

State of Minnesota



Office of the State Auditor

Julie Blaha
State Auditor

**Brown-Nicollet
Community Health Services
St. Peter, Minnesota**

Year Ended December 31, 2022

Description of the Office of the State Auditor

The Office of the State Auditor (OSA) helps ensure financial integrity and accountability in local government financial activities. The OSA is the constitutional office that oversees more than \$40 billion in annual financial activity by local governments and approximately \$20 billion of federal funding financial activity.

The OSA performs around 90 financial and compliance audits per year and has oversight responsibilities for over 3,300 local units of government throughout the state. The office maintains the following seven divisions:

- **Audit Practice:** Helps ensure fiscal integrity by conducting financial and compliance audits of local governments and the federal compliance audit of the State of Minnesota.
- **Constitution:** Connects with the public via external communication, media relations, legislative coordination, and public engagements for the State Auditor.

This division also supports the State Auditor's service on the State Executive Council, State Board of Investment, Land Exchange Board, Public Employees Retirement Association Board, Minnesota Housing Finance Agency, the Minnesota Historical Society, and the Rural Finance Authority Board.

- **Government Information:** Collects, analyzes, and shares local government financial data to assist in policy and spending decisions; administers and supports financial tools including the Small Cities and Towns Accounting System (CTAS) software and infrastructure comparison tools.
- **Legal/Special Investigations:** Provides legal analysis and counsel to the OSA and responds to outside inquiries about Minnesota local law relevant to local government finances; investigates local government financial records in response to specific allegations of theft, embezzlement, or unlawful use of public funds or property.
- **Operations:** Ensures the office runs efficiently by providing fiscal management and technology support to the office.
- **Pension:** Analyzes investment, financial, and actuarial reporting for Minnesota's local public pension plans and monitors pension plan operations.
- **Tax Increment Financing (TIF):** Promotes compliance and accountability in local governments' use of tax increment financing through education, reporting, and compliance reviews.

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www.osa.state.mn.us

**Brown-Nicollet
Community Health Services
St. Peter, Minnesota**

Year Ended December 31, 2022



Office of the State Auditor

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

Brown-Nicollet Community Health Services St. Peter, Minnesota

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Brown-Nicollet Community Health Services St. Peter, Minnesota

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Introductory Section

Brown-Nicollet Community Health Services St. Peter, Minnesota

Organization 2022

Office	Name
Board Members	
Brown County Commissioners	
Chair	David Borchert
Clerk	Scott Windschitl
Member	Anton Berg
Member	Dean Simonsen
Member	Jeffrey Veerkamp
Nicollet County Commissioners	
Treasurer	Marie Dranttel
Vice Chair	Terry Morrow
Member	Dave Haack
Member	Jack Kolars
Member	John Luepke
Management Team	
Brown County Public Health Director And CHS Administrator	
	Karen Moritz
Nicollet County Health Promotion and Prevention Services Manager	
	Bree Allen
Brown-Nicollet Environmental Health Director	
	Jesse Harmon

Financial Section



Independent Auditor's Report

Health Services Board
Brown-Nicollet Community Health Services
St. Peter, 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 Brown-Nicollet Community Health Services as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Health Services' 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 Brown-Nicollet Community Health Services, as of December 31, 2022, 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 Health Services, 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.

Emphasis of Matter – Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2022, the Health Services adopted new accounting guidance by implementing the provisions of Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, which represents a change in accounting principles. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Health Services' 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 Health Services’ 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 Health Services’ 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, Schedule of Changes in Total OPEB Liability and Related Ratios – Other Postemployment Benefits, 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 GASB, 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 Health Services' basic financial statements. 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 August 22, 2023, on our consideration of the Health Services' 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 Health Services' 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 Health Services' internal control over financial reporting and compliance.

/s/Julie Blaha

Julie Blaha
State Auditor

August 22, 2023

/s/Chad Struss

Chad Struss, CPA
Deputy State Auditor

Management's Discussion and Analysis

Brown-Nicollet Community Health Services

St. Peter, Minnesota

Management's Discussion and Analysis

December 31, 2022

(Unaudited)

Brown-Nicollet Community Health Services' Management's Discussion and Analysis (MD&A) provides an overview of the Health Services' financial activities for the fiscal year ended December 31, 2022. We encourage readers to consider the information presented here.

