benefits, provided the members were hired prior to July 1, 2009. The normal retirement pension is payable monthly for life; however, options are available for distribution of the member's monthly pension, at reduced rates, to a designated beneficiary upon the member's death. Death and disability benefits are also available through ERS.

Contributions

Member contributions under the old plan are 4% of annual compensation, up to \$4,200, plus 6% of annual compensation in excess of \$4,200. Under the Old Plan, the state pays member contributions in excess of 1.25% of annual compensation. Under the old plan, these state contributions are included in the members' accounts for refund purposes and are used in the computation of the members' earnable compensation for the purpose of computing retirement benefits. Member contributions under the new plan and GSEPS are 1.25% of annual compensation. The Agency's total required contribution rate for the year ended June 30, 2021 was 24.66% of annual covered payroll for old and new plan members and 21.57% for GSEPS members. The Agency's contribution to ERS totaled \$122,482 for the year ended June 30, 2021. Contributions are expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

The retirement contributions, under the Georgia State Employee Retirement System Plan, for the year ended June 30, 2021 were \$122,482, based on salaries of \$479,793. Contributions in the Georgia ERS Plan are fully vested to employees after ten (10) years of continuous service.

The following schedules reflect GASB Statement No. 68 reporting information:

Contributions made during the measurement period (fiscal year ended June 30, 2020): \$ 143,550

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

Employer's proportionate share of net pension liability	\$ 973,149
Employer's proportion of net pension liability	0.023088%
Increase/(Decrease) from proportion measured as of June 30, 2019	(0.000230)%
Employer's recognized pension expense	\$ 166,625

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At June 30, 2021, the Agency reported a liability for its proportionate share of the net liability. The net pension liability was measured as of June 30, 2020. The total pension liability used to calculate the net pension liability was based on an actuarial valuation as of June 30, 2019. An expected total pension liability as of June 30, 2020 was determined using standard roll-forward techniques. The Agency's proportion of the net pension liability was based on contributions to ERS during the fiscal year ended June 30, 2020. At June 30, 2020, the Employer's proportion was 0.023088%, which was a decrease of 0.000230% from its proportion measured as of June 30, 2019.

For the year ended June 30, 2021, the Agency recognized pension expense of \$166,625. At June 30, 2021, the Agency reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 11,854	\$ -
Changes in Assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	13,746	-
Changed in proportion and differences between Employer contributions and proportionate share of contributions	15,705	5,582
Employer contributions subsequent to the measurement date	122,482	-
Total	\$ 163,787	\$ 5,582

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

Agency contributions subsequent to the measurement date of \$58,205 are reported as deferred outflows of resources and will be recognized as a reduction of the net pension liability in the year ended June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Year ended June 30,	
2022	\$ 2,242
2023	5,507
2024	15,953
2025	12,021
2026	0
Thereafter	0

Actuarial Assumptions

The total pension liability as of June 30, 2020, was determined by an actuarial valuation as of June 30, 2019 using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.75%
Salary Increases	3.25-7.00%, including inflation
Investment rate of return	7.30%, net of pension plan investment expense, including inflation

Postretirement mortality rates were based on the RP-2000 Combined Mortality Table with future mortality improvement projected to 2025 with the Society of Actuaries' projection scale BB and set forward two (2) years for both males and females for service retirements and dependent beneficiaries. The RP-2000 Disability Mortality Table with future mortality improvement projected to 2025 with Society of Actuaries' projection scale BB and set back seven (7) years for males and set forward three (3) years for females was used for death after disability retirement. There is a margin for future mortality improvement in the tables used by the System. Based on the results of the most recent experience study adopted by the Board on December 17, 2015, the numbers of expected future deaths are 9-12% less than the actual number of deaths that occurred during the study period for service retirements and beneficiaries and for disability retirements. Rates of mortality in active service were based on the RP-2000 Employee Mortality Table projected to 2025 with projection scale BB.

The actuarial assumptions used in the June 30, 2019 valuation were based on the results of an actuarial experience study for the period July 1, 2009-June 30, 2014, with the exception of the assumed investment rate of return.

