

TIFT COUNTY BOARD OF HEALTH
REPORT ON AUDIT OF FINANCIAL STATEMENTS
AND REQUIRED SUPPLEMENTARY INFORMATION
FOR THE FISCAL YEAR ENDED JUNE 30, 2022

TIFT COUNTY BOARD OF HEALTH

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ROBERT BAKER
— & ASSOCIATES, CPAs —

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, 2022, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the government activities, each major fund, and the aggregate remaining fund information of Tift County Board of Health, as of June 30, 2022, 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.

Basis for Opinions

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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Tift County Board of Health and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit evidence.

Emphasis of Matter

As described in Notes 1, 5, and 11, as of July 1, 2021 the Tift County Board of Health adopted new accounting guidance, GASB Statement No. 87, *Leases*. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Tift County Board of Health's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Tift County Board of Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Tift County Board of Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis (pages 4 through 8), Budgetary Comparison Schedule-General Fund (pages 39 through 40), ERS Schedule of Proportionate Share of the Net Pension Liability (page 41), ERS Schedule of Contributions (page 42), SEAD-OPEB Schedule of Proportionate Share of the Net OPEB Asset (page 44), SEAD-OPEB Schedule of Contributions (page 45), SHBP-OPEB Schedule of Proportionate Share of the Net OPEB Liability (page 47), and SHPB-OPEB Schedule of Contributions (page 48) be presented to supplement the basic financial statements.

Such information is the responsibility of management, and 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.

Supplementary Information


Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Tift County Board of Health's basic financial statements. The Comparative Statements of Actual Revenues and Expenditures to Budget 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 is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The 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 Comparative Statements of Actual Revenues and Expenditures to Budget 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 28, 2022, on our consideration of 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 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 & ASSOCIATES, CPAs

A handwritten signature in black ink that reads "ROBERT BAKER AND ASSOCIATES". The signature is written in a cursive, slightly stylized font. Below the signature is a horizontal line.

Certified Public Accountants
Albany, Georgia
December 28, 2022

TIFT COUNTY BOARD OF HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS

For the Fiscal Year Ended June 30, 2022

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 net 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**. All liabilities, including future employee benefits obligated but not paid by the Tift County Board of Health, are included.

MANAGEMENT'S DISCUSSION AND ANALYSIS

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 assets and deferred outflows of resources of the Tift County Board of Health exceeded total liabilities and deferred inflows of resources by \$176,454. Unrestricted net position for Governmental Activities was a deficit of \$242,271, Investment in Capital Assets was \$2,223 and Governmental Activities restricted net position was \$416,502. Total liabilities were \$646,282, which includes total non-current liabilities of \$588,123, which are Compensated Absences of \$32,269, Right of Use Liabilities of \$15,053, Net Pension Liability of \$484,621, and Net OPEB Liability of \$56,180.

Total net position includes Restricted net position of \$416,502, Investment in Capital Assets of \$2,223 and Unrestricted net position deficit of \$242,271. Total net position increased by \$218,396. All of this amount is attributable to governmental activities.

Current year fees of \$333,293 were restricted to fund fiscal year 2023 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)
	2022	2021	
Current Assets	\$ 1,113,126	\$ 1,174,845	(5.25) %
Capital Assets	2,223	3,110	(28.52) %
Right of Use Assets	24,809	26,117	(5.01) %
Non-Current Assets	156,500	-	100.00 %
Deferred Outflows of Resources	<u>330,341</u>	<u>244,280</u>	<u>35.23 %</u>
Total Assets and Deferred Outflows of Resources	<u>\$ 1,626,999</u>	<u>\$ 1,448,352</u>	<u>12.33 %</u>
Current Liabilities	\$ 58,159	\$ 41,027	41.76 %
Non-Current Liabilities	588,123	1,196,138	(50.83) %
Deferred Inflows of Resources	<u>804,263</u>	<u>253,129</u>	<u>217.73 %</u>
Total Liabilities and Deferred Inflows of Resources	<u>\$ 1,450,545</u>	<u>\$ 1,490,294</u>	<u>(2.67) %</u>
Net Position:			
Investment in Capital Assets	\$ 2,223	\$ 3,110	(28.52) %
Restricted	416,502	533,440	(21.92) %
Unrestricted	<u>(242,271)</u>	<u>(578,492)</u>	<u>(58.12) %</u>
Total Net Position	<u>\$ 176,454</u>	<u>\$ (41,942)</u>	<u>(520.71) %</u>

Total net position for Governmental Activities increased by \$218,396 in fiscal year 2022.

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 (Decrease)
	2022	2021	
Program Revenues			
Operating Grants and Contributions	\$ 662,792	\$ 637,936	3.90 %
Charges for Services	493,491	560,796	(12.00) %
Total Revenues	\$ 1,156,283	\$ 1,198,732	(3.54) %
Expenses			
Salary and Fringe Benefits	\$ 626,604	\$ 816,485	(23.26) %
Other Operating	311,283	183,483	69.65 %
Total Expenses	\$ 937,887	\$ 999,968	(6.21) %
Increase in Net Position	\$ 218,396	\$ 198,764	9.88 %

Governmental Revenues exceeded Expenses for fiscal year 2022 by \$218,396.

Grant-in-aid of \$482,472 accounts for 41.73% of the Tift County Board of Health’s total revenues. Salaries and Fringe Benefits of \$626,604 accounts for 66.81% 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, 2022, total assets were \$1,113,126 and total liabilities were \$0. The ending unassigned fund balance, excluding the assigned fund balance of \$416,502, was \$696,624. The total uses of funds of \$1,218,002 exceeded the total sources of funds of \$1,156,283 by \$61,719.

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

RIGHT OF USE ACTIVITY

Tift County Board of Health's Right of Use Assets includes Equipment. Additional information on the Health Department's right to use activity can be found in Note 1, 5 and 11 of the Notes to the Financial Statements.