FINANCIAL HIGHLIGHTS

- On December 31, 2022, our assets and deferred outflows of resources exceeded our liabilities and deferred inflows of resources by \$420,997. Of this amount, \$258,140 is invested in capital assets.
- Our income is mainly state and federal grants, fees from our licensing program, and rental income.
- We have no debt or obligations to citizens or creditors.
- Long-term liabilities are for compensated absences, pension obligations, and other postemployment benefits.

OVERVIEW OF THE FINANCIAL STATEMENTS

This MD&A is intended to serve as an introduction to the basic financial statements. The financial statements comprise three components: (1) government-wide financial statements, (2) fund level financial statements, and (3) notes to the financial statements. This report also contains other supplementary information in addition to the basic financial statements themselves.

Government-Wide Financial Statements

The government-wide financial statements are designed to provide readers with a broad overview of the Health Services' finances in a manner similar to a private-sector business.

The statement of net position presents information on all of the Health Services' assets, deferred outflows of resources, liabilities, and deferred inflows of resources, with the difference reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health Services is improving or deteriorating.

The statement of activities presents information showing how the Health Services' net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (for example, unused vacation leave).

Both of the government-wide financial statements distinguish functions of the Health Services that are principally supported by fees and grants. The activities of the Health Services include environmental health and public health. There are no business-type activities within the Health Services.

Fund Financial Statements

These statements provide detailed information about the General Fund—not the Health Services as a whole. The Health Services’ General Fund is considered a governmental fund.

All services provided by the Health Services are reported in the General Fund, which focuses on how money flows into and out of the fund and the balances left at year-end that are 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 Health Services’ 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 the Health Services’ programs. We describe the relationship (or differences) between General Fund activities and governmental activities in reconciliations on Exhibits 4 and 6.

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 can be found directly after Exhibit 7.

Other Information

In addition to the basic financial statements and notes, this report also presents certain required supplementary information concerning changes in the other postemployment benefits liability (Exhibit A-1), as well as Brown-Nicollet Community Health Services’ proportionate share of the net pension liability of, and contributions to, the Public Employees Retirement Association of Minnesota’s General Employees Retirement Plan (Exhibits A-2 and A-3). In addition, supplementary information is provided on the Health Services’ expenditures of federal awards (Exhibit B-1).

GOVERNMENT-WIDE FINANCIAL ANALYSIS

Governmental Activities

Net position may, over time, be a useful indicator of the government’s financial position. In the case of the Health Services, assets and deferred outflows of resources exceeded liabilities and deferred inflows of resources by \$420,997 at the close of 2022.

Governmental Net Position

	Net Position	
	2022	2021
Assets		
Current and other assets	\$ 948,267	\$ 871,420
Capital assets	258,140	262,804
Total Assets	\$ 1,206,407	\$ 1,134,224
Deferred Outflows of Resources	\$ 86,223	\$ 115,270
Liabilities		
Other liabilities	\$ 421,035	\$ 520,455
Long-term liabilities	283,570	188,381
Total Liabilities	\$ 704,605	\$ 708,836
Deferred Inflows of Resources	\$ 167,028	\$ 150,507
Net Position		
Invested in capital assets	\$ 258,140	\$ 262,804
Unrestricted	162,857	127,347
Total Net Position	\$ 420,997	\$ 390,151

The Health Services' net position increased by \$30,846, or 7.91 percent, from the 2021 net position. The following table summarizes the changes in net position for 2022.

Changes in Net Position

	Changes in Net Position	
	2022	2021
Revenues		
Program revenues		
Fees, charges, and other	\$ 327,068	\$ 326,651
Operating grants and contributions	1,717,803	1,650,475
General revenues		
Investment earnings	2,553	133
Miscellaneous	1,943	1,832
Total Revenues	\$ 2,049,367	\$ 1,979,091
Expenses		
Program Expenses		
General government	\$ 55,143	\$ 54,333
Health	1,963,378	1,870,617
Total Expenses	\$ 2,018,521	\$ 1,924,950
Increase (Decrease) in Net Position	\$ 30,846	\$ 54,141
Net Position – January 1	390,151	336,010
Net Position – December 31	\$ 420,997	\$ 390,151

FINANCIAL ANALYSIS OF THE GENERAL FUND

The Health Services uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the General Fund is to provide information on balances of expendable resources. Such information is

useful in assessing the Health Services’ 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 or to be carried into the next year’s budgets.