The long-term expected rate of return on pension plan investments was determined using a log-normal distribution analysis in which best-estimate ranges of expected future real rates of return (expected nominal returns, net of pension plan investment expense and the assumed rate of inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

Discount Rate

The discount rate used to measure the collective total pension liability was 7.30%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that employer and State Georgia contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the Employer's proportionate share of the net pension liability to changes in the discount rate:

The following presents the Agency's proportionate share of the net pension liability calculated using the discount rate of 7.30%, as well as what the Agency's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.30%) or 1-percentage-point higher (8.30%) than the current rate:

	1% Decrease (6.30%)	Current Discount Rate (7.30%)	1% Increase (8.30%)
Employer's proportionate share of the net pension liability	\$ 1,369,050	\$ 973,149	\$ 635,294

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued ERS Financial Report which is publicly available at: www.ers.ga.gov/financials.

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB

SEAD-OPEB - TERM LIFE INSURANCE - GASB 75

Plan Description

SEAD-OPEB was created in 2007 by the Georgia General Assembly to amend Title 47 of the O.C.G.A., relating to retirement, so as to establish a fund for the provision of term life insurance to retired and vested inactive members of the Employees' Retirement System of Georgia (ERS), the Legislative Retirement System (LRS), and the Georgia Judicial Retirement System (GJRS). The plan is a cost-sharing multiple-employer defined benefit other postemployment benefit plan as defined in Governmental Accounting Standards Board (GASB) Statement No. 74, *Financial Reporting for Postemployment Benefit Plan other than OPEB Plans*. The SEAD-OPEB trust fund accumulates the premiums received from the aforementioned retirement plans, including interest earned on deposits and investment of such payments.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

Benefits Provided

The amount of insurance for a retiree with creditable service prior to April 1, 1964 is the full amount of insurance in effect of the date of retirement. The amount of insurance for a service retiree with no creditable service prior to April 1, 1964 is 70% of the amount of insurance in effect at age 60 or at termination, if earlier. Life insurance proceeds are paid in a lump sum to the beneficiary upon the death of the retiree.

Contributions

Georgia law provides that employee contributions to the plan shall be in an amount established by the Board of Trustees not to exceed one-half of 1% of the member's earnable compensation. There were no employer contributions required for the fiscal year ended June 30, 2021.

Contributions made during the measurement period (fiscal year ended June 30, 2020): \$ 0

Other Post-Employment Benefits (OPEB) Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEBs:

Employer's proportionate share of net OPEB liability (Asset)	\$ (73,700)
Employer's proportion of net OPEB liability	0.025949%
Increase/(Decrease) from proportion measured as of June 30, 2019	(0.000260)%
Employer's recognized OPEB expense	\$ (5,118)

OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

At June 30, 2021, the Employer reported a liability (asset) of \$(73,700) for its proportionate share of the OPEB liability (asset). The net OPEB liability (asset) was measured as of June 30, 2020. The total OPEB liability (asset) used to calculate the net OPEB liability (asset) was based on an actuarial valuation as of June 30, 2019. An expected total OPEB liability (asset) as of June 30, 2020 was determined using standard roll-forward techniques. The Employer's proportion of the net OPEB liability (asset) was based on actual member salaries reported to the SEAD-OPEB plan during the fiscal year ended June 30, 2020. At June 30, 2020, the Employer's proportion was 0.0025949%, which was a decrease of 0.000260% from its proportion measured as of June 30, 2019.

TIFT COUNTY BOARD OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

For the year ended June 30, 2021, the Employer recognized OPEB expense of \$5,118. At June 30, 2021, the Employer reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ 19	\$ 685
Changes in Assumptions	-	-
Net difference between projected and actual earnings on OPEB plan investments	1,306	-
Changed in proportion and differences between Employer contributions and proportionate share of contributions	388	590
Employer contributions subsequent to the measurement date	-	-
Total	<u>\$ 1,713</u>	<u>\$ 1,275</u>

Employer contributions subsequent to the measurement date of \$0 are reported as deferred outflows of resources and will be recognized as a reduction of the net OPEB liability in the year ended June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expenses as follows:

Year ended June 30,	
2022	\$ (2,807)
2023	499
2024	1,538
2025	1,208
2026	0
Thereafter	0

Actuarial Assumptions

The total OPEB liability as of June 30, 2020, was determined by an actuarial valuation as of June 30, 2019 using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.75%
Salary Increases:	
ERS	3.25-7.00%
GJRS	4.50%
LRS	N/A
Investment rate of return	7.30%, net of OPEB plan investment expense, including inflation
Healthcare cost trend rate	N/A

TIFT COUNTY BOARD OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

Postretirement mortality rates were based on the RP-2000 Combined Mortality Table with future mortality improvement projected to 2025 with the Society of Actuaries' projection scale BB and set forward 2 years for both males and females for service retirements and dependent beneficiaries. There is a margin for future mortality improvement in the tables used by the plan.