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 \$32,269, Right of Use Liabilities of \$15,053, Net Pension Liability of \$484,621, and Net OPEB Liability of \$56,180. 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, 2022

	PRIMARY GOVERNMENT	COMPONENT UNIT
	GOVERNMENTAL ACTIVITIES	DIVERSIFIED ENTERPRISES OF TIFTON
ASSETS		
Current Assets		
Cash	\$ 1,111,021	\$ 2,095,811
Due From DPH	2,105	-
Accounts Receivable	-	79,275
Due from Other Governments	-	111,718
Prepaid Insurance	-	25,495
Total Current Assets	<u>\$ 1,113,126</u>	<u>\$ 2,312,299</u>
Capital Assets, Net of Accumulated Depreciation, Where Applicable		
Equipment	<u>\$ 2,223</u>	<u>\$ 62,567</u>
Right of Use Assets, Net of Accumulated Amortization		
Equipment	<u>\$ 24,809</u>	<u>\$ -</u>
Non-Current Assets		
Net OPEB Asset	<u>\$ 156,500</u>	<u>\$ 156,543</u>
Total Assets	<u>\$ 1,296,658</u>	<u>\$ 2,531,409</u>
Deferred Outflows of Resources		
Pension Related	\$ 281,818	\$ 432,523
OPEB Related	48,523	97,490
Total Deferred Outflows of Resources	<u>\$ 330,341</u>	<u>\$ 530,013</u>
LIABILITIES		
Current Liabilities		
Accounts Payable	\$ -	\$ 12,793
Accrued Expenses	-	240,115
Compensated Absences	48,403	107,333
Current Portion-Right of Use Liabilities	9,756	-
Total Current Liabilities	<u>\$ 58,159</u>	<u>\$ 360,241</u>
Non-Current Liabilities		
Compensated Absences	\$ 32,269	\$ 164,251
Right of Use Liabilities	15,053	-
Net Pension Liability	484,621	662,212
Net OPEB Liability	56,180	71,927
Total Non-Current Liabilities	<u>\$ 588,123</u>	<u>\$ 898,390</u>
Total Liabilities	<u>\$ 646,282</u>	<u>\$ 1,258,631</u>

TIFT COUNTY BOARD OF HEALTH
STATEMENTS OF NET POSITION - CONTINUED

June 30, 2022

	PRIMARY GOVERNMENT	COMPONENT UNIT
	GOVERNMENTAL ACTIVITIES	DIVERSIFIED ENTERPRISES OF TIFTON
Deferred Inflows of Resources		
Pension Related	\$ 506,457	\$ 651,134
OPEB Related	297,806	378,432
Total Deferred Inflows of Resources	\$ 804,263	\$ 1,029,566
 NET POSITION		
Investment in Capital Assets	\$ 2,223	\$ 62,567
Restricted	416,502	-
Unrestricted	(242,271)	710,658
Total Net Position	\$ 176,454	\$ 773,225

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

TIFT COUNTY BOARD OF HEALTH

STATEMENTS OF ACTIVITIES

For the Fiscal Year Ended June 30, 2022

Functions:	Expenses	Program Revenues		Net (Expenses) Revenues and Changes in Net Position	
		Charges for Services	Operating Grants and Contribution	Primary Governmental Activities	Component Unit
Primary Government Governmental Activities:					
Public Health	\$ 937,887	\$ 493,491	\$ 662,792	\$ 218,396	\$ -
Component Unit:					
Diversified Enterprises of Tifton	<u>\$ 4,465,699</u>	<u>\$ 4,648,598</u>	<u>\$ 472,677</u>	<u>\$ -</u>	<u>\$ 655,576</u>
	<u>\$ 5,403,586</u>	<u>\$ 5,142,089</u>	<u>\$ 1,135,469</u>		
		Change in Net Position		\$ 218,396	\$ 655,576
		Net Position - Beginning of Year		<u>(41,942)</u>	<u>117,649</u>
		Net Position - End of Year		<u>\$ 176,454</u>	<u>\$ 773,225</u>

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

TIFT COUNTY BOARD OF HEALTH
BALANCE SHEET - GOVERNMENTAL FUNDS

June 30, 2022

	<u>GENERAL FUND</u>
ASSETS	
Current Assets	
Cash	\$ 1,111,021
Due From DPH	2,105
Total Current Assets	<u>\$ 1,113,126</u>
 Total Assets	 <u><u>\$ 1,113,126</u></u>
LIABILITIES AND FUND BALANCE	
Fund Balance	
Unassigned	\$ 696,624
Assigned:	
Prior Year Income Fund	333,293
Board Designated	83,209
Total Fund Balance	<u>\$ 1,113,126</u>
 Total Liabilities and Fund Balance	 <u><u>\$ 1,113,126</u></u>

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, 2022

Total Fund Balance of Governmental Funds	\$ 1,113,126
Capital assets used in governmental activities are not financial resources and therefore, are not reported in the Fund Financial Statements.	2,223
Net OPEB assets are not available for use in the current period and therefore, are not reported in the Fund Financial Statements.	156,500
Right of use assets used in governmental activities are not financial resources and therefore, are not reported in the Fund Financial Statements.	24,809
Deferred outflows of resources are not available for use in the current period and therefore, are not reported in the Fund Financial Statements.	330,341
Compensated absences are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(80,672)
Right of use liabilities are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(24,809)
Net pension liabilities are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(484,621)
Net OPEB liabilities are not due and payable in the current period and therefore, are not reported in the Fund Financial Statements.	(56,180)
Deferred inflows of resources are not available to pay for current liabilities and therefore, are not reported in the Fund Financial Statements.	<u>(804,263)</u>
Total Net Position of Governmental Activities	<u>\$ 176,454</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, 2022