Brown-Nicollet Community Health Services provides services to Brown and Nicollet Counties in south central Minnesota. The majority of the funding is provided through state and federal grants. Reimbursement for services is a minor funding source. The Health Services also contracts environmental health program services to Cottonwood and Watonwan Counties in south central Minnesota.

As of the end of the current fiscal year, the General Fund reported a fund balance of \$363,169 increasing \$28,660 or 8.57 percent, from the prior year. This amount constitutes unassigned fund balance, which is available for spending at the Health Services’ discretion.

GENERAL FUND BUDGETARY HIGHLIGHTS

There were no revised budgets in 2022. There were variances in operational revenues and expenditures. Total revenues were less than the budgeted amount by \$688,041. This was a result of the federal funding received due to the COVID-19 pandemic being reduced and eventually ended in 2022. As these revenues are typically passed through to Brown and Nicollet counties, total expenditures were less than the budgeted amount by \$683,331.

CAPITAL ASSETS AND DEBT ADMINISTRATION

Capital Assets

Our capital assets decreased by \$4,664 as a result of current year’s depreciation on the Elixir building in New Ulm.

	Capital Assets (Net of Accumulated)	
	2022	2021
Capital Assets		
Land and right-of-way	\$ 41,063	\$ 41,063
Buildings	217,077	221,741
Capital Assets, Net	\$ 258,140	\$ 262,804

Debt Administration

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

ECONOMIC FACTORS AND NEXT YEAR’S BUDGETS AND RATES

The Health Services’ Board is both state and federal budget-responsive. The Health Services operates as the applicant agency for the two 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 will fluctuate according to state and federal actions and population changes. There were increases in fee rates for the 2022 food, beverage, and lodging licenses. On average, each of the rates went up ten percent.

REQUESTS FOR INFORMATION

This annual financial report is designed to provide a general overview of the Health Services’ finances for all those with an interest in our finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to our office, Brown-Nicollet Community Health Services, 622 South Front Street, St. Peter, Minnesota 56082.

Basic Financial Statements

Government-Wide Financial Statements

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 1

**Statement of Net Position
Governmental Activities
December 31, 2022**

Assets

Cash and pooled investments	\$	514,106
Due from other governments		284,227
Leases receivable		149,934
Capital assets		
Non-depreciable		41,063
Depreciable assets – net		217,077
		217,077
Total Assets	\$	1,206,407

Deferred Outflows of Resources

Deferred other postemployment benefits outflows	\$	6,885
Deferred pension outflows		79,338
		79,338
Total Deferred Outflows of Resources	\$	86,223

Liabilities

Accounts payable	\$	2,792
Salaries payable		12,352
Due to other governments		257,901
Unearned revenue		147,990
Long-term liabilities		
Compensated absences – due within one year		16,294
Compensated absences – due in more than one year		3,346
Other postemployment benefits liability		10,489
Net pension liability		253,441
		253,441
Total Liabilities	\$	704,605

Deferred Inflows of Resources

Deferred other postemployment benefits inflows	\$	3,858
Deferred pension inflows		17,750
Deferred lease inflows		145,420
		145,420
Total Deferred Inflows of Resources	\$	167,028

Net Position

Investment in capital assets	\$	258,140
Unrestricted		162,857
		162,857
Total Net Position	\$	420,997

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 2

**Statement of Activities
For the Year Ended December 31, 2022**

	Program Revenues			Net (Expense) Revenue and Change in Net Position
	Expenses	Fees, Charges, and Other	Operating Grants and Contributions	
Functions/Programs				
Governmental activities				
General government	\$ 55,143	\$ 50,950	\$ 28,186	\$ 23,993
Health	<u>1,963,378</u>	<u>276,118</u>	<u>1,689,617</u>	<u>2,357</u>
Total Governmental Activities	<u>\$ 2,018,521</u>	<u>\$ 327,068</u>	<u>\$ 1,717,803</u>	<u>\$ 26,350</u>
General Revenues				
Investment earnings				\$ 2,553
Miscellaneous				<u>1,943</u>
Total general revenues				<u>\$ 4,496</u>
Change in net position				\$ 30,846
Net Position – January 1				<u>390,151</u>
Net Position – December 31				<u>\$ 420,997</u>