The actuarial assumptions used in the June 30, 2019 valuation were based on the results of an actuarial experience study for the period for the period July 1, 2009-June 30, 2014, with the exception of the long-term assumed rate of return.

The long-term expected rate of return on OPEB plan investments was determined using a log-normal distribution analysis in which best-estimate ranges of expected future real rates of return (expected nominal returns, net of plan investment expenses and the assumed rate of inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

Discount Rate

The discount rate used to measure the total OPEB liability was 7.30%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that employer and State of Georgia contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Based on those assumptions, the OPEB plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on OPEB plan investments was applied to all periods of projected benefit payments to determine the total OPEB liability.

Sensitivity of the Employer's Proportionate Share of the Net OPEB Liability to Changes in the Discount Rate

The following presents the Employer's proportionate share of the net OPEB liability calculated using the discount rate of 7.30%, as well as what the Employer's proportionate share of the net OPEB liability would be if it were calculated using a discount rate that is 1-percent-point lower (6.30%) or 1-percent-point higher (8.30%) than the current rate:

	<u>1% Decrease (6.30%)</u>	<u>Current Discount Rate (7.30%)</u>	<u>1% Increase (8.30%)</u>
Employer's proportionate share of the net OPEB liability	\$ (40,881)	\$ (73,700)	\$ (100,755)

OPEB Plan Fiduciary Net Position

Detailed information about the OPEB plan's fiduciary net position is available in the separately issued ERS comprehensive annual financial report which is publicly available at: www.ers.ga.gov/financials.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

SHBP-OPEB - STATE HEALTH BENEFITS PLAN - GASB 75

Plan Benefits

Employees of State organizations defined in §45-18-25 of the *Official Code of Georgia Annotated* (O.C.G.A) are provided OPEB through the State OPEB Fund-a cost-sharing multiple-employer defined benefit postemployment healthcare plan, reported as an employee trust fund and administered by a Board of Community Health (Board). Title 45 of the O.C.G.A. assigns the authority to establish and amend the benefit terms of the group health plan to the Board.

Benefits Provided

The State OPEB Fund provides healthcare benefits for retirees and their dependents due under the group health plan for employees of State organizations (including technical colleges) and other entities authorized by law to contract with the Department of Community Health (DCH) for inclusion in the plan. Retiree medical eligibility is attained when an employee retires and is immediately eligible to draw a retirement annuity from Employee' Retirement System (ERS), Georgia Judicial Retirement System (JRS), Legislative Retirement System (LRS), Teachers Retirement System (TRS) or Public School Employees Retirement System (PSERS). If elected, dependent coverage starts on the same day as retiree coverage. Medicare-eligible retirees are offered Standard and Premium Medicare Advantage plan options. Non-Medicare eligible retiree plan options include Health Reimbursement Arrangement (HRA), Health Maintenance Organization (HMO) and High Deductible Health Plan (HDHP). The State OPEB Fund also pays for administrative expenses of the fund. By law, no other use of the assets of the State OPEB Fund is permitted.

Contributions

As established by the Board, the State OPEB Fund is substantially funded on a pay-as-you-go basis; that is, annual cost of provided benefits will be financed in the same year as claims occur. Contributions to the State OPEB Fund from the Employer Agency were \$31,012 for the year ended June 30, 2021. Active employees are not required to contribute to the State OPEB Fund.

Contributions made during the measurement period (fiscal year ended June 30, 2020): \$ 32,524

Other Post-Employment Benefits (OPEB) Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEBs:

Employer Agency's proportionate share of collective net OPEB liability	\$ 243,221
Employer Agency's proportion of collective net OPEB liability	0.021612%
Increase/(Decrease) from proportion measured as of June 30, 2019	0.000493%
Employer Agency's recognized OPEB expense	\$ (103,659)

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflow of Resources Related to OPEB

At June 30, 2021, the Employer Agency reported a liability of \$243,221 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2020. The total OPEB liability used to calculate the net OPEB liability was based on an actuarial valuation as of June 30, 2019. An expected total OPEB liability as of June 30, 2020 was determined using standard roll-forward techniques. The Employer Agency's proportion of the net OPEB liability was actuarially determined based on employer contributions during the fiscal year ended June 30, 2020. At June 30, 2020, the Employer Agency's proportion was 0.021612%, which was an increase of 0.000493% from its proportion measured as of June 30, 2019.

