

State of Minnesota



Office of the State Auditor

Julie Blaha
State Auditor

**Carlton, Cook, Lake, and St. Louis
Community Health Board
Duluth, Minnesota**

Year Ended December 31, 2021

Description of the Office of the State Auditor

The mission of the Office of the State Auditor is to oversee local government finances for Minnesota taxpayers by helping to ensure financial integrity and accountability in local governmental financial activities.

Through financial, compliance, and special audits, the State Auditor oversees and ensures that local government funds are used for the purposes intended by law and that local governments hold themselves to the highest standards of financial accountability.

The State Auditor performs approximately 100 financial and compliance audits per year and has oversight responsibilities for over 3,300 local units of government throughout the state. The office currently maintains five divisions:

Audit Practice – conducts financial and legal compliance audits of local governments;

Government Information – collects and analyzes financial information for cities, towns, counties, and special districts;

Legal/Special Investigations – provides legal analysis and counsel to the Office and responds to outside inquiries about Minnesota local government law; as well as investigates allegations of misfeasance, malfeasance, and nonfeasance in local government;

Pension – monitors investment, financial, and actuarial reporting for Minnesota's local public pension funds; and

Tax Increment Financing – promotes compliance and accountability in local governments' use of tax increment financing through financial and compliance audits.

The State Auditor serves on the State Executive Council, State Board of Investment, Land Exchange Board, Public Employees Retirement Association Board, Minnesota Housing Finance Agency, and the Rural Finance Authority Board.

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**Carlton, Cook, Lake, and St. Louis
Community Health Board
Duluth, Minnesota**

Year Ended December 31, 2021



**Audit Practice Division
Office of the State Auditor
State of Minnesota**

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

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**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

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INTRODUCTORY SECTION

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

ORGANIZATION
DECEMBER 31, 2021

	<u>Representing</u>
Board of Directors	
Marv Bodie, Chair	Carlton County
Rick Breuer	Carlton County
Frances Jarchow	Cook County
David Mills, Vice Chair	Cook County
Shelley Fredrickson	Lake County
Peter Walsh	Lake County
Patrick Boyle	St. Louis County
Frank Jewell, Secretary	St. Louis County
Michael Jugovich	St. Louis County
Executive Director	
Susan Michels	
Medical Consultant	
Timothy Kufahl, M.D.	

FINANCIAL SECTION



INDEPENDENT AUDITOR'S REPORT

Board of Directors
Carlton, Cook, Lake, and St. Louis
Community Health Board
Duluth, Minnesota

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the governmental activities and the General Fund of the Carlton, Cook, Lake, and St. Louis Community Health Board as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Community Health Board's basic financial statements, as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the General Fund of the Carlton, Cook, Lake, and St. Louis Community Health Board as of December 31, 2021, and the respective changes in financial position thereof and the budgetary comparison of the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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 the Community Health Board, 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 opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 the Community Health Board'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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America 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 the Community Health Board'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; and
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Community Health Board'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, PERA retirement plan schedules, and Notes to the Required Supplementary Information 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 the Carlton, Cook, Lake, and St. Louis Community Health Board's basic financial statements. The Schedule of Intergovernmental Revenue and the Schedule of Expenditures of Federal Awards and related notes, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, are presented for purposes of additional analysis and are not a required part of 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 Supplementary Information as identified above is 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 September 13, 2022, on our consideration of the Community Health Board's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Community Health Board'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 Community Health Board's internal control over financial reporting and compliance.

/s/Julie Blaha

JULIE BLAHA
STATE AUDITOR

/s/Dianne Syverson

DIANNE SYVERSON, CPA
DEPUTY STATE AUDITOR

September 13, 2022

MANAGEMENT'S DISCUSSION AND ANALYSIS

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
DECEMBER 31, 2021
(Unaudited)**

Our Management's Discussion and Analysis (MD&A) of the Carlton, Cook, Lake, and St. Louis Community Health Board's financial performance provides an overview of the financial activities for the fiscal year ended December 31, 2021. Please read it in conjunction with the accompanying basic financial statements.

FINANCIAL HIGHLIGHTS

- The total net position of the Board increased by \$64,009 (27 percent).
- The Board's General Fund reported an ending fund balance of \$127,657, an increase of \$46,744. Unrestricted fund balance (available spendable resources) accounts for all of the ending fund balance.
- The General Fund reported an excess of revenues over expenditures of \$46,744.

OVERVIEW OF THE FINANCIAL STATEMENTS

This MD&A is intended to serve as an introduction to the Board's basic financial statements. The basic financial statements comprise three components: (1) government-wide financial statements, (2) fund financial statements, and (3) notes to the financial statements. This report contains other supporting schedules in addition to the basic financial statements.

Government-Wide Financial Statements

The Statement of Net Position and the Statement of Activities report information about the Board as a whole and about its activities. These statements include all assets, deferred outflows of resources, liabilities, and deferred inflows of resources, using the full accrual basis of accounting, which is similar to the accounting used by most private-sector companies. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Board's net position and changes to it. Net position—the difference between assets and deferred outflows of resources, and liabilities and deferred inflows of resources—is one way to measure the Board's financial health, or financial position. Over time, increases or decreases in the Board's net position are one indicator of whether its financial health is improving or deteriorating. The government-wide financial statements can be found on Exhibits 1 and 2.

Fund Financial Statements

Fund financial statements provide detailed information about the General Fund. The Board's General Fund is considered to be a governmental fund.

All of the Board's services and activities are reported in the General Fund, which focuses on how money flows in and out of the fund and on the balance left at year-end that is available for spending. This fund is reported using the modified accrual method of accounting, which measures cash and all other financial assets that can be readily converted to cash. The General Fund statements provide a detailed short-term view of the Board's operations and the basic services it provides. General Fund information helps determine whether there are more or fewer financial resources that can be spent in the near future to finance Board programs. The General Fund financial statements can be found on Exhibits 3 through 7 of this report.

Notes to the Financial Statements

The notes provide additional information essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 19 through 35.

Supporting Schedules

A Schedule of Intergovernmental Revenue is included as Exhibit B-1.

GOVERNMENT-WIDE FINANCIAL ANALYSIS

Net position may, over time, be a useful indicator of a government's financial position. In the case of the Carlton, Cook, Lake, and St. Louis Community Health Board, liabilities and deferred inflows of resources exceeded assets and deferred outflows of resources by \$173,983. This deficit of net position is due to the Community Health Board's recognition of a portion of the Minnesota Public Employees Retirement Association's net pension liability on the Board's financial statements.

All of the Board's net position is unrestricted. The Board does not have any individual assets costing more than \$5,000, which is the threshold the Board has set for defining capital assets.

The following analysis focuses on the Board's net position (Table 1).

Table 1
Net Position

	Governmental Activities	
	2021	2020
Assets		
Current and other assets	\$ 1,968,381	\$ 1,477,899
Deferred Outflows of Resources		
Deferred pension outflows	\$ 143,824	\$ 30,212
Liabilities		
Other liabilities	\$ 1,829,309	\$ 1,354,252
Long-term liabilities outstanding	232,135	318,292
Total Liabilities	\$ 2,061,444	\$ 1,672,544
Deferred Inflows of Resources		
Deferred pension inflows	\$ 224,744	\$ 73,559
Net Position		
Unrestricted	\$ (173,983)	\$ (237,992)

Governmental Activities

The Board's net position increased by \$64,009 (27 percent), from (\$237,992) up to (\$173,983).

Of the \$1,968,381 in current and other assets, \$1,967,631 is made up of due from other governments.

The Board's long-term liabilities consist of compensated absences and the net pension liability. Amounts due to other governments account for 88 percent of the other liabilities. Other liabilities are further detailed on the Statement of Net Position.

The following analysis focuses on the Board's changes in net position (Table 2).