	GENERAL FUND
REVENUES	
Georgia Department of Public Health	
Grant-In-Aid	\$ 482,472
County Participating	35,035
County Non-Participating	145,285
Outpatient Client Fees	147,015
Health Check Fees	5,303
Out-Patient Medicare	11,828
Medicaid DSPS	7,799
Medicaid PCM	1,234
Inter/Inter Agency	76,303
Qualifying Local Funds	686
Environmental Fees	94,396
Administrative Claiming	83,209
Private Pay Insurance	65,718
TOTAL REVENUES	<u>\$ 1,156,283</u>
EXPENDITURES	
Salaries and Hourly	\$ 581,735
Fringe Benefits	325,871
Supplies and Materials	33,577
Pharmaceuticals	72,872
Repairs and Maintenance	29,151
Utilities	862
Printing	6,543
Direct Benefits	2,752
Other Operating Expenses	15,663
Computer Software	3,491
Equipment	9,958
Travel	5,676
Contracted Services	4,260
Telecommunication	19,036
Postage	2,676
Indirect Costs	103,879
TOTAL EXPENDITURES	<u>\$ 1,218,002</u>
DEFICIT OF REVENUES UNDER EXPENDITURES	\$ (61,719)
FUND BALANCE - BEGINNING OF YEAR	<u>1,174,845</u>
FUND BALANCE - END OF YEAR	<u>\$ 1,113,126</u>

THE 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, 2022

Net Changes in Fund Balance - Total Governmental Funds	\$ (61,719)
<p>Governmental funds report capital outlays as expenditures. However, in the Statement of Activities, the cost of those assets are allocated over their estimated useful lives and reported as depreciated expense. These amounts are detailed as follows:</p>	
Capital Outlay	27
Depreciation Expense	(914)
<p>Governmental funds report capital outlays as expenditures. However, in the Statement of Activities, the cost of those assets are allocated over their estimated useful lives and reported as depreciated expense. These amounts are detailed as follows:</p>	
Capital Outlay	8,448
Amortization Expense	(9,756)
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.	(12,294)
Right of Use Liabilities 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. These amounts are detailed as follows:	
Lease Proceeds	(8,448)
Lease Payments	9,756
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.	105,684
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.	<u>187,612</u>
Change in Net Position of Governmental Activities	<u>\$ 218,396</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 accounting 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.

Effective July 1, 2021, Tift County Board of Health adopted the following GASB Statements:

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 was implemented for the fiscal year ended June 30, 2022.

GASB Statement 89, *Accounting for Interest Cost Incurred Before the end of a Construction period*. This statement was issued June 2018 to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and to simplify accounting for interest cost incurred before the end of a construction period. GASB Statement 89 was implemented for the fiscal year ended June 30, 2022.

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 was implemented for the fiscal year ended 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 was implemented for the fiscal year ended June 30, 2022.

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 related to Section 457 plans that meet the definition of a pension plan and the benefits provided through those plans.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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 was implemented effective for the fiscal year ended June 30, 2022.

FUTURE ADOPTION OF GASB PRONOUNCEMENTS

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 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 99, *Omnibus 2022*. This statement was issued April 2022 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 and accounting and financial reporting for financial guarantees. GASB Statement 99 will be effective for the fiscal year ending June 30, 2023.

GASB Statement 100, *Accounting Changes and Error Corrections - an amendment of GASB Statement no. 62*. This statement was issued June 2022 to improve the clarity of the accounting and financial reporting requirements for accounting changes and error corrections, which will result in greater consistency in application in practice. GASB Statement 100 will be effective for the fiscal year ending June 30, 2024.

GASB Statement 101, *Compensated Absences*. This statement was issued June 2022 to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. Under this Statement, it requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. GASB Statement 101 will be effective for the fiscal year ending June 30, 2025.

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.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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).

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.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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.

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.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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.

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:

Equipment	5-7
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TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

RIGHT OF USE ASSETS/LIABILITIES

Leases - In conjunction with the implementation of GASB 87, *Leases*, the Organization has set a threshold for capitalizing leases with a liability of \$5,000 or more. Lease expenses for the year ended June 30, 2022 for noncapitalized leases amounted to \$707.

Lessee - The Health Department is a lessee for a non-cancellable lease of equipment. The Health Department recognizes a lease liability and an intangible right of use lease asset (lessee asset) in the government-wide financial statement. The Health Department recognizes lease liabilities with an initial value of \$5,000 or more.

At the commencement of a lease, the Health Department initially measures the lease liability at the present value of payments expected to be made during the lease terms. Subsequently, the lease liability is reduced by the principal portion of the lease payments made. The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

Key estimates and judgements related to leases include how the Health Department determines: 1) the discount rate it uses to discount the expected lease payments to present value, 2) lease term, and 3) lease payments

- The Health Department uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the health department generally uses its estimated incremental borrowing rate as the discount rate for the leases.
- The lease term includes the non-cancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed-payments and purchase option price that the health department is reasonably certain to exercise.

The Board of Health monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease assets and liability if certain changes occur that are expected to significantly affect the amount of the lease liability. Leased assets are reported with as right of use assets and lease liabilities are reported as right of use liabilities on the statement of net position.

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, "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.

OTHER POST-EMPLOYMENT BENEFITS (OPEB) - For the purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEBs, and OPEB expense, information about the fiduciary net positions of the State Employees' Assurance Department Retired and Vested Inactive Members Trust Fund-OPEB (SEAD-OPEB) and State Health Benefits Plan-OPEB (SHBP-OPEB) and

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

additions to or deductions from SEAD-OPEB or SHBP-OPEB's fiduciary net position have been determined on the same basis as they are reported by SEAD-OPEB or SHBP-OPEB. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with benefit terms. Investments are reported at fair value.

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:

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

SUBSEQUENT EVENTS - The Organization has evaluated subsequent events through December 28, 2022, the date on which the financial statements were available to be issued.