For the year ended June 30, 2021, the Employer Agency recognized OPEB income of \$103,659. At June 30, 2021, the Employer Agency reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ -	\$ 91,963
Changes in Assumptions	4,404	149,623
Net difference between projected and actual earnings on OPEB plan investments	23,879	-
Changed in proportion and differences between Employer contributions and proportionate share of contributions	19,485	4,686
Employer contributions subsequent to the measurement date	<u>31,012</u>	<u>-</u>
Total	<u>\$ 78,780</u>	<u>\$ 246,272</u>

Employer Agency contributions subsequent to the measurement date of \$31,012 are reported as deferred outflows of resources and will recognized as a reduction of the net OPEB liability in the year ended June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expenses as follows:

Year ended June 30,		
2022	\$	(115,705)
2023		(67,920)
2024		(16,284)
2025		1,405
2026		0
Thereafter		0

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

Actuarial Assumptions

The total OPEB liability as of June 30, 2020, was determined by an actuarial valuation as of June 30, 2019 using the following actuarial assumptions and other inputs, applied to all periods included in the measurement and rolled forward to the measurement date of June 30, 2020:

Inflation	2.50%
Salary Increases	3.25-7.00%, including inflation
Long-term expected rate return	7.30%, compounded annually, net of investment of expense, and including inflation
Healthcare cost trend rate	
Pre-Medicare Eligible	7.00%
Medicare Eligible	5.25%
Ultimate trend rate	
Pre-Medicare Eligible	4.50%
Medicare Eligible	4.50%
Year of Ultimate trend rate	
Pre-Medicare Eligible	2029
Medicare Eligible	2023

Mortality rates were based on the RP-2000 Combined Mortality Table for Males or Females, as appropriate, with adjustments for mortality improvements based on Scale BB as follows:

- For ERS, JRS and LRS members: The RP-2000 Combined Mortality Table projected to 2025 with projection scale BB (set forward two years for both males and females) is used for the period after service retirement and for dependent beneficiaries. The RP-200 Disabled Mortality Table projected to 2025 with projection scale BB (set back seven years for males and set forward three years for females) is used for the period after disability retirement. There is a margin for future mortality improvement in the tables used by the plan. Rates of mortality in active service were based on the RP-2000 Employee Mortality Table projected to 2025 with projection scale BB.

The actuarial assumptions used in the June 30, 2019 valuation were based on the results of the most recent actuarial experience studies for the pension systems, which covered the five-year period ending June 30, 2014, and adopted by the pension Board on December 17, 2015. The next experience study for ERS will be for the period ending June 30, 2019.

Discount Rate

In order to measure the total OPEB liability, as of June 30, 2020, for the State OPEB Fund, a single equivalent interest rate of 7.06% was used, as compared with last year's discount rate of 7.0%. as the discount rate. This is comprised of the yield or index rate for 20 year tax-exempt general obligation bonds with an average rating of AA or higher (2.21% per the Municipal Bond Index Rate) along with other factors. The projection of cash flows used to determine the discount rate assumed that

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

contributions from members and from the employer will be made at the current level as leveraged over the last five years, adjusted for annual projected changes in headcount. Projected future benefit payments for all current plan members were projected through 2118.

Sensitivity of the Employer Agency's share of the proportionate share of the net OPEB liability to changes in the discount rate:

	1% Decrease (6.06%)	Current Discount Rate (7.06%)	1% Increase (8.06%)
Net OPEB Liability (Asset)	\$ 304,856	\$ 243,221	\$ 190,671

Sensitivity of the Employer Agency's proportionate share of the net OPEB liability to changes in the healthcare cost trend rates:

	1% Decrease	Current Healthcare Cost Trend Rate	1% Increase
Net OPEB Liability (Asset)	\$ 182,775	\$ 243,221	\$ 314,847

OPEB Plan Fiduciary Net Position

Detailed information about the OPEB plan's fiduciary net position is available in the 2020 State of Georgia Comprehensive Annual Financial Report (CAFR) which is publicly available at: <https://sao.georgia.gov/comprehensive-annual-financial-reports>.

NOTE 10- UNCERTAINTIES

As a result of the COVID-19 coronavirus pandemic, economic uncertainties have arisen which could negatively impact the Board of Health. The COVID-19 outbreak is disrupting supply chains and affecting production and sales across a range of industries. The extent of the impact of COVID-19 in the Board of Health's operational and financial performance will depend on certain developments, including the duration and spread of outbreaks, impact on the Board of Health's patients, employees, and vendors, all of which are uncertain. The extent to which COVID-19 may impact the Board of Health's financial position or results of operations is uncertain.