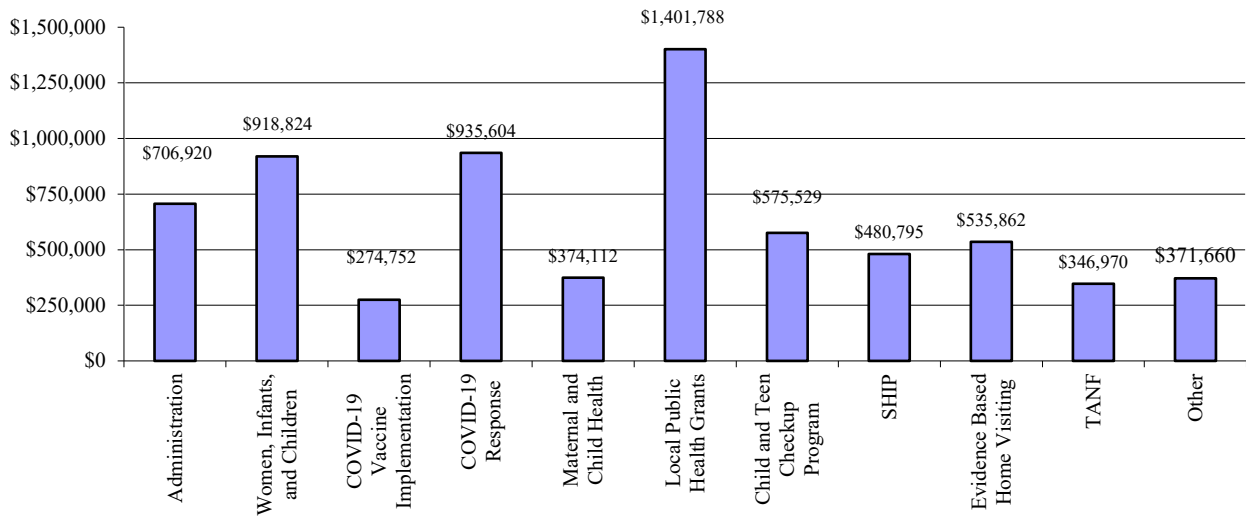
Table 2
Changes in Net Position

	Governmental Activities	
	2021	2020
Revenues		
Program revenues		
Operating grants and contributions	\$ 6,986,057	\$ 5,712,889
Miscellaneous revenue	768	784
Total Revenues	\$ 6,986,825	\$ 5,713,673
Expenses		
Program expenses		
Administration	\$ 706,920	\$ 638,324
Women, Infants, and Children	918,824	1,140,033
COVID-19 Vaccine Implementation	274,752	-
Maternal and Child Health	374,112	264,434
Local Public Health Grants	1,401,788	1,083,506
Child and Teen Checkups	575,529	601,107
Statewide Health Improvement Program (SHIP)	480,795	473,918
Evidence Based Home Visiting	535,862	605,056
Temporary Assistance for Needy Families (TANF)	346,970	370,237
COVID-19 Response	935,604	285,380
Other	371,660	205,609
Total Expenses	\$ 6,922,816	\$ 5,667,604
Increase (Decrease) in Net Position	\$ 64,009	\$ 46,069
Net Position – January 1	(237,992)	(284,061)
Net Position – December 31	\$ (173,983)	\$ (237,992)

Operating grants and contributions were from state-shared revenues and reimbursements and state and federal grants. State grants and reimbursements of \$3,192,366 and federal grants of \$3,639,626 were reported in 2021.

Expenditures and revenues are shown in detail in the budgetary comparison statement.

Expenses Governmental Activities



Operating grants and contributions made up 99.99 percent of the governmental activities' revenues.

Financial Analysis of the General Fund

As noted earlier, the Carlton, Cook, Lake, and St. Louis Community Health Board uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Board's General Fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Board's financing requirements. In particular, unrestricted fund balance may serve as a useful measure of net resources available for spending at the end of the fiscal year.

As of December 31, 2021, the Board's General Fund reported a fund balance of \$127,657, compared with \$80,913 in 2020. Of the fund balance, all of it was unrestricted, which is available for spending at the Board's discretion.

The Board's General Fund's fund balance increased \$46,744 because of revenue exceeding expenditures. This is due, in part, to grant reimbursements for 2020 which were received in 2021.

General Fund Budgetary Highlights

The Carlton, Cook, Lake, and St. Louis Community Health Board is a regional organization providing services to four counties in northeastern Minnesota. The majority of the funding is provided through state and federal grants. Reimbursement for services is a minor funding source.

CAPITAL ASSETS AND DEBT ADMINISTRATION

Capital Assets

At year-end, the Board did not have any capital assets.

Debt Administration

At year-end, the Board did not have any outstanding debt.

ECONOMIC FACTORS AND NEXT YEAR'S BUDGETS AND RATES

The Carlton, Cook, Lake, and St. Louis Community Health Board is both state and federal budget-responsive. The Board operates as the applicant agency for the four member counties and receives funding for various federal and state public health programs from the Minnesota Department of Health and the Minnesota Department of Human Services on a noncompetitive population needs-based formula or through a competitive grant application process. Funding allocations will fluctuate according to state and federal actions and population changes. The number of successful competitive grant-funding awards also affects the overall Board budget. With some fluctuation in certain public health programs, funding levels have remained relatively consistent. The Minnesota Statewide Health Improvement Partnership (SHIP) continued in 2021 as well as the Evidence Based Home Visiting grant, which began in May 2018. Funding was received for COVID response and recovery that has assisted in covering some costs incurred during the pandemic response.

In response to the coronavirus pandemic, the Board began receiving both federal and state funding in 2020 to prevent, manage, and respond to COVID-19. This continued into 2021.

The Carlton, Cook, Lake, and St. Louis Community Health Board is the largest community health board (in geographic area) in the state. Carlton, Cook, Lake, and St. Louis Counties are located in northeastern Minnesota and cover 10,635 miles (over 13 percent of the entire square miles in the State of Minnesota).

St. Louis County's population represents 80 percent of the total four-county population. Carlton County is approximately 13 percent, Cook County is approximately 2 percent, and Lake County is approximately 5 percent. The Board uses this population apportionment and the Social Vulnerability Index as it considers distributing funding for some of its programs.

CONTACTING THE CARLTON, COOK, LAKE, AND ST. LOUIS COMMUNITY HEALTH BOARD'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, customers, investors, and creditors with a general overview of finances and to show the Carlton, Cook, Lake, and St. Louis Community Health Board's accountability for the money it receives. If you have a question about this report, or need information, contact the Board's office at 404 West Superior Street, Suite 250, Duluth, Minnesota 55802.

BASIC FINANCIAL STATEMENTS

GOVERNMENT-WIDE FINANCIAL STATEMENTS

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 1

**STATEMENT OF NET POSITION
GOVERNMENTAL ACTIVITIES
DECEMBER 31, 2021**

Assets

Accounts receivable	\$ 750
Due from other governments	<u>1,967,631</u>
Total Assets	<u>\$ 1,968,381</u>

Deferred Outflows of Resources

Deferred pension outflows	<u>\$ 143,824</u>
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Liabilities

Accounts payable	\$ 66,068
Salaries payable	15,179
Due to other governments	1,601,071
Unearned revenue – grants	146,991
Long-term liabilities	
Due within one year	20,771
Due in more than one year	6,382
Net pension liability	<u>204,982</u>
Total Liabilities	<u>\$ 2,061,444</u>

Deferred Inflows of Resources

Deferred pension inflows	<u>\$ 224,744</u>
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Net Position

Unrestricted	<u><u>\$ (173,983)</u></u>
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**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 2

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2021**

	<u>Expenses</u>	<u>Program Revenues Operating Grants and Contributions</u>	<u>Net (Expense) Revenue and Changes in Net Position Governmental Activities</u>
<u>Functions/Programs</u>			
Primary government			
Governmental activities			
Health	<u>\$ 6,922,816</u>	<u>\$ 6,986,057</u>	\$ 63,241
 General Revenues			
Grants and contributions not restricted to specific programs			<u>768</u>
Change in net position			\$ 64,009
Net Position – Beginning			<u>(237,992)</u>
Net Position – Ending			<u>\$ (173,983)</u>