NOTE 2 - DEPOSITS AND INVESTMENTS

Total cash and investments as of June 30, 2022, are summarized as follows:

As reported in the Statement of Net Position:

Cash	<u>\$ 1,111,021</u>
Cash deposited with financial institutions	<u>\$ 1,110,646</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, 2022, 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 FROM DPH

The Tift County Board of Health has amounts receivable due from the Georgia Department of Public Health as of June 30, 2022 as follows:

	Due From
Administrative Claiming	\$ 2,105

NOTE 4 - CAPITAL ASSETS

Capital asset activity for the fiscal year ended June 30, 2022 was as follows:

	Balance June 30, 2021	Increase	Decrease	Balance June 30, 2022
Equipment	\$ 39,497	\$ 27	\$ -	\$ 39,524
Accumulated Depreciation	(36,387)	(914)	-	(37,301)
Governmental Activities				
Capital Asset	\$ 3,110	\$ (887)	\$ -	\$ 2,223

NOTE 5 - RIGHT OF USE ASSETS/LIABILITIES

The Board of Health has recorded 5 right of use leased assets. The assets are right of use assets for leased equipment. The right of use lease assets are amortized on a straight-line basis over the terms of the related leases.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 5 - RIGHT OF USE ASSETS/LIABILITIES - CONTINUED

Right to use asset activity for the Board of Health for the year ended June 30, 2022, was as follows:

	Balance June 30, 2021	Increase	Decrease	Balance June 30, 2022
Right of use assets				
Leased Equipment	\$ 30,576	\$ 8,448	\$ -	\$ 39,024
Less Accumulated Amortization:				
Leased Equipment	\$ (4,459)	\$ (9,756)	\$ -	\$ (14,215)
Right of Use Assets, Net	\$ 26,117	\$ (1,308)	\$ -	\$ 24,809

Lease Payable consists of the following as of June 30, 2022:

Right of Use Liabilities to various vendors, due in monthly installments of \$1,012, maturing between December 2024 and July 2025, for right to use of office equipment.	\$ 24,809
Less: Current Maturities	9,756
	\$ 15,053

The future minimum lease obligations and the net present value of these minimum lease payments as of June 30, 2022, were as follows:

Year Ending June 30	Total
2023	\$ 9,756
2024	9,756
2025	5,297
2026	-
2027	-
Thereafter	-
	\$ 24,809

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, 2022. All of the compensated absences are related to governmental activities. Changes in compensated absences for fiscal year 2022 are as follows:

Balance June 30, 2021	Additions	Deletions	Balance June 30, 2022
\$ 68,378	\$ 12,294	\$ -	\$ 80,672
		Current	\$ 48,403
		Long-Term	32,269
		Total	\$ 80,672

NOTE 7 - 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.

	Public Health
Fees	\$ 333,293

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - FUND BALANCE

The following is a summary of fund balance transactions for fiscal year 2022:

	<u>Unassigned</u>	<u>Assigned</u>		<u>Total</u>
		<u>Prior Year Income</u>	<u>Board Designated</u>	
FUND BALANCE - July 01, 2021	\$ 641,405	\$ 314,709	\$ 218,731	\$ 1,174,845
ADDITIONS:				
Excess of Revenues and Other Financing Sources Over Expenditures and Other Financing (Uses)	138,428	-	-	138,428
Operating Transfers In	-	333,293	83,209	416,502
TOTAL FUND BALANCE AND ADDITIONS:	<u>\$ 779,833</u>	<u>\$ 648,002</u>	<u>\$ 301,940</u>	<u>\$ 1,729,775</u>
DEDUCTIONS:				
Operating Transfers Out	<u>\$ 83,209</u>	<u>\$ 314,709</u>	<u>\$ 218,731</u>	<u>\$ 616,649</u>
TOTAL DEDUCTIONS	<u>\$ 83,209</u>	<u>\$ 314,709</u>	<u>\$ 218,731</u>	<u>\$ 616,649</u>
FUND BALANCE - June 30, 2022	<u>\$ 696,624</u>	<u>\$ 333,293</u>	<u>\$ 83,209</u>	<u>\$ 1,113,126</u>

NOTE 9 - 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.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

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, 2022 was 24.63% of annual covered payroll for old and new plan members and 21.57% for GSEPS members. The Agency's contribution to ERS totaled \$130,792 for the year ended June 30, 2022. 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.

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

At June 30, 2022, the Agency reported a liability of \$484,621 for its proportionate share of the net liability. The net pension liability was measured as of June 30, 2021. The total pension liability used to calculate the net pension liability was based on an actuarial valuation as of June 30, 2020. An expected total pension liability as of June 30, 2021 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, 2021. At June 30, 2021, the Employer's proportion was 0.020720%, which was a decrease of 0.002368% from its proportion measured as of June 30, 2020.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

For the year ended June 30, 2022, the Agency recognized pension expense of \$25,108. At June 30, 2022, 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	\$ 11,469	\$ -
Changes of Assumptions	139,557	-
Net difference between projected and actual earnings on pension plan investments	-	447,905
Changes in proportion and differences between Employer contributions and proportionate share of contributions	-	58,552
Employer contributions subsequent to the measurement date	130,792	-
Total	\$ 281,818	\$ 506,457

Agency contributions subsequent to the measurement date of \$130,792 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, 2023. 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,	
2023	\$ (48,267)
2024	(78,675)
2025	(108,850)
2026	(119,639)
2027	-
Thereafter	-

Actuarial Assumptions

The total pension liability as of June 30, 2021, was determined by an actuarial valuation as of June 30, 2020 using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.50%
Salary Increases	3.00-6.75%, including inflation
Investment rate of return	7.00%, net of pension plan investment expense, including inflation

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

Mortality rates are as follows:

- The Pub-2010 General Employee Table, with no adjustments, projected generationally with the MP-2019 scale is used for both males and females while in active service.
- The Pub-2010 Family of Tables projected generationally with the MP-2019 Scale and with further adjustments are used for post-retirement mortality assumptions as follows:

<u>Participant Type</u>	<u>Membership Table</u>	<u>Set Forward (+)/ Set Back (-)</u>	<u>Adjustments to Rates</u>
Service Retirees	General Healthy Annuitant	Male: +1; Female: +1	Male: 105%; Female: 108%
Disability Retirees	General Disabled	Male: -3; Female: 0	Male: 103%; Female: 106%
Beneficiaries	General Contingent Survivors	Male: +2; Female: +2	Male: 106%; Female: 105%

The actuarial assumptions used in the June 30, 2020 valuation were based on the results of an actuarial experience study for the period July 1, 2014-June 30, 2019.