Fund Financial Statements

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 3

**Balance Sheet
General Fund
December 31, 2022**

<u>Assets</u>	
Cash and pooled investments	\$ 514,106
Due from other governments	284,227
Leases receivable	<u>149,934</u>
Total Assets	<u>\$ 948,267</u>
 <u>Liabilities, Deferred Inflows of Resources, and Fund Balances</u>	
Liabilities	
Accounts payable	\$ 2,792
Salaries payable	12,352
Due to other governments	257,901
Unearned revenue	<u>147,990</u>
Total Liabilities	<u>\$ 421,035</u>
Deferred Inflows of Resources	
Unavailable revenue – grants	\$ 18,643
Deferred lease inflows	<u>145,420</u>
Total Deferred Inflows of Resources	<u>\$ 164,063</u>
Fund Balances	
Unassigned	<u>\$ 363,169</u>
Total Liabilities, Deferred Inflows of Resources, and Fund Balances	<u>\$ 948,267</u>

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 4

**Reconciliation of the General Fund Balance Sheet to the
Statement of Net Position
December 31, 2022**

Fund Balance – General Fund (Exhibit 3)	\$	363,169
Amounts reported for governmental activities in the statement of net position are different because:		
Capital assets, net of accumulated depreciation, used in governmental activities are not financial resources and, therefore, are not reported in the General Fund.		258,140
Other long-term assets are not available to pay for current period expenditures and, therefore, are reported as deferred inflows of resources in the General Fund.		18,643
Deferred outflows of resources and deferred inflows of resources are created as a result of various differences related to other postemployment benefits not recognized in the General Fund.		
Deferred outflows related to other postemployment benefits	\$ 6,885	
Deferred inflows related to other postemployment benefits	<u>(3,858)</u>	3,027
Deferred outflows of resources and deferred inflows of resources are created as a result of various differences related to pensions not recognized in the General Fund.		
Deferred outflows related to pensions	\$ 79,338	
Deferred inflows related to pensions	<u>(17,750)</u>	61,588
Long-term liabilities, are not due and payable in the current period and, therefore, are not reported in the General Fund.		
Compensated absences payable	\$ (19,640)	
Other postemployment benefits liability	(10,489)	
Net pension liability	<u>(253,441)</u>	<u>(283,570)</u>
Net Position of Governmental Activities (Exhibit 1)	\$	<u>420,997</u>

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 5

**Statement of Revenues, Expenditures, and Changes in Fund Balance
General Fund
For the Year Ended December 31, 2022**

Revenues	
Licenses and permits	\$ 238,177
Intergovernmental	1,715,018
Charges for services	37,941
Investment earnings	2,553
Miscellaneous	<u>52,893</u>
Total Revenues	\$ <u>2,046,582</u>
Expenditures	
Current	
General government	\$ 50,479
Health	691,994
Intergovernmental	
Health	<u>1,275,449</u>
Total Expenditures	\$ <u>2,017,922</u>
Net Change in Fund Balance	\$ 28,660
Fund Balance – January 1	<u>334,509</u>
Fund Balance – December 31	<u><u>\$ 363,169</u></u>

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 6

**Reconciliation of the General Fund Statement of Revenues, Expenditures, and
Changes in Fund Balance to the Statement of Activities
For the Year Ended December 31, 2022**

Net Change in Fund Balance – General Fund (Exhibit 5)	\$	28,660
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Amounts reported for governmental activities in the statement of activities are different because:

The General Fund reports capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense.

Expenditures for capital assets	\$ 7,552	
Current year depreciation	<u>(12,216)</u>	(4,664)

In the General Fund, under the modified accrual basis, receivables not available for expenditures are deferred. In the statement of activities, those revenues are recognized when earned. The adjustment to revenues is the increase or decrease in revenues deferred as unavailable.

Unavailable revenue – January 1	\$ (16,456)	
Unavailable revenue – December 31	<u>18,643</u>	2,187

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 General Fund.