FUND FINANCIAL STATEMENTS

GOVERNMENTAL FUND

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 3

**BALANCE SHEET
GOVERNMENTAL FUND
DECEMBER 31, 2021**

	<u>General</u>
<u>Assets</u>	
Accounts receivable	\$ 750
Due from other governments	<u>1,967,631</u>
Total Assets	<u>\$ 1,968,381</u>
<u>Liabilities, Deferred Inflows of Resources, and Fund Balance</u>	
Liabilities	
Accounts payable	\$ 66,068
Salaries payable	15,179
Due to other governments	1,601,071
Unearned revenue – grants	<u>146,991</u>
Total Liabilities	<u>\$ 1,829,309</u>
Deferred Inflows of Resources	
Unavailable revenue – grants	<u>\$ 11,415</u>
Fund Balance	
Assigned	
Special projects	\$ 229
Unassigned	<u>127,428</u>
Total Fund Balance	<u>\$ 127,657</u>
Total Liabilities, Deferred Inflows of Resources, and Fund Balance	<u>\$ 1,968,381</u>

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 4

**RECONCILIATION OF GOVERNMENTAL FUND BALANCE SHEET TO
THE GOVERNMENT-WIDE STATEMENT OF NET POSITION—GOVERNMENTAL ACTIVITIES
DECEMBER 31, 2021**

Fund balance – General Fund (Exhibit 3)	\$	127,657
Amounts reported for governmental activities in the statement of net position are different because:		
Deferred outflows of resources resulting from pension obligations are not available resources and, therefore, are not reported in the governmental fund.		143,824
Other long-term assets are not available to pay for current period expenditures and, therefore, are reported as deferred inflows of resources in the governmental fund.		11,415
Long-term liabilities are not due and payable in the current period and, therefore, are not reported in the governmental fund.		
Compensated absences	\$ (27,153)	
Net pension liability	<u>(204,982)</u>	(232,135)
Deferred inflows of resources resulting from pension obligations are not due and payable in the current period and, therefore, are not reported in the governmental fund.		<u>(224,744)</u>
Net Position of Governmental Activities (Exhibit 1)	\$	<u>(173,983)</u>

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 5

**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
GOVERNMENTAL FUND
FOR THE YEAR ENDED DECEMBER 31, 2021**

	<u>General</u>
Revenues	
Intergovernmental	\$ 6,964,079
Miscellaneous	<u>54,065</u>
Total Revenues	\$ 7,018,144
Expenditures	
Current	
Health	<u>6,971,400</u>
Net Change in Fund Balance	\$ 46,744
Fund Balance – January 1	<u>80,913</u>
Fund Balance – December 31	<u><u>\$ 127,657</u></u>

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 6

**RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND
CHANGES IN FUND BALANCE OF THE GOVERNMENTAL FUND TO THE
GOVERNMENT-WIDE STATEMENT OF ACTIVITIES—GOVERNMENTAL ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2021**

Net change in fund balance – governmental fund (Exhibit 5)	\$	46,744
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Amounts reported for governmental activities in the statement of activities are different because:

In the fund, under the modified accrual basis, revenues not available for expenditure are deferred. In the statement of activities, those revenues are recognized when earned. The adjustment between the fund statement and the statement of activities is the increase or decrease in unavailable revenue.

Unavailable revenue – January 1	\$ (42,734)		
Unavailable revenue – December 31	<u>11,415</u>		(31,319)

Some 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 fund.

Change in compensated absences	\$ (2,638)		
Change in net pension liability	88,795		
Change in deferred pension outflows	113,612		
Change in deferred pension inflows	<u>(151,185)</u>		<u>48,584</u>

Change in Net Position of Governmental Activities (Exhibit 2)	\$	<u>64,009</u>
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**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT 7

**BUDGETARY COMPARISON STATEMENT
GENERAL FUND
FOR THE YEAR ENDED DECEMBER 31, 2021**

	Budgeted Amounts		Actual	Variance with
	Original	Final	Amounts	Final Budget
Revenues				
Intergovernmental	\$ 2,985,246	\$ 7,530,508	\$ 6,964,079	\$ (566,429)
Miscellaneous	25,622	60,215	54,065	(6,150)
Total Revenues	\$ 3,010,868	\$ 7,590,723	\$ 7,018,144	\$ (572,579)
Expenditures				
Administration				
Community Health Board	\$ 967,329	\$ 1,107,284	\$ 755,504	\$ 351,780
Intergovernmental				
Local Public Health Grant	\$ 3,979	\$ 1,401,788	\$ 1,401,788	\$ -
Special Supplemental Nutrition Program for Women, Infants, and Children	538,108	852,956	881,220	(28,264)
Maternal and Child Health	198,678	384,276	374,112	10,164
Immunization Grants	-	60,360	60,360	-
Temporary Assistance for Needy Families	38,523	346,970	346,970	-
Public Health Emergency Response	63,293	140,249	140,249	-
Statewide Health Improvement Program	484,259	423,508	423,508	-
COVID-19 Response and Vaccine Implementation	44,851	1,223,031	1,210,356	12,675
Child and Teen Checkups	-	596,809	575,529	21,280
Evidence Based Home Visiting	548,872	755,458	535,862	219,596
Good Food Guidelines (SPAN) Project	21,337	26,514	22,361	4,153
Follow Along Program	1,695	7,559	7,559	-
Early Hearing Detection and Intervention	-	7,400	7,400	-
Building Resistant Infrastructure and Communities (BRIC)	-	41,731	41,731	-
Blue Cross/Blue Shield Dental Grant	-	92,000	92,000	-
Total intergovernmental	\$ 1,943,595	\$ 6,360,609	\$ 6,121,005	\$ 239,604
Direct services				
Statewide Health Improvement Program	\$ 23,632	\$ 48,726	\$ 57,287	\$ (8,561)
Special Supplemental Nutrition Program for Women, Infants, and Children	76,312	74,104	37,604	36,500
Total direct services	\$ 99,944	\$ 122,830	\$ 94,891	\$ 27,939
Total Expenditures	\$ 3,010,868	\$ 7,590,723	\$ 6,971,400	\$ 619,323
Net Change in Fund Balance	\$ -	\$ -	\$ 46,744	\$ 46,744
Fund Balance – January 1	80,913	80,913	80,913	-
Fund Balance – December 31	\$ 80,913	\$ 80,913	\$ 127,657	\$ 46,744

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**NOTES TO THE FINANCIAL STATEMENTS
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2021**

1. Summary of Significant Accounting Policies

The Carlton, Cook, Lake, and St. Louis Community Health Board's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as of and for the year ended December 31, 2021. The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). The more significant accounting policies established in GAAP and used by the Community Health Board are discussed below.

A. Financial Reporting Entity

The Carlton, Cook, Lake, and St. Louis Community Health Board was established pursuant to Minn. Stat. ch. 145A and a joint powers agreement effective January 1, 1991.

The Community Health Board is composed as follows:

- Except for St. Louis County, each member county's Board of Commissioners appoints two members. St. Louis County is entitled to three members appointed by its County Board of Commissioners.
- Members appointed by each county having a Board of Health are selected from those persons currently serving on that county's board of health or county health advisory committee.
- Of the members appointed by each member county's Board of Commissioners, at least one member shall be a County Commissioner.

The primary activities of the Community Health Board are to protect and promote the health of the general population within the counties by emphasizing the prevention of disease, injury, disability, and preventable death through the promotion of effective coordination and use of community resources, and by extending health services into the community.

St. Louis County reports the financial transactions of the Community Health Board in a fiduciary fund on its annual financial statements.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies (Continued)

B. Basic Financial Statements

Basic financial statements include information on the Community Health Board's activities as a whole and information on the governmental fund. In the government-wide Statement of Net Position, the assets, liabilities, deferred inflows and outflows of resources, and net position of the governmental activities are reported on a full accrual, economic resources basis. The Statement of Activities demonstrates the degree to which the direct expenses of the Community Health Board are offset by revenues and are clearly identifiable with a specific function or activity.

Program revenues reported on the Statement of Activities include: (1) fees, fines, and charges paid by the recipients of goods, services, or privileges provided by a given function or activity; and (2) grants and contributions restricted to meeting the operational requirements of a particular function or activity. Revenues not classified as program revenues are presented as general revenues.