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 returns, net of pension plan investment expense and 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 by the target asset allocation percentages and by adding expected inflation.

The target asset allocation and estimates of arithmetic real rates of returns for each major asset class are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long-term Expected Real Rate of Return *</u>
Fixed Income	30.00 %	(1.50) %
Domestic Large Equities	46.40	9.20
Domestic Small Equities	1.10	13.40
International Developed Market Equities	11.70	9.20
International Emerging Market Equities	5.80	10.40
Alternative	5.00	10.60
Total	100.00 %	

* Rates shown are net of inflation

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA - CONTINUED

Discount Rate

The discount rate used to measure the collective total pension liability was 7.00%. 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 7.00%, 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 (6.00%) or 1-percentage-point higher (8.00%) than the current rate:

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Employer's proportionate share of the net pension liability	\$ 888,057	\$ 484,621	\$ 143,426

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 10- 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 10- OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB

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.

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

At June 30, 2022, the Employer reported an asset of \$156,500 for its proportionate share of the OPEB liability (asset). The net OPEB asset was measured as of June 30, 2021. The total OPEB asset used to calculate the net OPEB asset was based on an actuarial valuation as of June 30, 2020. An expected total OPEB liability (asset) as of June 30, 2021 was determined using standard roll-forward techniques. The Employer's proportion of the net OPEB asset was based on actual member salaries reported to the SEAD-OPEB plan during the fiscal year ended June 30, 2021. At June 30, 2021, the Employer's proportion was 0.025413%, which was a decrease of 0.000536% from its proportion measured as of June 30, 2020.

For the year ended June 30, 2022, the Employer's recognized OPEB income of \$25,687. At June 30, 2022, 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	\$ -	\$ 467
Changes of Assumptions	-	4,879
Net difference between projected and actual earnings on OPEB plan investments	-	52,223
Changes in proportion and differences between Employer contributions and proportionate share of contributions	894	-
Employer contributions subsequent to the measurement date	-	-
	<u> </u>	<u> </u>
Total	<u>\$ 894</u>	<u>\$ 57,569</u>

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

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, 2023. 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,	
2023	\$ (17,364)
2024	(12,759)
2025	(12,684)
2026	(13,868)
2027	-
Thereafter	-

Actuarial Assumptions

The total OPEB liability as of June 30, 2022, was determined by an actuarial valuation as of June 30, 2020 using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.50%
Salary Increases:	
ERS	3.00-6.75%
GJRS	3.75%
LRS	N/A
Investment rate of return	7.00%, net of OPEB plan investment expense, including inflation
Healthcare cost trend rate	N/A

Mortality rates are as follows:

- The Pub-2010 General Employee Table, with no adjustments, projected generationally with the MP-2019 scale is used for both males and females while in active service.
- The Pub-2010 Family of Tables projected generationally with the MP-2019 Scale and with further adjustments are used for post-retirement mortality assumptions as follows:

<u>Participant Type</u>	<u>Membership Table</u>	<u>Set Forward (+)/ Set Back (-)</u>	<u>Adjustments to Rates</u>
Service Retirees	General Healthy Annuitant	Male: +1; Female: +1	Male: 105%; Female: 108%
Disability Retirees	General Disabled	Male: -3; Female: 0	Male: 103%; Female: 106%
Beneficiaries	General Contingent Survivors	Male: +2; Female: +2	Male: 106%; Female: 105%

TIFT COUNTY BOARD OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

The actuarial assumptions used in the June 30, 2020 valuation were based on the results of an actuarial experience study for the period July 1, 2014-June 30, 2019.

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 returns, net of pension plan investment expense and 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 by the target asset allocation percentages and by adding expected inflation.

The target asset allocation and estimates of arithmetic real rates of returns for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Long-term Expected Real Rate of Return *
Fixed Income	30.00 %	(1.50) %
Domestic Large Equities	46.40	9.20
Domestic Small Equities	1.10	13.40
International Developed Market Equities	11.70	9.20
International Emerging Market Equities	5.80	10.40
Alternative	5.00	10.60
Total	100.00 %	

* Rates shown are net of inflation

Discount Rate

The discount rate used to measure the total OPEB liability was 7.00%. 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 7.00%, 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 (6.00%) or 1-percent-point higher (8.00%) than the current rate:

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Employer's proportionate share of the net OPEB asset	\$ 123,086	\$ 156,500	\$ 183,784

OPEB Plan Fiduciary Net Position

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

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's 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 \$32,283 for the year ended June 30, 2022. Active employees are not required to contribute to the State OPEB Fund.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- 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, 2022, the Employer Agency reported a liability of \$56,180 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2021. The total OPEB liability used to calculate the net OPEB liability was based on an actuarial valuation as of June 30, 2020. An expected total OPEB liability as of June 30, 2021 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, 2021. At June 30, 2021, the Employer Agency's proportion was 0.020440%, which was a decrease of 0.001172% from its proportion measured as of June 30, 2020.

For the year ended June 30, 2022, the Employer Agency's recognized OPEB income of \$129,644.