Change in deferred other postemployment benefits outflows	\$ (1,314)	
Change in deferred pension outflows	(27,733)	
Change in compensated absences payable	(4,018)	
Change in other postemployment benefits liability	12,804	
Change in net pension liability	(103,975)	
Change in deferred other postemployment benefits inflows	(2,794)	
Change in deferred pension inflows	<u>131,693</u>	<u>4,663</u>

Change in Net Position of Governmental Activities (Exhibit 2)	\$	<u>30,846</u>
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**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit 7

**Budgetary Comparison Statement
General Fund
For the Year Ended December 31, 2022**

	<u>Budgeted Amounts</u>		<u>Actual Amounts</u>	<u>Variance with Final Budget</u>
	<u>Original</u>	<u>Final</u>		
Revenues				
Licenses and permits	\$ 264,047	\$ 264,047	\$ 238,177	\$ (25,870)
Intergovernmental	2,404,290	2,404,290	1,715,018	(689,272)
Charges for services	11,349	11,349	37,941	26,592
Investment earnings	700	700	2,553	1,853
Miscellaneous	54,237	54,237	52,893	(1,344)
Total Revenues	<u>\$ 2,734,623</u>	<u>\$ 2,734,623</u>	<u>\$ 2,046,582</u>	<u>\$ (688,041)</u>
Expenditures				
Current				
General government				
Administration	\$ 30,234	\$ 30,234	\$ 40,527	\$ (10,293)
Elixir Building	17,547	17,547	9,952	7,595
Total general government	<u>\$ 47,781</u>	<u>\$ 47,781</u>	<u>\$ 50,479</u>	<u>\$ (2,698)</u>
Health				
Environmental health	\$ 339,099	\$ 339,099	\$ 339,511	\$ (412)
Statewide health implementation plan	296,049	296,049	330,537	(34,488)
Moving health to action grant	35,497	35,497	21,946	13,551
Total health	<u>\$ 670,645</u>	<u>\$ 670,645</u>	<u>\$ 691,994</u>	<u>\$ (21,349)</u>
Intergovernmental				
Health				
Brown County contract payments	\$ 914,571	\$ 914,571	\$ 708,903	\$ 205,668
Nicollet County contract payments	1,068,256	1,068,256	566,546	501,710
Total intergovernmental	<u>\$ 1,982,827</u>	<u>\$ 1,982,827</u>	<u>\$ 1,275,449</u>	<u>\$ 707,378</u>
Total Expenditures	<u>\$ 2,701,253</u>	<u>\$ 2,701,253</u>	<u>\$ 2,017,922</u>	<u>\$ 683,331</u>
Net Change in Fund Balance	<u>\$ 33,370</u>	<u>\$ 33,370</u>	<u>\$ 28,660</u>	<u>\$ (4,710)</u>
Fund Balance – January 1	<u>334,509</u>	<u>334,509</u>	<u>334,509</u>	<u>-</u>
Fund Balance – December 31	<u>\$ 367,879</u>	<u>\$ 367,879</u>	<u>\$ 363,169</u>	<u>\$ (4,710)</u>

Brown-Nicollet Community Health Services

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Notes to the Financial Statements
As of and for the Year Ended December 31, 2022

Note 1 – Summary of Significant Accounting Policies

Brown-Nicollet Community Health Services' financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP). 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 Brown-Nicollet Community Health Services are discussed below.

Financial Reporting Entity

Brown, Nicollet, Sibley Human Services Board was established pursuant to Minn. Stat. §§ 402.01-402.10. The pilot study program was started in April 1974. Brown, Nicollet, and Sibley Counties entered into a joint powers agreement (Minn. Stat. § 471.59) effective July 1, 1975. Sibley County was granted permission to withdraw from the Human Services Board effective July 1, 1976.

On January 1, 1991, the Human Services Board was legally reorganized into Brown-Nicollet Community Health Services. The organization functions as a community health services organization. It is governed by the ten County Commissioners of Brown and Nicollet Counties. Management consists of an environmental health director, the Brown County Public Health Director, and the Nicollet County Health Promotion and Prevention Services Manager.

Nicollet County reports the financial activities of Brown-Nicollet Community Health Services in a custodial fund in its annual financial statements. The Health Services follows the accounting and personnel policies of Nicollet County.

Basic Financial Statements

Government-Wide Statements

The government-wide financial statements (the statement of net position and the statement of activities) display information about the Health Services' governmental activities.

In the government-wide statement of net position, the governmental activities present all assets, liabilities, deferred inflows and outflows of resources, and net position on a full accrual accounting basis with an economic resource focus. The net position is reported in three parts: (1) investment in capital assets, (2) restricted, and (3) unrestricted.