C. Measurement Focus and Basis of Accounting

The governmental activities are reported using the economic resources measurement focus and the full 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 are reported 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. The Community Health Board considers all revenues as available if collected within 90 days after the end of the current period.

Charges for services and interest are considered susceptible to accrual. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt, compensated absences, and claims and judgments, which are recognized as expenditures to the extent that they have matured. Proceeds of long-term debt and acquisitions under capital leases, if any, are reported as other financing sources.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies (Continued)

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

1. Cash

The Community Health Board's available cash balances are invested by St. Louis County in accordance with Minnesota statutes. Additional disclosures defining cash and pooled investments can be found in the St. Louis County Annual Comprehensive Financial Report.

2. Capital Assets

Capital assets are defined by the Community Health Board as assets with an initial, individual cost of more than \$5,000 and an estimated useful life in excess of two years. The Community Health Board does not have any assets costing more than \$5,000.

3. Receivables

No allowance for uncollectible receivables has been provided because such amounts are not expected to be material.

4. Prepaid Items

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

5. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position reports a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents consumption of net assets that applies to a future period(s) and will not be recognized as an outflow of resources (expenditure/expense) until then. The Community Health Board reports deferred outflows of resources only under the full accrual basis of accounting associated with pension plans and, accordingly, are reported only in the statement of net position.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

5. Deferred Outflows/Inflows of Resources (Continued)

In addition to liabilities, the statement of net position reports a separate section for deferred inflows of resources, which represents an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue or reduction of expense) until that time. The Community Health Board has two types of deferred inflows.

The governmental fund reports unavailable revenue from grant receivables. Unavailable revenue arises only under the modified accrual basis of accounting and, accordingly, is reported only in the governmental fund balance sheet. The unavailable revenue amount is deferred and recognized as an inflow of resources in the period that the amount becomes available. The Community Health Board also reports deferred inflows of resources associated with pension benefits. These inflows arise only under the full accrual basis of accounting and, accordingly, are reported only in the statement of net position.

6. Compensated Absences

The liability for compensated absences reported in the financial statements consists of unpaid, accumulated annual vacation and sick leave balances. The liability has been calculated using the vesting method, in which leave amounts for both employees who currently are eligible to receive termination payments and other employees who are expected to become eligible in the future to receive such payments upon termination are included. Compensated absences are accrued when incurred in the government-wide financial statements. The current portion of this liability is estimated based on the vacation balance at year-end. A liability for these amounts is reported in the governmental fund only if they have matured, for example, as a result of employee resignations and retirements.

Under the Community Health Board's personnel policy, employees are granted vacation in varying amounts based on their length of service. Vacation leave earned varies from 6½ to 29¼ days per year. Sick leave earned is 13 days per year.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

6. Compensated Absences (Continued)

Unused vacation leave is paid to employees upon termination. Unvested sick leave, approximately \$32,426 at December 31, 2021, is available to employees in the event of illness-related absences and is not paid to them at termination. The amount of unvested sick leave is not reported in the financial statements. The Community Health Board's personnel policy allows up to 1,900 hours of vested sick leave and any accrued vacation to be paid into the Minnesota State Retirement System's Health Care Savings Plan. This only applies to employees who have retired after having been continuously employed by the Community Health Board for at least five years prior to retirement. Funds in the Health Care Savings Plan can be used for the payment of employees' health insurance coverage after retirement.

7. 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 certain estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities, and deferred inflows of resources; and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

8. Classification of Net Position

Net position in the government-wide financial statements is classified in the following categories:

Restricted net position – the amount of net position for which external restrictions have been imposed by creditors, grantors, contributors, or laws or regulations of other governments and restrictions imposed by law through constitutional provisions or enabling legislation.

Unrestricted net position – the amount of net position that does not meet the definition of restricted.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

8. Classification of Net Position (Continued)

The Community Health Board first utilizes restricted resources to finance qualifying activities.

9. Classification of Fund Balance

Fund balance is divided into five classifications based primarily on the extent to which the Community Health Board is bound to observe constraints imposed upon the use of the resources in the governmental fund. The classifications are as follows:

Nonspendable – amounts that cannot be spent because they are not in spendable form, or legally or contractually required to be maintained intact. The “not in spendable form” criterion includes items that are not expected to be converted to cash.

Restricted – amounts for which constraints placed on the use of resources are either externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments, or is imposed by law through constitutional provisions or enabling legislation.

Committed – amounts that can be used only for the specific purposes imposed by formal action of the Community Health Board. Those committed amounts cannot be used for any other purpose unless the Community Health Board removes or changes the specified use by taking the same type of action it employed to previously commit those amounts.

Assigned – amounts the Community Health Board intends to use for specific purposes that do not meet the criteria to be classified as restricted or committed. In the General Fund, assigned amounts represent intended uses established by the Community Health Board.

Unassigned – unassigned fund balance is the residual classification for the General Fund and includes all spendable amounts not contained in the other fund balance classifications.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies

D. Assets, Liabilities, Deferred Outflows/Inflows of Resources, and Net Position or Equity

9. Classification of Fund Balance (Continued)

The Community Health Board applies restricted resources first when expenditures are incurred for purposes for which both restricted and unrestricted (committed, assigned, and unassigned) amounts are available. The Community Health Board does not have a formal policy for its use of unrestricted fund balance amounts; therefore, it considers committed amounts first, followed by assigned amounts, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

10. Pension Plan

For purposes of measuring the net pension liability, deferred outflows/inflows of resources, and pension expense, information about the fiduciary net position of the Public Employees Retirement Association (PERA) and additions to/deductions from PERA's fiduciary net position have been determined on the same basis as they are reported by PERA, except that PERA's fiscal year-end is June 30. For this purpose, plan contributions are recognized as of employer payroll paid dates, and benefit payments and refunds are recognized when due and payable in accordance with the benefit terms. Plan investments are reported at fair value.

E. Budgetary Information

The Carlton, Cook, Lake, and St. Louis Community Health Board adopts an annual revenue and expenditure budget for the General Fund on a basis consistent with accounting principles generally accepted in the United States of America. The budget is subject to approval by the State of Minnesota and the Community Health Board, which comprises representatives from the member counties.

In the fall (September/October) of each year, the Executive Director submits a request for appropriations in the board administration budget, including funding sources, to the Community Health Board for approval so that individual county appropriations can be determined and board administration budgets can be prepared. County budgets are approved by the local County Board. The Community Health Board submits the four counties' budgets to the state for approval. The appropriated budgets are prepared by each member County Board.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

1. Summary of Significant Accounting Policies

E. Budgetary Information (Continued)

The legal level of budgetary control (the level at which expenditures may not legally exceed the budget) is at the object level.

For the year ended December 31, 2021, revenues were under expectations by \$572,579; expenditures were under budget by \$619,323.

2. Detailed Notes

A. Assets

Deposits

The Community Health Board is authorized by Minn. Stat. §§ 118A.02 and 118A.04 to deposit its cash and to invest in certificates of deposit in financial institutions designated by the St. Louis County Board of Commissioners and the Carlton, Cook, Lake, and St. Louis Community Health Board. Minnesota statutes require that all Community Health Board deposits be covered by insurance, surety bond, or collateral.

The Community Health Board invests funds in St. Louis County's investment pool. The fair value of the investment is the fair value per share of the underlying portfolio. The Community Health Board invests in this pool as part of the administrative assistance provided by the County. There are no redemption limitations.

B. Liabilities

1. Operating Leases

The Community Health Board is committed under operating leases for office space and office equipment. These leases are expected to continue or be replaced with similar leases. Total costs for such leases were \$30,143 for the year ended December 31, 2021. The future minimum lease payments for these leases are as follows:

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

B. Liabilities

1. Operating Leases (Continued)

<u>Year Ending December 31</u>	<u>Amount</u>
2022	\$ 10,480
2023	2,489
2024	2,489
2025	<u>1,867</u>
Total	<u>\$ 17,325</u>

2. Deferred Compensation

The Community Health Board's employees participate in St. Louis County's deferred compensation plan.