NOTE 11- SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through December 14, 2021, the date on which the financial statements were available to be issued.

REQUIRED SUPPLEMENTAL INFORMATION

TIFT COUNTY BOARD OF HEALTH
 BUDGETARY COMPARISON SCHEDULE
 GENERAL FUND

For the Fiscal Year Ended June 30, 2021

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	OVER (UNDER) BUDGET
REVENUES				
Georgia Department of Public Health				
Grant-In-Aid	\$ 400,020	\$ 457,616	\$ 457,616	\$ -
County Participating	35,035	35,035	35,035	-
County Non-Participating	376,352	92,233	145,285	53,052
Outpatient Client Fees	-	-	136,772	136,772
Health Check Fees	-	-	3,835	3,835
Out-Patient Medicare	-	-	15,481	15,481
Medicaid DSPS	-	-	3,118	3,118
Medicaid PCM	-	-	2,831	2,831
Inter/Inter Agency	72,578	161,306	161,306	-
Qualifying Local Funds	1,000	484	484	-
Environmental Fees	-	-	93,700	93,700
Prior Year Admin Claiming	134,434	-	84,297	84,297
Private Pay Insurance	-	-	58,972	58,972
Prior Year Program Income	354,200	350,276	-	(350,276)
TOTAL REVENUES	<u>\$ 1,373,619</u>	<u>\$ 1,096,950</u>	<u>\$ 1,198,732</u>	<u>\$ 101,782</u>
EXPENDITURES				
Salaries and Fringe Benefits	\$ 983,429	\$ 816,485	\$ 816,485	\$ -
Equipment	40,545	12,998	12,998	-
Other Operating Expense	231,133	186,777	186,777	-
Inter/Intra Agency	-	-	-	-
Indirect Cost	118,512	80,690	80,690	-
TOTAL EXPENDITURES	<u>\$ 1,373,619</u>	<u>\$ 1,096,950</u>	<u>\$ 1,096,950</u>	<u>\$ -</u>
EXCESS OF REVENUES OVER (UNDER) EXPENDITURES	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 101,782</u>	<u>\$ 101,782</u>

TIFT COUNTY BOARD OF HEALTH
 BUDGETARY COMPARISON SCHEDULE
 GENERAL FUND - CONTINUED

For the Fiscal Year Ended June 30, 2021

Explanation of differences between budgetary information and GAAP Revenues and Expenditures:

Actual amounts (budgetary basis) "available for appropriation" from the budgetary comparison	\$ 1,198,732
Differences - budget to GAAP:	
Fee Revenues that do not provide current financial resources	<u> -</u>
Total Revenues as reported in the statement of activities.	<u><u>\$ 1,198,732</u></u>
Actual amounts (budgetary basis) "total charges to appropriation" from the budgetary comparison	\$ 1,096,950
Differences - budget to GAAP:	
Assets are capitalized and depreciated in the GAAP statements. These amounts represent the adjustments necessary in the current period:	
Depreciation Expense	910
Long Term Pension expenses do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds	(139,789)
Long Term OPEB expenses do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds	(2,246)
Long Term Compensated absences expenses do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds	<u>44,143</u>
Total Expenses as reported in the Statement of Activities.	<u><u>\$ 999,968</u></u>

TIFT COUNTY BOARD OF HEALTH

ERS EMPLOYER AGENCY - SCHEDULE OF PROPORTIONATE SHARE
OF THE NET PENSION LIABILITY

For the Year Ended June 30

	2021	2020	2019	2018	2017	2016	2015
Employer's proportion of the net pension liability	0.023088%	0.023318%	0.021566%	0.022972%	0.021871%	0.023333%	0.023281%
Employer's proportionate share of the net pension liability	\$ 973,149	\$ 962,224	\$ 886,585	\$ 932,970	\$ 1,034,590	\$ 943,206	\$ 932,970
Employer's covered-employee payroll during the measurement period	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314	\$ 535,293	\$ 491,186	\$ 518,271
Employer's proportionate share of the net pension liability as a percentage of its covered-employee payroll	202.83%	170.30%	157.15%	171.09%	193.28%	192.03%	180.02%
Plan fiduciary net position as a percentage of the total pension liability	76.21%	76.74%	76.68%	76.33%	72.34%	76.20%	77.99%

*Note: Schedule is intended to show information for the last 10 years. Additional years will be displayed as they become available.