The statement of activities demonstrates the degree to which the direct expenses of each function of Brown-Nicollet Community Health Services' activities are offset by program revenues. Direct expenses are those clearly identifiable with a specific function, segment, or activity. Program revenues include: (1) fees, licenses, 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 or capital requirements of a particular function or activity. Revenues not classified as program revenues are presented as general revenues.

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Fund Financial Statements

The fund financial statements (the balance sheet; statement of revenues, expenditures, and changes in fund balance; and budgetary comparison statement) display information about the Health Services' General Fund.

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.

The 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. Brown-Nicollet Community Health Services considers all revenues as available if collected within 60 days after the end of the current period. Charges for services and interest are considered to be susceptible to accrual. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on 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 leases, if any, are reported as other financing sources.

When both restricted and unrestricted resources are available for use, it is Brown-Nicollet Community Health Services' policy to use restricted resources first and then unrestricted resources as needed.

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

Deposits and Investments

The Health Services' available cash balances are pooled and invested by Nicollet County in accordance with Minnesota statutes.

Capital Assets

Capital assets, which include land, building and improvements, and machinery are reported in the government-wide financial statements. Capital assets are defined by Brown-Nicollet Community Health Services as assets with an initial, individual cost of more than \$5,000 and an estimated useful life in excess of five years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at acquisition value.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets' lives are not capitalized. Major outlays for capital assets and improvements are capitalized as projects are constructed.

Capital assets of Brown-Nicollet Community Health Services are depreciated using the straight-line method over an estimated useful life of 7 to 40 years.

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Compensated Absences

Brown-Nicollet Community Health Services' policy permits employees to accumulate earned but unused vacation, compensatory time, and sick pay benefits. Unused vacation, compensatory time, and vested sick leave are paid through the General Fund to employees upon termination. Unvested sick leave is available to employees in the event of illness-related absences and is not paid to employees upon termination. A liability for compensated absences is reported in the General Fund only if it has matured, for example, as a result of employee resignations and retirements. The government-wide statement of net position accrues the liability when incurred and reports both current and noncurrent portions of compensated absences. The current portion is estimated as all vacation, compensatory time, and 25 percent of total vested sick leave. The noncurrent portion is estimated as 75 percent of total vested sick leave.

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of financial position reports a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a 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 Health Services reports deferred outflows of resources associated with pension and other postemployment benefits (OPEB). These outflows arise only under the full accrual basis of accounting and, accordingly, are reported only in the statement of net position.

In addition to liabilities, the statement of financial position reports a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net assets that applies to a future period(s) and will not be recognized as an inflow of resources (revenue) until then. The General 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 General Fund balance sheet. Deferred inflows for leases represent the lease revenues per lease agreements the Health Services expects to recognize in future periods. This inflow arises under both the modified and the full accrual basis of accounting and are reported in both the governmental funds balance sheet and the statement of net position. This unavailable revenue amount is deferred and recognized as an inflow of resources in the period that the amount becomes available. The Health Services also reports deferred inflows of resources associated with pension and OPEB. These inflows arise only under the full accrual basis of accounting and, accordingly, are reported only in the statement of net position.

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.

Unearned Revenue

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

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Classification of Net Position

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

Investment in capital assets – the amount of net position representing capital assets, net of accumulated depreciation.

Restricted – 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 – the amount of net position that does not meet the definition of restricted or investment in capital assets.

Classification of Fund Balances

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

Nonspendable – amounts that cannot be spent because they are not in spendable form or are 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 in which constraints have been 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 imposed by law through constitutional provisions or enabling legislation.

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

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

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

The Health Services applies restricted resources first when expenditures are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first followed by assigned, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

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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.

Change in Accounting Principles

During the year ended December 31, 2022, Brown-Nicollet Community Health Services adopted new accounting guidance by implementing the provisions of Governmental Accounting Standards Board (GASB) No. 87, *Leases*, which establishes criteria for accounting and financial reporting for leases.

Note 2 – Stewardship, Compliance, and Accountability

Budgetary Information

Brown-Nicollet Community Health Services adopts an annual budget on a basis consistent with GAAP. This budget is approved by the Brown-Nicollet Community Health Services Board. The appropriated budget is prepared by function and department. The legal level of budgetary control—the level at which expenditures may not legally exceed appropriations—is the fund level.