3. Long-Term Liabilities

Changes in compensated absences payable for 2021 were:

January 1	\$ 24,515
Additions	27,154
Reductions	<u>(24,516)</u>
December 31	<u>\$ 27,153</u>
Amount due within one year	<u>\$ 20,771</u>

4. Unearned Revenue

The General Fund and the government-wide financial statements report, as unearned revenue, resources that have been received, but not yet earned.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes (Continued)

C. Defined Benefit Pension Plan

1. Plan Description

All full-time and certain part-time employees of the Carlton, Cook, Lake, and St. Louis Community Health Board are covered by defined benefit pension plans administered by the Public Employees Retirement Association of Minnesota (PERA). PERA administers the General Employees Retirement Plan (the General Employees Plan), which is a cost-sharing, multiple-employer retirement plan. The plan is established and administered in accordance with Minn. Stat. chs. 353 and 356. PERA's defined benefit pension plans are tax qualified plans under Section 401(a) of the Internal Revenue Code.

The General Employees Plan (accounted for in the General Employees Fund) has multiple benefit structures with members belonging to the Coordinated Plan, the Basic Plan, or the Minneapolis Employees Retirement Fund. Coordinated Plan members are covered by Social Security, and the Basic Plan and Minneapolis Employees Retirement Fund members are not. The Basic Plan was closed to new members in 1967. The Minneapolis Employees Retirement Fund was closed to new members during 1978 and merged into the General Employees Plan in 2015. All new members must participate in the Coordinated Plan, for which benefits vest after five years of credited service. No Carlton, Cook, Lake, and St. Louis Community Health Board employees belong to either the Basic Plan or the Minneapolis Employees Retirement Fund.

2. Benefits Provided

PERA provides retirement benefits as well as disability benefits to members and benefits to survivors upon death of eligible members. Benefit provisions are established by state statute and can be modified only by the state legislature. Benefit increases are provided to benefit recipients each January.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

C. Defined Benefit Pension Plan

2. Benefits Provided (Continued)

General Employees Plan benefit recipients will receive a post-retirement increase equal to 50 percent of the cost of living adjustment announced by the Social Security Administration, with a minimum increase of at least 1.00 percent and maximum of 1.50 percent. Recipients that have been receiving the annuity or benefit for at least a full year as of the June 30 before the effective date of the increase will receive the full increase. Recipients receiving the annuity or benefit for at least one month but less than a full year as of the June 30 before the effective date of the increase will receive a reduced prorated increase. For members retiring on January 1, 2024, or later, the increase will be delayed until normal retirement age (age 65 if hired prior to July 1, 1989, or age 66 for individuals hired on or after July 1, 1989). Members retiring under the Rule of 90 are exempt from the delay to normal retirement.

The benefit provisions stated in the following paragraph of this section are current provisions and apply to active plan participants. Vested, terminated employees who are entitled to benefits, but are not yet receiving them, are bound by the provisions in effect at the time they last terminated their public service.

Benefits are based on a member's highest average salary for any 60 consecutive months of allowable service, age, and years of credit at termination of service. In the General Employees Plan, two methods are used to compute benefits for Coordinated Plan members. Members hired prior to July 1, 1989, receive the higher of a step-rate benefit accrual formula (Method 1) or a level accrual formula (Method 2). Under Method 1, the annuity accrual rate for a Coordinated Plan member is 1.20 percent of average salary for each of the first ten years of service and 1.70 percent of average salary for each remaining year. Under Method 2, the annuity accrual rate is 1.70 percent for Coordinated Plan members for each year of service. Only Method 2 is used for members hired after June 30, 1989.

For General Employees Plan members hired prior to July 1, 1989, a full annuity is available when age plus years of service equal 90, and normal retirement age is 65. For members hired on or after July 1, 1989, normal retirement age is the age for unreduced Social Security benefits capped at 66. Disability benefits are available for vested members and are based on years of service and average high-five salary.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

C. Defined Benefit Pension Plan (Continued)

3. Contributions

Pension benefits are funded from member and employer contributions and income from the investment of fund assets. Rates for employer and employee contributions are set by Minn. Stat. ch. 353. These statutes are established and amended by the state legislature. General Employees Plan members were required to contribute 6.50 percent of their annual covered salary in 2021.

In 2021, the Community Health Board was required to contribute 7.50 percent of annual covered salary. The employee and employer rates did not change from the previous year.

The Community Health Board's contributions for the General Employees Plan for the year ended December 31, 2021, were \$25,498. The contributions are equal to the statutorily required contributions as set by state statute.

4. Pension Costs

At December 31, 2021, the Community Health Board reported a liability of \$204,982 for its proportionate share of the General Employees Plan's net pension liability. The net pension liability was measured as of June 30, 2021, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Community Health Board's proportion of the net pension liability was based on the Community Health Board's contributions received by PERA during the measurement period for employer payroll paid dates from July 1, 2020, through June 30, 2021, relative to the total employer contributions received from all of PERA's participating employers. At June 30, 2021, the Community Health Board's proportion was 0.0048 percent. It was 0.0049 percent measured as of June 30, 2020. The Community Health Board recognized pension expense of \$25,654 for its proportionate share of the General Employees Plan's pension expense.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

C. Defined Benefit Pension Plan

4. Pension Costs (Continued)

The Community Health Board also recognized \$500 as revenue, which results in a reduction of the net pension liability, for its proportionate share of the State of Minnesota's expense related to its contribution to the General Employees Plan, which qualifies as a special funding situation. Legislation requires the State of Minnesota to contribute \$16 million to the General Employees Plan annually until September 15, 2031.

The Community Health Board's proportionate share of the net pension liability	\$ 204,982
State of Minnesota's proportionate share of the net pension liability associated with the Community Health Board	<u>6,201</u>
Total	<u>\$ 211,183</u>

The Community Health Board reported its proportionate share of the General Employees Plan's deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual economic experience	\$ 1,259	\$ 6,273
Changes in actuarial assumptions	125,157	4,534
Difference between projected and actual investment earnings	-	177,523
Changes in proportion	4,667	36,414
Contributions paid to PERA subsequent to the measurement date	<u>12,741</u>	<u>-</u>
Total	<u>\$ 143,824</u>	<u>\$ 224,744</u>

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

C. Defined Benefit Pension Plan

4. Pension Costs (Continued)

The \$12,741 reported as deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended December 31, 2022. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<u>Year Ended December 31</u>	<u>Pension Expense Amount</u>
2022	\$ (21,599)
2023	(20,525)
2024	(3,118)
2025	(48,419)

5. Actuarial Assumptions

The total pension liability in the June 30, 2021, actuarial valuation was determined using the individual entry-age normal actuarial cost method and the following additional actuarial assumptions:

Inflation	2.25 percent per year
Active member payroll growth	3.00 percent per year
Investment rate of return	6.50 percent

Salary increases were based on a service-related table. Mortality rates for active members, retirees, survivors, and disabilitants were based on the Pub-2010 General Employee Mortality table, with slight adjustments. Cost of living benefit increases for retirees are assumed to be 1.25 percent.

Actuarial assumptions used in the June 30, 2021, valuation were based on the results of actuarial experience studies. The experience study for the General Employees Plan was dated June 27, 2019. A review of inflation and investment assumptions dated June 24, 2021, was utilized.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

C. Defined Benefit Pension Plan

5. Actuarial Assumptions (Continued)

The long-term expected rate of return on pension plan investments is 6.50 percent. The State Board of Investment, which manages the investments of PERA, prepares an analysis of the reasonableness of the long-term expected rate of return on a regular basis using a building-block method in which best-estimate ranges of expected future rates of return are developed for each major asset class. These ranges are combined to produce an expected long-term rate of return by weighting the expected future rates of return by the target asset allocation percentages. The target allocation and best estimates of geometric real rates of return 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>
Domestic equities	33.50%	5.10%
International equities	16.50	5.30
Fixed income	25.00	0.75
Private markets	25.00	5.90

6. Discount Rate

The discount rate used to measure the total pension liability was 6.50 percent in 2021, which is a decrease of one percent from 2020. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified in statute. Based on that assumption, the fiduciary net position of the General Employees Plan was projected to be available to make all projected future benefit payments of current active and inactive employees. 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.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

2. Detailed Notes

C. Defined Benefit Pension Plan (Continued)

7. Changes in Actuarial Assumptions and Plan Provisions

The following changes in actuarial assumptions occurred in 2021:

- The investment return and single discount rates were changed from 7.50 percent to 6.50 percent.
- The mortality improvement scale was changed from Scale MP-2019 to Scale MP-2020.