TIFT COUNTY BOARD OF HEALTH

ERS EMPLOYER AGENCY - SCHEDULE OF CONTRIBUTIONS
EMPLOYEES' RETIREMENT SYSTEM

For the Year Ended June 30

	2021	2020	2019	2018	2017	2016	2015
Contractually required contribution	\$ 122,482	\$ 143,550	\$ 145,650	\$ 136,475	\$ 139,799	\$ 125,708	\$ 94,323
Contributions in relation to the contractually required contribution	\$ 122,482	\$ 143,550	\$ 145,650	\$ 136,475	\$ 139,799	\$ 125,708	\$ 94,323
Contribution deficiency(excess)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's covered-employee payroll	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314	\$ 535,293	\$ 491,186	\$ 518,271
Contributions as a percentage of covered-employee payroll	25.53%	25.41%	25.82%	25.03%	26.12%	25.59%	18.20%

*Note: Schedule is intended to show information for the last 10 years. Additional years will be displayed as they become available.

TIFT COUNTY BOARD OF HEALTH
ERS EMPLOYER AGENCY
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION

For The Year Ended June 30, 2021

Changes of assumptions: On December 17, 2015, the Board adopted recommended changes to the economic and demographic assumptions utilized by the System. Primary among the changes were the updates to rates of mortality, retirement, disability, withdrawal, and salary increases.

On March 15, 2018, the Board adopted a new funding policy. Because of this new funding policy, the assumed investment rate of return was reduced from 7.50% to 7.40% for June 30, 2017 actuarial valuation. In addition, based on the Board's new funding policy, the assumed investment rate of return was further reduced by 0.10% from 7.40% to 7.30% as of the June 30, 2018 Measurement Date. The assumed investment rate of return remained at 7.30% for the June 30, 2019 actuarial valuation.

TIFT COUNTY BOARD OF HEALTH

SEAD - OPEB EMPLOYER - SCHEDULE OF PROPORTIONATE SHARE
OF THE NET OPEB LIABILITY (ASSET)

For the Year Ended June 30

	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Employer's proportion of the net OPEB liability (asset)	0.025949%	0.026209%	0.024994%	0.027819%
Employer's proportionate share of the net OPEB liability (Asset)	\$ (73,700)	\$ (74,110)	\$ (67,645)	\$ (72,303)
Employer's covered-employee payroll	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314
Employer's proportionate share of the net OPEB liability as a percentage of its covered payroll	15.36%	13.12%	11.99%	13.26%
Plan fiduciary net position as a percentage of the total OPEB liability	129.20%	129.73%	129.46%	130.17%

*Note: Schedule is intended to show information for the last 10 years. Additional years will be displayed as they become available.

TIFT COUNTY BOARD OF HEALTH

SEAD - OPEB EMPLOYER - SCHEDULE OF CONTRIBUTIONS
OTHER POSTEMPLOYMENT BENEFITS

For the Year Ended June 30

	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
Contractually required contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contributions in relation to the contractually required contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contribution deficiency(excess)	<u>\$ -</u>					
Agency's covered-employee payroll	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314	\$ 535,293	\$ 491,186
Contributions as a percentage of covered-employee payroll	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

*Note: Schedule is intended to show information for the last 10 years. Additional years will be displayed as they become available.

TIFT COUNTY BOARD OF HEALTH
SEAD-OPEB EMPLOYER
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION

For The Year Ended June 30, 2021

Changes of assumptions: On December 17, 2015, the Board of Trustees adopted recommended changes to the economic and demographic assumptions utilized by the Plan. Primary among the changes were the updates to rates of mortality, retirement, disability, withdrawal, and salary increases. The expectation of retired life mortality was changed to the RP-2000 Combined Mortality Table projected to 2025 with projection scale BB (set forward 2 years for both males and females).

On March 15, 2018, the Board adopted a new funding policy. Because of this new funding policy, the assumed investment rate of return was reduced from 7.50% to 7.40% for June 30, 2017 actuarial valuation. In addition, based on the Board's new funding policy, the assumed investment rate of return was further reduced by 0.10% from 7.40% to 7.30% as of the June 30, 2018 Measurement Date. The assumed investment rate of return remained at 7.30% for the June 30, 2019 actuarial valuation.