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ -	\$ 151,270
Changes of Assumptions	2,903	59,224
Net difference between projected and actual earnings on OPEB plan investments	-	9,821
Changes in proportion and differences between Employer contributions and proportionate share of contributions	12,443	19,922
Employer contributions subsequent to the measurement date	<u>32,283</u>	<u>-</u>
Total	<u>\$ 47,629</u>	<u>\$ 240,237</u>

Employer Agency contributions subsequent to the measurement date of \$32,283 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, 2023. 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,	
2023	\$ (107,219)
2024	(58,474)
2025	(41,935)
2026	(17,263)
2027	-
Thereafter	-

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- 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, 2021, was determined by an actuarial valuation as of June 30, 2020 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	3.00-6.75%, including inflation
Long-term expected rate investment of return	7.00%, compounded annually, net of expense, and including inflation
Healthcare cost trend rate	
Pre-Medicare Eligible	6.750%
Medicare Eligible	5.125%
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 Pub-2010 General Employee Mortality Table for Males or Females, as appropriate, with no adjustments and with the MP-2019 Projection scale applied generationally as follows:

For ERS, JRS and LRS members: Post-retirement mortality rates for service retirements were based on the Pub-2010 General Healthy Annuitant Mortality Table (ages set forward one year and adjusted 105% for males and 108% for females) with the MP-2019 Projection scale applied generationally. Post-retirement mortality rates for disability retirements were based on the Pub-2010 General Disabled Mortality Table (ages set back three years for males and adjusted 103% for males and 106% for females) with the MP-2019 Projection scale applied generationally. Post-retirement mortality rates for beneficiaries were based on the Pub-2010 General Contingent Survivor Mortality Table (ages set forward two years and adjusted 106% for males and 158% for females) with the MP-2019 Projection scale applied generationally.

The actuarial assumptions used in the June 30, 2020 valuation are based on the results of the most recent actuarial experience studies for the pension systems, which covered the five year period ending June 30, 2019 and adopted by the pension Board on December 17, 2020.

The remaining actuarial assumptions (e.g., initial per capita costs, health care cost trends, rate of plan participation, rates of plan election, etc.) used in the June 30, 2020 valuation were based on a review of recent plan experience done concurrently with the June 30, 2020 valuation.

Projection of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculation.

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

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 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. The target allocation and best estimates of arithmetic real rates of return for the major asset class is summarized in the following table:

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Fixed Income	30.00 %	0.14 %
Equities	70.00 %	9.20 %
Total	100.00 %	

* Rates shown are net of inflation

Discount Rate

In order to measure the total OPEB liability, as of June 30, 2021, for the State OPEB fund, a single equivalent interest rate of 7.00% was used, as compared with last year's discount rate of 7.06%. 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 (2.16% per the Municipal Bond Index Rate) along with other factors. The projection of cash flows used to determine the discount rate assumed that 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 2145.

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

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Employer's proportionate share of the net OPEB liability	\$ 98,865	\$ 56,180	\$ 19,292

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
Employer's proportionate share of the net OPEB liability	\$ 13,115	\$ 56,180	\$ 106,679

TIFT COUNTY BOARD OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS

NOTE 10- OPEB LIABILITIES, OPEB EXPENSES, AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES RELATED TO OPEB - CONTINUED

OPEB Plan Fiduciary Net Position

Detailed information about the OPEB plan's fiduciary net position is available in the 2021 State of Georgia Annual Comprehensive Financial Report (ACFR) which is publicly available at: <https://sao.georgia.gov/statewide-reporting/acfr>.

NOTE 11- CHANGE IN ACCOUNTING PRINCIPLE

The Board of Health has determined that restatements to the July 1, 2021, beginning net position of the governmental activities was required to recognize the change in accounting principle for the implementation of Governmental Accounting Standards Board (GASB) Statement no. 87, *Leases*, through which accounting for leases and related disclosures have been modified.

This adjustment resulted in no change to the beginning net position of the Board of Health's governmental activities.

NOTE 12- 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.

REQUIRED SUPPLEMENTARY INFORMATION

TIFT COUNTY BOARD OF HEALTH
 BUDGETARY COMPARISON SCHEDULE
 GENERAL FUND

For the Fiscal Year Ended June 30, 2022

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	OVER (UNDER) BUDGET
REVENUES				
Georgia Department of Public Health				
Grant-In-Aid	\$ 457,616	\$ 482,472	\$ 482,472	\$ -
County Participating	35,035	35,035	35,035	-
County Non-Participating	148,522	90,065	145,285	55,220
Outpatient Client Fees	-	-	147,015	147,015
Health Check Fees	-	-	5,303	5,303
Out-Patient Medicare	-	-	11,828	11,828
Medicaid DSPS	-	-	7,799	7,799
Medicaid PCM	-	-	1,234	1,234
Inter/Inter Agency	84,393	76,303	76,303	-
Qualifying Local Funds	500	686	686	-
Environmental Fees	-	-	94,396	94,396
Admin Claiming	-	-	83,209	83,209
Prior Year Admin Claiming	214,434	218,731	-	(218,731)
Private Pay Insurance	-	-	65,718	65,718
Prior Year Program Income	320,000	314,709	-	(314,709)
TOTAL REVENUES	<u>\$ 1,260,500</u>	<u>\$ 1,218,001</u>	<u>\$ 1,156,283</u>	<u>\$ (61,718)</u>
EXPENDITURES				
Salaries and Fringe Benefits	\$ 912,524	\$ 907,607	\$ 907,606	\$ (1)
Equipment	10,545	9,958	9,958	-
Other Operating Expense	231,160	196,557	196,559	2
Inter/Intra Agency	-	-	-	-
Indirect Cost	106,271	103,879	103,879	-
TOTAL EXPENDITURES	<u>\$ 1,260,500</u>	<u>\$ 1,218,001</u>	<u>\$ 1,218,002</u>	<u>\$ 1</u>
EXCESS OF REVENUES OVER (UNDER) EXPENDITURES	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (61,719)</u>	<u>\$ (61,719)</u>