8. Pension Liability Sensitivity

The following presents the Community Health Board's proportionate share of the net pension liability calculated using the discount rate previously disclosed, as well as what the Community Health Board's proportionate share of the net pension liability would be if it were calculated using a discount rate one percentage point lower or one percentage point higher than the current discount rate:

	Proportionate Share of the General Employees Plan	
	Discount Rate	Net Pension Liability
1% Decrease	5.50%	\$ 418,058
Current	6.50	204,982
1% Increase	7.50	30,140

9. Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in a separately issued PERA financial report that includes financial statements and required supplementary information. That report may be obtained on the internet at www.mnpera.org.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

3. Risk Management

The Community Health Board is exposed to various risks of loss related to torts; theft of, damage to, or destruction of assets; errors or omissions; injuries to employees; or natural disasters. The Community Health Board participates in St. Louis County's dental and life insurance risk pools; the Community Health Board purchases commercial insurance for all other risks of loss. The Community Health Board did not have a loss exceeding the limits of insurance coverage for any of the past three years. There were no significant reductions in insurance from the prior year.

St. Louis County handles its risk pools through internal service funds. Additional disclosures as required by GASB Statement No. 10, *Accounting and Reporting for Risk Financing and Related Insurance Issues*, are disclosed on an entity-wide basis in the St. Louis County Annual Comprehensive Financial Report.

REQUIRED SUPPLEMENTARY INFORMATION

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT A-1

**SCHEDULE OF PROPORTIONATE SHARE OF NET PENSION LIABILITY
PERA GENERAL EMPLOYEES RETIREMENT PLAN
DECEMBER 31, 2021**

Measurement Date	Employer's Proportion of the Net Pension Liability/Asset	Employer's Proportionate Share of the Net Pension Liability (Asset) (a)	State's Proportionate Share of the Net Pension Liability Associated with the Community Health Board (b)	Employer's Proportionate Share of the Net Pension Liability and the State's Related Share of the Net Pension Liability (Asset) (a + b)	Covered Payroll (c)	Employer's Proportionate Share of the Net Pension Liability (Asset) as a Percentage of Covered Payroll (a/c)	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
2021	0.0048 %	\$ 204,982	\$ 6,201	\$ 211,183	\$ 345,080	59.40 %	87.00 %
2020	0.0049	293,777	9,147	302,924	351,533	83.57	79.06
2019	0.0059	326,198	10,000	336,198	414,773	78.64	80.23
2018	0.0056	310,665	10,219	320,884	375,773	82.67	79.53
2017	0.0065	414,956	5,211	420,167	418,187	99.23	75.90
2016	0.0061	495,289	6,490	501,779	376,333	131.61	68.91
2015	0.0051	264,308	N/A	264,308	302,657	87.33	78.19

This schedule is intended to show information for ten years. Additional years will be displayed as they become available.

The measurement date for each year is June 30.

N/A – Not Applicable

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT A-2

**SCHEDULE OF CONTRIBUTIONS
PERA GENERAL EMPLOYEES RETIREMENT PLAN
DECEMBER 31, 2021**

Year Ending	Statutorily Required Contributions (a)	Actual Contributions in Relation to Statutorily Required Contributions (b)	Contribution (Deficiency) Excess (b - a)	Covered Payroll (c)	Actual Contributions as a Percentage of Covered Payroll (b/c)
2021	\$ 25,498	\$ 25,498	\$ -	\$ 339,973	7.50 %
2020	25,492	25,492	-	339,893	7.50
2019	28,050	28,050	-	374,000	7.50
2018	30,829	30,829	-	411,053	7.50
2017	29,913	29,913	-	398,834	7.50
2016	29,246	29,246	-	389,947	7.50
2015	25,471	25,471	-	339,613	7.50

This schedule is intended to show information for ten years. Additional years will be displayed as they become available.
The Carlton, Cook, Lake, and St. Louis Community Health Board's year-end is December 31.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**NOTES TO THE REQUIRED SUPPLEMENTARY INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2021**

Defined Benefit Pension Plans – Changes in Significant Plan Provisions, Actuarial Methods, and Assumptions

The following changes were reflected in the valuation performed on behalf of the Public Employees Retirement Association for the fiscal year June 30:

General Employees Retirement Plan

2021

- The investment return and single discount rates were changed from 7.50 percent to 6.50 percent.
- The mortality improvement scale was changed from Scale MP-2019 to Scale MP-2020.

2020

- The price inflation assumption was decreased from 2.50 percent to 2.25 percent.
- The payroll growth assumption was decreased from 3.25 percent to 3.00 percent.
- Assumed salary increase rates were changed as recommended in the June 30, 2019, experience study. The net effect is assumed rates that average 0.25 percent less than previous rates.
- Assumed rates of retirement were changed as recommended in the June 30, 2019, experience study. The changes result in more unreduced (normal) retirements and slightly fewer Rule of 90 and early retirements.
- Assumed rates of termination were changed as recommended in the June 30, 2019, experience study. The new rates are based on service and are generally lower than the previous rates for years two to five and slightly higher thereafter.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

Defined Benefit Pension Plans – Changes in Significant Plan Provisions, Actuarial Methods, and Assumptions

General Employees Retirement Plan

2020 (Continued)

- Assumed rates of disability were changed as recommended in the June 30, 2019, experience study. The change results in fewer predicted disability retirements for males and females.
- The base mortality table for healthy annuitants and employees was changed from the RP-2014 table to the Pub-2010 General Employee Mortality table, with adjustments. The base mortality table for disabled annuitants was changed from the RP-2014 Disabled Annuitant Mortality table to the Pub-2010 General/Teacher Disabled Retiree Mortality table, with adjustments.
- The mortality improvement scale was changed from Scale MP-2018 to Scale MP-2019.
- The assumed spouse age difference was changed from two years older for females to one year older.
- The assumed number of married male new retirees electing the 100 percent Joint and Survivor option changed from 35 percent to 45 percent. The assumed number of married female new retirees electing the 100 percent Joint and Survivor option changed from 15 percent to 30 percent. The corresponding number of married new retirees electing the Life annuity option was adjusted accordingly.
- Augmentation for current privatized members was reduced to 2.00 percent for the period July 1, 2020, through December 31, 2023, and 0.00 percent thereafter. Augmentation was eliminated for privatizations occurring after June 30, 2020.

2019

- The mortality projection scale was changed from Scale MP-2017 to Scale MP-2018.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

Defined Benefit Pension Plans – Changes in Significant Plan Provisions, Actuarial Methods, and Assumptions

General Employees Retirement Plan (Continued)

2018

- The mortality projection scale was changed from Scale MP-2015 to Scale MP-2017.
- The assumed benefit increase rate was changed from 1.00 percent per year through 2044 and 2.50 percent per year thereafter, to 1.25 percent per year.
- The augmentation adjustment in early retirement factors is eliminated over a five-year period starting July 1, 2019, resulting in actuarial equivalence after June 30, 2024.
- Interest credited on member contributions decreased from 4.00 percent to 3.00 percent, beginning July 1, 2018.
- Deferred augmentation was changed to 0.00 percent, effective January 1, 2019. Augmentation that has already accrued for deferred members will still apply.
- Contribution stabilizer provisions were repealed.
- Post-retirement benefit increases were changed from 1.00 percent per year with a provision to increase to 2.50 percent upon attainment of 90 percent funding to 50 percent of the Social Security cost of living adjustment, not less than 1.00 percent and not more than 1.50 percent, beginning January 1, 2019.
- For retirements on or after January 1, 2024, the first benefit increase is delayed until the retiree reaches normal retirement age; does not apply to the Rule of 90 retirees, disability benefit recipients, or survivors.
- Actuarial equivalent factors were updated to reflect revised mortality and interest assumptions.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

Defined Benefit Pension Plans – Changes in Significant Plan Provisions, Actuarial Methods, and Assumptions

General Employees Retirement Plan (Continued)

2017

- The Combined Service Annuity (CSA) loads were changed from 0.80 percent for active members and 60 percent for vested and non-vested deferred members (30 percent for deferred Minneapolis Employees Retirement Fund members). The revised CSA loads are now 0.00 percent for active member liability, 15 percent for vested deferred member liability, and 3.00 percent for non-vested deferred member liability.
- The assumed post-retirement benefit increase rate was changed from 1.00 percent per year for all years to 1.00 percent per year through 2044 and 2.50 percent per year thereafter.
- Minneapolis Employees Retirement Fund plan provisions change the employer supplemental contribution to \$21 million in calendar years 2017 and 2018 and returns to \$31 million through calendar year 2031. The state's required contribution is \$16 million in PERA's fiscal years 2018 and 2019 and returns to \$6 million annually through calendar year 2031.