Note 3 – Detailed Notes

Assets

Deposits and Investments

Through agreement with Nicollet County, all of the Health Services' deposit and investment functions are managed by the Nicollet County Finance Department. County policies are applied to the Health Services' deposits and investments, which are pooled with other County deposits and investments. The fair value of the investment in the County's investment pool is the fair value per share of the underlying portfolio.

Nicollet County is authorized by Minn. Stat. ch. 118A to deposit cash in designated financial institutions and make investments. The County is required by Minn. Stat. § 118A.03 to protect deposits with insurance, surety bond, or collateral. The types of investments available to the County are limited to those authorized by Minn. Stat. §§ 118A.04 and 118A.05. All funds of Nicollet County are pooled.

Receivables

Receivables for Brown-Nicollet Community Health Services are expected to be collected within the year. No allowance for accounts receivable has been provided because such amounts are not expected to be material.

The Health Services has entered into lease agreements as a lessor and as of December 31, 2022, there are two active lease receivable agreements for a building with two lessees. Fixed annual lease receipts range between \$50,000 and \$54,000 and extend to periods ending between December 31, 2024. During 2022, the Health Services

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received total principal and interest payments of \$50,035 and \$2,045, respectively.

Capital Assets

Summary of Changes in Capital Assets as of December 31, 2022

	Beginning Balance	Increase	Decrease	Ending Balance
Capital assets not depreciated				
Land	\$ 41,063	\$ -	\$ -	\$ 41,063
Capital assets depreciated				
Buildings and improvements	\$ 787,706	\$ -	\$ -	\$ 787,706
Machinery	-	7,552	-	7,552
Total capital assets depreciated	\$ 787,706	\$ 7,552	\$ -	\$ 795,258
Less: accumulated depreciation for				
Buildings and improvements	\$ 565,965	\$ 11,137	\$ -	\$ 577,102
Machinery	-	1,079	-	1,079
Total accumulated depreciation	\$ 565,965	\$ 12,216	\$ -	\$ 578,181
Total capital assets depreciated, net	\$ 221,741	\$ (4,664)	\$ -	\$ 217,077
Total Capital Assets, Net	\$ 262,804	\$ (4,664)	\$ -	\$ 258,140

Depreciation expense of \$12,216 was charged to the general government function/program for the year ended December 31, 2022.

Liabilities

Changes in Compensated Absences

Summary of Changes in Compensated Absences as of December 31, 2022

Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
\$ 15,622	\$ 16,624	\$ 12,606	\$ 19,640	\$ 16,294

Construction and Other Contract Commitments

The Health Services has no active construction project commitments as of December 31, 2022.

Other Postemployment Benefits (OPEB)

Plan Description

Brown-Nicollet Community Health Services' OPEB plan is a single-employer defined benefit health care plan administered through Nicollet County. The Health Services allows eligible retirees and their dependents to continue on the employee-sponsored health insurance plan as required by Minn. Stat. § 471.61, subd. 2b. Retirees are required to pay 100 percent of the total premium cost; however, because premium costs are

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determined based on the entire active and retiree population, the retirees are receiving an implicit rate subsidy.

No assets have been accumulated in a trust that meets the criteria in paragraph four of GASB Statement 75. The OPEB plan does not issue a stand-alone financial report.

As of the January 1, 2022, actuarial valuation, the following Health Services' employees were covered by the benefit terms:

Employees Covered by the OPEB Benefit Terms as of the January 1, 2022, Actuarial Valuation

Inactive employees or beneficiaries currently receiving benefit payments	1
Active plan participants	4
Total	5

Total OPEB Liability

The Health Services' total OPEB liability of \$10,489 was measured as of January 1, 2022, and was determined by an actuarial valuation as of that date.

The total OPEB liability in the fiscal year-end December 31, 2022, actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

OPEB Actuarial Assumptions and Other Inputs

Inflation	2.00 percent
Salary increases	Graded by service year and contract group ranging from 10.25 percent for one year of service to 3.00 percent for 26 or more years of service
Health care cost trend	6.50 percent, decreasing to 5.00 percent over six years and then 4.00 percent over the next 48 years

The current year discount rate is 2.00 percent, which there is no change from the prior year. For the current valuation, the discount rate is based on the estimated yield of 20-year AA-rated municipal bonds.

Mortality rates are based on the Pub-2010 Public Retirement Plans Headcount-Weighted Mortality tables (General, Safety) with MP-2021 Generational Improvement Scale.