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

For the Fiscal Year Ended June 30, 2022

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

Actual amounts (budgetary basis) "available for appropriation" from the budgetary comparison	<u>\$ 1,156,283</u>
Actual amounts (budgetary basis) "total charges to appropriation" from the budgetary comparison	\$ 1,218,002
 Differences - budget to GAAP:	
Assets are capitalized and depreciated in the GAAP statements. These amounts represent the adjustments necessary in the current period:	
Capital Outlay	(27)
Depreciation Expense	914
 Right of use assets are capitalized and amortized in the GAAP statements. These amounts represent the adjustments necessary in the current period:	
Capital Outlay	8,448
Amortization Expense	(9,756)
 Right of use liabilities are accrued in the GAAP statements. These amounts represent the adjustments necessary in the current period:	
Lease Proceeds	(8,448)
Lease Payments	9,756
 Long Term Pension expenses do not require the use of current financial resources and therefore, are not reported as expenditures in governmental funds	
	(105,684)
 Long Term OPEB expenses do not require the use of current financial resources and therefore, are not reported as expenditures in governmental funds	
	(187,612)
 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>12,294</u>
Total Expenses as reported in the Statement of Activities.	<u>\$ 937,887</u>

TIFT COUNTY BOARD OF HEALTH

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

For the Year Ended June 30

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Employer's proportion of the net pension liability	0.020720%	0.023088%	0.023318%	0.021566%	0.022972%	0.021871%	0.023333%	0.023281%
Employer's proportionate share of the net pension liability	\$ 484,621	\$ 973,149	\$ 962,224	\$ 886,585	\$ 932,970	\$ 1,034,590	\$ 943,206	\$ 932,970
Employer's covered-employee payroll during the measurement period	\$ 514,036	\$ 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	94.28%	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	87.62%	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

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Contractually required contribution	\$ 130,792	\$ 122,482	\$ 143,550	\$ 145,650	\$ 136,475	\$ 139,799	\$ 125,708	\$ 94,323
Contributions in relation to the contractually required contribution	<u>\$ 130,792</u>	<u>\$ 122,482</u>	<u>\$ 143,550</u>	<u>\$ 145,650</u>	<u>\$ 136,475</u>	<u>\$ 139,799</u>	<u>\$ 125,708</u>	<u>\$ 94,323</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Agency's covered-employee payroll	\$ 514,036	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314	\$ 535,293	\$ 491,186	\$ 518,271
Contributions as a percentage of covered-employee payroll	25.44%	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, 2022

Changes of assumptions: In 2010 and later, the expectation of retired life mortality was changed to the RP-2000 Mortality Tables rather than the 1994 Group Annuity Mortality Table, which was used prior to 2010. In 2010, rates of withdrawal, retirement, disability, and mortality were adjusted to reflect actual experience more closely. In 2010, assumed rates of salary increase were adjusted to reflect actual and anticipated experience more closely.

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. The expectation of retired life mortality was changed to the RP-2000 Combines Mortality Table projected to 2025 with projection scale BB (set forward 2 years for both males and females).

A new funding policy was initially adopted by the Board on March 15, 2018, and most recently amended on June 18, 2020. Because of this new funding policy, the assumed investment rate of return was reduced from 7.50% to 7.40% for the June 30, 2017 actuarial valuation and further reduced from 7.40% to 7.30% for the June 30, 2018 actuarial valuation.

On December 17, 2020, the Board adopted recommended changes to the economic and demographic assumptions utilized by the System based on the experience study prepared for the five-year period ending June 30, 2019. Primary among the changes were the updates to rates of mortality, retirement, withdrawal, and salary increases. This also included a change to the long-term assumed investment rate of return to 7.00%. These assumption changes are reflected in the calculation of the June 30, 2021 Total Pension Liability.

TIFT COUNTY BOARD OF HEALTH

SEAD - OPEB EMPLOYER - SCHEDULE OF PROPORTIONATE SHARE
OF THE NET OPEB ASSET

For the Year Ended June 30

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Employer's proportion of the net OPEB asset	0.025413%	0.025949%	0.026209%	0.024994%	0.027819%
Employer's proportionate share of the net OPEB asset	\$ 156,500	\$ 73,700	\$ 74,110	\$ 67,645	\$ 72,303
Employer's covered-employee payroll	\$ 514,036	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314
Employer's proportionate share of the net OPEB asset as a percentage of its covered payroll	30.45%	15.36%	13.12%	11.99%	13.26%
Plan fiduciary net position as a percentage of the total OPEB asset	164.76%	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>2022</u>	<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	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Contribution deficiency (excess)	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
Agency's covered-employee payroll	\$514,036	\$ 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%	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, 2022

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).

A new funding policy was initially adopted by the Board on March 15, 2018. Because of this new funding policy, the assumed investment rate of return was reduced from 7.50% to 7.40% for the June 30, 2017 actuarial valuation and further reduced from 7.40% to 7.30% for the June 30, 2018 actuarial valuation.

On December 17, 2020, the Board adopted recommended changes to the economic and demographic assumptions utilized by the Systems based on the experience study prepared for the five-year period ending June 30, 2019. Primary among the changes were the updated to the rates of mortality, retirement, withdrawal, and salary increases. This also included a change to the long-term assumed investment rate of return of 7.00%. These assumption changes are reflected in the calculation of June 30, 2021 Total OPEB Liability.