2016

- The assumed post-retirement benefit increase rate was changed from 1.00 percent per year through 2035 and 2.50 percent per year thereafter, to 1.00 percent for all future years.
- The assumed investment rate was changed from 7.90 percent to 7.50 percent. The single discount rate was also changed from 7.90 percent to 7.50 percent.
- Other assumptions were changed pursuant to the experience study dated June 30, 2015. The assumed payroll growth and inflation were decreased by 0.25 percent. Payroll growth was reduced from 3.50 percent to 3.25 percent. Inflation was reduced from 2.75 percent to 2.50 percent.

SUPPLEMENTARY INFORMATION

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT B-1

**SCHEDULE OF INTERGOVERNMENTAL REVENUE
FOR THE YEAR ENDED DECEMBER 31, 2021**

Appropriations and Shared Revenue

State

PERA rate reimbursement	\$ <u>768</u>
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Grants

State

Minnesota Department of Health	\$ 2,885,105
Human Services	<u>306,644</u>

Total state	\$ <u>3,191,749</u>
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Federal

Special Supplemental Nutrition Program for Women, Infants, and Children	\$ 956,428
Coronavirus Relief Fund	34,445
Special Education – Grants for Infants and Families	7,559
Public Health Emergency Preparedness	178,374
Early Hearing Detection and Intervention	1,300
Immunization Cooperative Agreements	479,583
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	300
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	459,877
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	42,493
State Physical Activity and Nutrition (SPAN)	20,260
Temporary Assistance for Needy Families (TANF)	346,970
Maternal, Infant and Early Childhood Home Visiting Grant Program	301,926
Block Grants for Prevention and Treatment of Substance Abuse	132,192
Maternal and Child Health Services Block Grant to the States	403,210
Medical Assistance Program	<u>306,645</u>

Total federal	\$ <u>3,671,562</u>
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Other

Local	\$ <u>100,000</u>
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Total state, federal, and local grants	\$ <u>6,963,311</u>
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Total Intergovernmental Revenue	\$ <u><u>6,964,079</u></u>
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**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

EXHIBIT B-2

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2021**

Federal Grantor Pass-Through Agency Program or Cluster Title	Assistance Listing Number	Pass-Through Grant Number	Expenditures	Passed Through to Subrecipients
U.S. Department of Agriculture				
Passed Through Minnesota Department of Health Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	202MN004W1003	<u>\$ 956,428</u>	<u>\$ 918,824</u>
U.S. Department of the Treasury				
Passed Through Minnesota Department of Health COVID-19 – Coronavirus Relief Fund	21.019	SLT0232	<u>\$ 34,445</u>	<u>\$ 29,525</u>
U.S. Department of Education				
Passed Through Minnesota Department of Health Special Education – Grants for Infants and Families	84.181	B04MC32551	<u>\$ 7,559</u>	<u>\$ 7,559</u>
U.S. Department of Health and Human Services				
Passed Through Minnesota Department of Health				
Public Health Emergency Preparedness	93.069	NU90TP922026	\$ 140,249	\$ 140,249
Early Hearing Detection and Intervention	93.251	H61MC00035	1,300	1,300
COVID-19 – Immunization Cooperative Agreements	93.268	NH23IP922628	479,583	470,589
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	93.314	6 NUR3DD000842-05-01	300	300
COVID-19 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	NU50CK000508	459,877	450,999
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	NU38OT000286	42,493	41,731
State Physical Activity and Nutrition (SPAN)	93.439	NU58DP006500	23,111	22,362
Temporary Assistance for Needy Families	93.558	NGA 1801MNTANF	346,970	346,970
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	X10MC32199	301,926	294,397
Maternal and Child Health Services Block Grant to the States	93.994	B04MC32551	403,767	374,112
Passed Through Minnesota Department of Human Services				
Medicaid Cluster				
Medical Assistance Program	93.778	2105MN5ADM	306,645	287,765
Block Grants for Prevention and Treatment of Substance Abuse	93.959	B08TI010027/B08TI083047	<u>134,973</u>	<u>-</u>
Total U.S. Department of Health and Human Services			<u>\$ 2,641,194</u>	<u>\$ 2,430,774</u>
Total Federal Awards			<u>\$ 3,639,626</u>	<u>\$ 3,386,682</u>
Totals by Cluster				
Total expenditures for Medicaid Cluster			\$ 306,645	

The notes to the Schedule of Expenditures of Federal Awards are an integral part of this schedule.

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**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2021**

1. Summary of Significant Accounting Policies

A. Reporting Entity

The Schedule of Expenditures of Federal Awards presents the activities of federal award programs expended by the Carlton, Cook, Lake, and St. Louis Community Health Board. The Community Health Board's reporting entity is defined in Note 1 to the financial statements.

B. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of the Carlton, Cook, Lake, and St. Louis Community Health Board under programs of the federal government for the year ended December 31, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the Carlton, Cook, Lake, and St. Louis Community Health Board, it is not intended to and does not present the financial position, changes in net position, or cash flows of the Carlton, Cook, Lake, and St. Louis Community Health Board.

Expenditures reported on the schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Cost Rate

The Carlton, Cook, Lake, and St. Louis Community Health Board has elected to not use the ten percent de minimis indirect cost rate allowed under the Uniform Guidance.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

3. Reconciliation to Schedule of Intergovernmental Revenue

	Federal Assistance Listing Number	Amount
Federal grant revenue per Schedule of Intergovernmental Revenue		\$ 3,671,562
Grants received more than 90 days after year-end, unavailable in 2021		
State Physical Activity and Nutrition (SPAN)	93.439	2,851
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2,781
Maternal and Child Health Services Block Grant to the States	93.994	557
Grants unavailable in 2020, recognized as revenue in 2021		
Public Health Emergency Preparedness	93.069	<u>(38,125)</u>
 Total Expenditures per Schedule of Expenditures of Federal Awards		 <u><u>\$ 3,639,626</u></u>

MANAGEMENT AND COMPLIANCE SECTION



**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***

Independent Auditor's Report

Board of Directors
Carlton, Cook, Lake, and St. Louis
Community Health Board
Duluth, Minnesota

We have audited, 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, the financial statements of the governmental activities and the General Fund of the Carlton, Cook, Lake, and St. Louis Community Health Board as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Community Health Board's basic financial statements, and have issued our report thereon dated September 13, 2022.

Report on Internal Control Over Financial Reporting

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

A deficiency in internal control over financial reporting 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 over financial reporting 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 over financial reporting that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be 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 over financial reporting that we consider to be material weaknesses. We identified a deficiency in internal control over financial reporting, described in the accompanying Schedule of Findings and Questioned Costs as item 2021-001, that we consider to be a significant deficiency.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Carlton, Cook, Lake, and St. Louis Community Health Board'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*.