TIFT COUNTY BOARD OF HEALTH

SHBP - OPEB EMPLOYER - SCHEDULE OF PROPORTIONATE
SHARE OF THE NET OPEB LIABILITY

For the Year Ended June 30

	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Employer's proportion of the collective net OPEB liability	0.021612%	0.006998%	0.006531%	0.000000%
Employer's proportionate share of the collective net OPEB liability	\$ 243,221	\$ 262,154	\$ 540,485	\$ -
Employer's covered-employee payroll during the measurement period	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314
Employer's proportionate share of the collective net OPEB liability as a percentage of its covered payroll	50.69%	46.40%	95.80%	0.00%
Plan fiduciary net position as a percentage of the total collective OPEB liability	59.71%	56.57%	31.48%	17.34%

*Note: Schedule is intended to show information for the last 10 years. Additional years will be displayed as they become available.

TIFT COUNTY BOARD OF HEALTH

SHBP - OPEB EMPLOYER - SCHEDULE OF CONTRIBUTIONS
OTHER POSTEMPLOYMENT BENEFITS

For the Year Ended June 30

	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Contractually required contribution	\$ 31,012	\$ 32,524	\$ 112,920	\$ 103,647
Contributions in relation to the contractually required contribution	\$ 31,012	\$ 32,524	\$ 112,920	\$ 103,647
Contribution deficiency(excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Agency's covered-employee payroll	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314
Contributions as a percentage of covered-employee payroll	6.46%	5.76%	20.02%	19.01%

*Note: Schedule is intended to show information for the last 10 years. Additional years will be displayed as they become available.

TIFT COUNTY BOARD OF HEALTH
SHBP-OPEB EMPLOYER
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION

For The Year Ended June 30, 2021

Changes in benefit terms: There have been no changes in benefit terms.

Changes in assumptions:

- June 30, 2019 valuation: The inflation assumption was lowered from 2.75% to 2.50% in anticipation of the upcoming ERS Experience Study. Additionally, decremental assumptions were changed to reflect the Teachers Retirement Systems Experience Study. Approximately 6.0% of employees are members of the Teachers Retirement System.
- June 30, 2017 valuation: The participation assumption, tobacco use assumption and morbidity factors were revised.
- June 30, 2015 valuation: Decremental and underlying inflation assumptions were changed to reflect the Retirement Systems' experience studies.
- June 30, 2012 valuation: A data audit was performed and data collection procedures and assumptions were changed.
- The discount rate was updated from 3.09% as of June 30, 2016 to 3.60% as of June 30, 2017, to 5.22% as of June 30, 2018, to 7.30% as of June 30, 2019, and to 7.06% as of June 30, 2020.

OTHER INFORMATION

TIFT COUNTY BOARD OF HEALTH

PUBLIC HEALTH - 001

COMPARATIVE STATEMENT OF ACTUAL REVENUES AND EXPENDITURES TO BUDGET

For the Fiscal Year Ended June 30, 2021

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	OVER (UNDER) BUDGET
REVENUES				
Georgia Department of Public Health				
Grant-In-Aid	\$ 400,020	\$ 457,616	\$ 457,616	\$ -
County Participating	35,035	35,035	35,035	-
County Non-Participating	376,352	92,233	145,285	53,052
Outpatient Client Fees	-	-	136,772	136,772
Health Check Fees	-	-	3,835	3,835
Out-Patient Medicare	-	-	15,481	15,481
Medicaid DSPS	-	-	3,118	3,118
Medicaid PCM	-	-	2,831	2,831
Inter/Inter Agency	72,578	161,306	161,306	-
Qualifying Local Funds	1,000	484	484	-
Environmental Fees	-	-	93,700	93,700
Prior Year Admin Claiming	134,434	-	84,297	84,297
Private Pay Insurance	-	-	58,972	58,972
TOTAL REVENUES	<u>\$ 1,019,419</u>	<u>\$ 746,674</u>	<u>\$ 1,198,732</u>	<u>\$ 452,058</u>
EXPENDITURES				
Salaries and Fringe Benefits	\$ 983,429	\$ 816,485	\$ 816,485	\$ -
Equipment	40,545	12,998	12,998	-
Other Operating Expense	231,133	186,777	186,777	-
Inter/Intra Agency	-	-	-	-
Indirect Cost	118,512	80,690	80,690	-
TOTAL EXPENDITURES	<u>\$ 1,373,619</u>	<u>\$ 1,096,950</u>	<u>\$ 1,096,950</u>	<u>\$ -</u>
EXCESS (DEFICIT) OF REVENUES OVER EXPENDITURES	<u>\$ (354,200)</u>	<u>\$ (350,276)</u>	<u>\$ 101,782</u>	<u>\$ 452,058</u>
OTHER FINANCING SOURCED (USES)				
Transfers In	\$ 354,200	\$ 350,276	\$ 350,275	\$ (1)
Transfers (Out)	-	-	(314,709)	(314,709)
TOTAL OTHER FINANCING SOURCES (USES)	<u>\$ 354,200</u>	<u>\$ 350,276</u>	<u>\$ 35,566</u>	<u>\$ (314,710)</u>
EXCESS OF REVENUE AND OTHER FINANCING SOURCES OVER EXPENDITURES AND OTHER FINANCING (USES)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 137,348</u>	<u>\$ 137,348</u>