TIFT COUNTY BOARD OF HEALTH

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

For the Year Ended June 30

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Employer's proportion of the collective net OPEB liability	0.020440%	0.021612%	0.006998%	0.006531%	0.000000%
Employer's proportionate share of the collective net OPEB liability	\$ 56,180	\$ 243,221	\$ 262,154	\$ 540,485	\$ -
Employer's covered-employee payroll during the measurement period	\$ 514,036	\$ 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	10.93%	50.69%	46.40%	95.80%	0.00%
Plan fiduciary net position as a percentage of the total collective OPEB liability	87.58%	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>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Contractually required contribution	\$ 32,283	\$ 31,012	\$ 32,524	\$ 112,920	\$ 103,647
Contributions in relation to the contractually required contribution	<u>\$ 32,283</u>	<u>\$ 31,012</u>	<u>\$ 32,524</u>	<u>\$ 112,920</u>	<u>\$ 103,647</u>
Contribution deficiency(excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Agency's covered-employee payroll	\$ 514,036	\$ 479,793	\$ 565,003	\$ 564,155	\$ 545,314
Contributions as a percentage of covered-employee payroll	6.28%	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, 2022

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

Changes in assumptions:

- June 30, 2020 valuation: Decremental assumptions were changed to reflect the Employees Retirement Systems experience study.
- 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 Systems.
- 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; to 7.06% as of June 30, 2020; and to 7.00% as of June 30, 2021.

SUPPLEMENTARY 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, 2022

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	OVER (UNDER) BUDGET
REVENUES				
Georgia Department of Public Health				
Grant-In-Aid	\$ 457,616	\$ 482,472	\$ 482,472	\$ -
County Participating	35,035	35,035	35,035	-
County Non-Participating	148,522	90,065	145,285	55,220
Outpatient Client Fees	-	-	147,015	147,015
Health Check Fees	-	-	5,303	5,303
Out-Patient Medicare	-	-	11,828	11,828
Medicaid DSPS	-	-	7,799	7,799
Medicaid PCM	-	-	1,234	1,234
Inter/Inter Agency	84,393	76,303	76,303	-
Qualifying Local Funds	500	686	686	-
Environmental Fees	-	-	94,396	94,396
Admin Claiming	-	-	83,209	83,209
Prior Year Admin Claiming	214,434	218,731	218,731	-
Private Pay Insurance	-	-	65,718	65,718
TOTAL REVENUES	<u>\$ 940,500</u>	<u>\$ 903,292</u>	<u>\$ 1,375,014</u>	<u>\$ 471,722</u>
EXPENDITURES				
Salaries and Fringe Benefits	\$ 912,524	\$ 907,607	\$ 907,606	\$ (1)
Equipment	10,545	9,958	9,958	-
Other Operating Expense	231,160	196,557	196,559	2
Indirect Cost	106,271	103,879	103,879	-
TOTAL EXPENDITURES	<u>\$ 1,260,500</u>	<u>\$ 1,218,001</u>	<u>\$ 1,218,002</u>	<u>\$ 1</u>
EXCESS (DEFICIT) OF REVENUES OVER EXPENDITURES	<u>\$ (320,000)</u>	<u>\$ (314,709)</u>	<u>\$ 157,012</u>	<u>\$ 471,721</u>
OTHER FINANCING SOURCES (USES)				
Transfers In	\$ 320,000	\$ 314,709	\$ 314,709	\$ -
Transfers (Out)	-	-	(333,293)	(333,293)
TOTAL OTHER FINANCING SOURCES (USES)	<u>\$ 320,000</u>	<u>\$ 314,709</u>	<u>\$ (18,584)</u>	<u>\$ (333,293)</u>
EXCESS OF REVENUE AND OTHER FINANCING SOURCES OVER EXPENDITURES AND OTHER FINANCING (USES)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 138,428</u>	<u>\$ 138,428</u>

TIFT COUNTY BOARD OF HEALTH

SCHEDULE OF STATE CONTRACTUAL ASSISTANCE

For the Fiscal Year Ended June 30, 2022

<u>STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH PROGRAM/GRANT NUMBER</u>	<u>GRANT PERIOD</u>	<u>PROGRAM/ GRANT AMOUNT</u>	<u>REVENUE RECEIVED DURING GRANT PERIOD</u>	<u>EXPENDITURES DURING FISCAL YEAR</u>	<u>DUE (TO) FROM DPH AT END OF FISCAL YEAR</u>
Georgia Department of Public Health:					
Tift County Public Health Program #40500-001-22223862	07/01/21 to 06/30/22	<u>\$ 482,472</u>	<u>\$ 482,472</u>	<u>\$ 482,472</u>	<u>\$ -</u>

OTHER REPORTS



ROBERT BAKER
— & ASSOCIATES, CPAs —

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 Tift County Board of Health, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise Tift County Board of Health's basic financial statements, and have issued our report thereon dated December 28, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered 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 Tift County Board of Health's internal control. Accordingly, we do not express an opinion on the effectiveness of 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. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies, and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We identified certain deficiencies in internal control, described in the accompanying Schedule of Findings and Responses as item 2022-001 that we consider to be significant deficiencies.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether 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*.

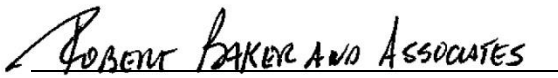
Tift County Board of Health's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the Tift County Board of Health's response to the findings identified in our audit and described in the accompanying Schedule of Findings and Responses. The Tift County Board of Health's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the 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 & ASSOCIATES, CPAs

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

Certified Public Accountants

Albany, Georgia

December 28, 2022

TIFT COUNTY BOARD OF HEALTH
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

For The Fiscal Year Ended June 30, 2022

SIGNIFICANT DEFICIENCIES

Auditor Reference
Number

2021-001 Quarterly Board Meeting – This finding was not corrected in fiscal year 2022.

TIFT COUNTY BOARD OF HEALTH
SCHEDULE OF FINDINGS AND RESPONSES

For The Fiscal Year Ended June 30, 2022

SIGNIFICANT DEFICIENCIES

Auditor Reference
Number

2022-001 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.