Minnesota Legal Compliance

In connection with our audit, nothing came to our attention that caused us to believe that the Carlton, Cook, Lake, and St. Louis Community Health Board failed to comply with the provisions of depositories of public funds and public investments, conflicts of interest, claims and disbursements, and miscellaneous provisions sections of the *Minnesota Legal Compliance Audit Guide for Other Political Subdivisions*, promulgated by the State Auditor pursuant to Minn. Stat. § 6.65, insofar as they relate to accounting matters. However, our audit was not directed primarily toward obtaining knowledge of such noncompliance. Accordingly, had we performed additional procedures, other matters may have come to our attention regarding the Community Health Board's noncompliance with the above referenced provisions, insofar as they relate to accounting matters.

Carlton, Cook, Lake, and St. Louis Community Health Board's Response to Finding

Government Auditing Standards requires the auditor to perform limited procedures on the Carlton, Cook, Lake, and St. Louis Community Health Board's response to the internal control finding identified in our audit and described in the accompanying Corrective Action Plan. The Community Health Board's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting, compliance, and the provisions of the *Minnesota Legal Compliance Audit Guide for Other Political Subdivisions* and the results of that testing, and not to provide an opinion on the effectiveness of the Community Health Board's internal control over financial reporting or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Community Health Board's internal control over financial reporting and compliance. Accordingly, this communication is not suitable for any other purpose.

/s/Julie Blaha

JULIE BLAHA
STATE AUDITOR

/s/Dianne Syverson

DIANNE SYVERSON, CPA
DEPUTY STATE AUDITOR

September 13, 2022



**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

Independent Auditor's Report

Board of Directors
Carlton, Cook, Lake, and St. Louis
Community Health Board
Duluth, Minnesota

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Carlton, Cook, Lake, and St. Louis Community Health Board's compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the Carlton, Cook, Lake, and St. Louis Community Health Board's major federal programs for the year ended December 31, 2021. The Carlton, Cook, Lake, and St. Louis Community Health Board's major federal programs are identified in the Summary of Auditor's Results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the Carlton, Cook, Lake, and St. Louis Community Health Board complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2021.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Carlton, Cook, Lake, and St. Louis Community Health Board and to meet our other ethical responsibilities, in accordance with 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 opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Carlton, Cook, Lake, and St. Louis Community Health Board's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Carlton, Cook, Lake, and St. Louis Community Health Board's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Carlton, Cook, Lake, and St. Louis Community Health Board's compliance based on our audit. 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 auditing standards generally accepted in the United States of America, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Carlton, Cook, Lake, and St. Louis Community Health Board's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards*, and the Uniform Guidance, we:

- exercise professional judgment and maintain professional skepticism throughout the audit;
- identify and assess the risks of material noncompliance, 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 Carlton, Cook, Lake, and St. Louis Community Health Board's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances; and
- obtain an understanding of the Carlton, Cook, Lake, and St. Louis Community Health Board's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Carlton, Cook, Lake, and St. Louis Community Health Board's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

/s/Julie Blaha

JULIE BLAHA
STATE AUDITOR

/s/Dianne Syverson

DIANNE SYVERSON, CPA
DEPUTY STATE AUDITOR

September 13, 2022

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2021**

I. SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP: **Unmodified**

Internal control over financial reporting:

- Material weaknesses identified? **No**
- Significant deficiencies identified? **Yes**

Noncompliance material to the financial statements noted? **No**

Federal Awards

Internal control over major programs:

- Material weaknesses identified? **No**
- Significant deficiencies identified? **None reported**

Type of auditor's report issued on compliance for major federal programs: **Unmodified**

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? **No**

The major federal programs are:

Assistance Listing Number	Name of Federal Program or Cluster
93.268	COVID -19 – Immunization Cooperative Agreements
93.323	COVID -19 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

The threshold for distinguishing between Types A and B programs was \$750,000.

The Carlton, Cook, Lake, and St. Louis Community Health Board qualified as a low-risk auditee? **Yes**

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2021**

**II. FINDINGS RELATED TO FINANCIAL STATEMENTS AUDITED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

2021-001 Segregation of Duties

Prior Year Finding Number: 2020-001

Repeat Finding Since: 1996

Type of Finding: Internal Control Over Financial Reporting

Severity of Deficiency: Significant Deficiency

Criteria: Management is responsible for establishing and maintaining internal control. This responsibility includes internal control over the various accounting cycles, the fair presentation of the financial statements and related notes, and the accuracy and completeness of all financial records and related information. Adequate segregation of duties is a key internal control in an organization's accounting system.

Condition: Due to the limited number of personnel, segregation of accounting duties necessary to ensure adequate internal accounting control is not possible.

Context: The size of the Carlton, Cook, Lake, and St. Louis Community Health Board and its staffing limits the internal control that management can design and implement into the organization.

Effect: Inadequate segregation of duties could adversely affect the Community Health Board's ability to detect misstatements in a timely period by employees in the normal course of performing their assigned functions.

Cause: Management has identified where inadequate segregation of duties issues exist. Management has determined that given departmental size, staffing considerations, and resource limitations, the desirable level of segregation of duties necessary to achieve an adequate level of internal control is not feasible.

Recommendation: Management is aware that segregation of duties is not adequate from an internal control point of view. We recommend the Board of Directors be mindful that limited staffing causes inherent risks in safeguarding the Carlton, Cook, Lake, and St. Louis Community Health Board's assets and the proper reporting of its financial activity. We recommend the Board of Directors continue to implement oversight procedures and monitor those procedures to determine if they are still effective internal controls.

**CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2021**

View of Responsible Official: Concur.

III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARD PROGRAMS

None.



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**REPRESENTATION OF
CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**CORRECTIVE ACTION PLAN
FOR THE YEAR ENDED DECEMBER 31, 2021**

Finding Number: 2021-001
Finding Title: Segregation of Duties

Name of Contact Person Responsible for Corrective Action:

Susan Michels, Executive Director *Susan Michels*

Corrective Action Planned:

The Carlton, Cook, Lake, and St. Louis Community Health Board (CHB) is aware of the internal control situation and is in continuous review of the Board's operations. The CHB staff has built in additional checks and balances through the Mitchell-Humphrey Financial System to make sure that every expense and revenue is correctly coded and has a policy to support these additional workflows. The CHB Director provides review and oversight of all financial transactions, and the St. Louis County (SLC) Auditor's staff communicates with the CHB Finance Specialist and CHB Director if any expense or revenue irregularities are noted. CHB Regional Grant Coordinators and the agency director review all grant invoices prior to submission for payment. The CHB continues to work with SLC Auditor's staff to review staff travel expense policy and practice, to ensure that best practices are used by staff in submission of invoices, as well as in administrative review of these invoices. County public health leaders and program staff are re-oriented to expense policy and practices at least on a yearly basis. Expense reimbursement guidelines are also included in county and other organizational contracts.

Anticipated Completion Date:

December 31, 2022



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**REPRESENTATION OF
CARLTON, COOK, LAKE, AND ST. LOUIS
COMMUNITY HEALTH BOARD
DULUTH, MINNESOTA**

**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
FOR THE YEAR ENDED DECEMBER 31, 2021**

Finding Number: 2020-001
Repeat Finding Since: 1996
Finding Title: Segregation of Duties

Summary of Condition: Due to the limited number of personnel, segregation of accounting duties necessary to ensure adequate internal accounting control is not possible.

Summary of Corrective Action Previously Reported: The CHB staff has built in additional checks and balances through the Mitchell-Humphrey Financial System to make sure that every expense and revenue is correctly coded and has a policy to support these additional workflows. The CHB Director provides review and oversight of all financial transactions, and the fiscal host, St. Louis County (SLC) Auditor's staff contacts the CHB Finance Specialist and CHB Director if any expense or revenue irregularities are noted. CHB Regional Grant Coordinators and the agency Director review all grant invoices prior to submission for payment.

Status: Not Corrected. Management has determined that given departmental size, staffing considerations, and resource limitations, the desirable level of segregation of duties necessary to achieve an adequate level of internal control is not feasible. However, the above noted multi-level reviews of expense and revenue by the CHB Director, Regional Grant Coordinators, the CHB Financial Specialist and the fiscal host, St. Louis County provides for enhanced accuracy and identification of any irregularities in the accounting system, and appropriate follow-up.

Was corrective action taken significantly different than the action previously reported?

Yes _____ No X