TIFT COUNTY BOARD OF HEALTH

SCHEDULE OF STATE CONTRACTUAL ASSISTANCE

For the Fiscal Year Ended June 30, 2021

STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH PROGRAM/GRANT NUMBER	GRANT PERIOD	PROGRAM/ GRANT AMOUNT	REVENUE RECEIVED DURING GRANT PERIOD	EXPENDITURES DURING GRANT PERIOD	DUE (TO) FROM DPH AT END OF GRANT PERIOD
Georgia Department of Public Health:					
Tift County Public Health Program #40500-001-21213466	07/01/20 to 06/30/21	\$ 457,616	\$ 457,616	\$ 457,616	\$ -

OTHER REPORTS

ROBERT BAKER

and ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Health
Tift County Board of Health
Tifton, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Tift County Board of Health, as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise the Tift County Board of Health's basic financial statements, and have issued our report thereon dated December 14, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Tift County Board of Health's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Tift County Board of Health's internal control. Accordingly, we do not express an opinion on the effectiveness of the Tift County Board of Health's internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, described in the accompanying Schedule of Findings and Responses as item 2021-001 that we consider to be significant deficiencies.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Tift County Board of Health's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Tift County Board of Health's Response to Findings

Tift County Board of Health's response to the findings identified in our audit is described in the accompanying Schedule of Findings and Responses. Tift County Board of Health's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

ROBERT BAKER and ASSOCIATES

A handwritten signature in black ink that reads "ROBERT BAKER AND ASSOCIATES". The signature is written in a cursive, slightly slanted style.

Certified Public Accountants
Albany, Georgia
December 14, 2021

TIFT COUNTY BOARD OF HEALTH
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

For The Fiscal Year Ended June 30, 2020

SIGNIFICANT DEFICIENCIES

Auditor Reference
Number

-NONE-

TIFT COUNTY BOARD OF HEALTH
SCHEDULE OF FINDINGS AND RESPONSES

For The Fiscal Year Ended June 30, 2021

SIGNIFICANT DEFICIENCIES

Auditor Reference
Number

2021-001 Quarterly Board Meeting

Criteria:

The Georgia State Law, Section 31-3-4, requires that the Board of Health meet no less frequently than quarterly during each fiscal year.

Condition:

The Board of Health did not meet the requirement of the State Law and failed to meet four times during the fiscal year.

Cause of Condition:

Board members not attending the quarterly scheduled meetings that are set up for the fiscal year. The Board had to cancel a quarterly scheduled meeting due to COVID-19.

Effect of Condition:

The Board limited their ability to provide proper stewardship over State and County Funds.

Recommendation:

We recommend that the Board meet no less frequently than quarterly in accordance with Georgia State Law.

Response of Management:

The Tift County Board of Health's management concurs with this finding and continues to educate Board members concerning the Georgia State Law requirement to meet quarterly. Board of Health members, who provide oversight of the ten county health departments in the South Health District, are not directly employed by the District. When a meeting has to be canceled due to the lack of a quorum or scheduling conflicts, that at times present themselves the day of the meeting, every effort is made to reschedule. However, due to extenuating circumstances surrounding COVID-19, meetings by conference call were implemented. While this option increased attendance, there were times meetings could not be rescheduled because they either interfered with member schedules or they would have to be scheduled too close to the upcoming Board of Health meeting. This District is fortunate to have active Board members in each county; however, it can prove difficult to reschedule a meeting that does not conflict with their current obligations, and many of our members are healthcare providers in private practice. It is understood that meetings are to be held not less than once per quarter.