Economic assumptions are based on input from a variety of published sources of historical and projected future financial data.

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Changes in the Total OPEB Liability

Changes in the Total OPEB Liability For the Year Ended December 31, 2022

Balance at December 31, 2021	\$	23,293
Changes for the year		
Service cost	\$	1,185
Interest		420
Changes of assumption or other inputs		(204)
Differences between expected and actual experience		(7,172)
Benefit payments		(7,033)
Net change	\$	(12,804)
Balance at December 31, 2022	\$	10,489

OPEB Liability Sensitivity

The following presents the total OPEB liability of the Health Services, calculated using the discount rate previously disclosed, as well as what the Health Services' total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current discount rate:

Sensitivity of the Total OPEB Liability to Changes in the Discount Rate as of December 31, 2022

	Discount Rate	Total OPEB Liability
1% Decrease	1.00%	\$ 11,082
Current	2.00%	10,489
1% Increase	3.00%	9,933

The following presents the total OPEB liability of the Health Services, calculated using the health care cost trend previously disclosed, as well as what the Health Services' total OPEB liability would be if it were calculated using health care cost trend rates that are one percentage point lower or one percentage point higher than the current health care cost trend rate:

Sensitivity of the Total OPEB Liability to Changes in the Health Care Trend Rates as of December 31, 2022

	Health Care Trend Rate	Total OPEB Liability
1% Decrease	5.50% Decreasing to 4.00%	\$ 9,638
Current	6.50% Decreasing to 5.00%	10,489
1% Increase	7.50% Decreasing to 6.00%	11,563

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

For the year ended December 31, 2022, the Health Services recognized OPEB expenses of \$2,120. The Health Services reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB as of December 31, 2022

	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual economic experience	\$ -	\$ 3,586
Changes in actuarial assumptions	309	272
Contributions made subsequent to the measurement date	6,576	-
Total	\$ 6,885	\$ 3,858

The \$6,576 reported as deferred outflows of resources related to OPEB resulting from contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended December 31, 2023. Other amounts reported as deferred outflows and inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Schedule of Amortization of Deferred Outflows and Inflows of Resources Related to OPEB As of December 31, 2022

Year Ended December 31	OPEB Expense Amount
2023	(3,464)
2024	(85)

Changes in Actuarial Assumptions

The following changes in actuarial assumptions occurred in 2022:

- The health care trend rates were changed to better anticipate short-term and long-term medical increases.
- The mortality tables were updated from the Pub-2010 Public Retirement Plans Headcount-Weighted Mortality Tables (General, Safety) with MP-2019 Generational Improvement Scale to the Pub-2010 Public Retirement Plans Headcount-Weighted Mortality tables (General, Safety) with MP-2021 Generational Improvement Scale.
- The salary increase rates were updated to reflect the latest experience study.
- The retirement and withdrawal rates were updated to reflect the latest experience study.

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- The inflation rate was changed from 2.50 percent to 2.00 percent.

Defined Benefit Pension Plan

Plan Description

All full-time and certain part-time employees of Brown-Nicollet Community Health Services are covered by defined benefit pension plans administered by the Public Employees Retirement Association of Minnesota (PERA). PERA administers the General Employees Retirement 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 Brown-Nicollet Community Health Services employees belong to either the Basic Plan or the Minneapolis Employees Retirement Fund.

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.

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,

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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.

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 2022.

In 2022, the Health Services was required to contribute 7.50 percent of annual covered salary. The employee and employer rates did not change from the previous year.

The Health Services' contributions for the General Employees Plan for the year ended December 31, 2022, were \$20,349. The contributions are equal to the statutorily required contributions as set by state statute.

Pension Costs

At December 31, 2022, the Health Services reported a liability of \$253,441 for its proportionate share of the General Employees Plan's net pension liability. The net pension liability was measured as of June 30, 2022, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Health Services' proportion of the net pension liability was based on the County's contributions received by PERA during the measurement period for employer payroll paid dates from July 1, 2021, through June 30, 2022, relative to the total employer contributions received from all of PERA's participating employers. At June 30, 2022, the Health Services' proportion was 0.0032 percent. It was 0.0035 percent measured as of June 30, 2021. The Health Services recognized pension expense of \$21,474 for its proportionate share of the General Employees Plan's pension expense.

Legislation requires the State of Minnesota to contribute \$16 million to the General Employees Plan annually until September 15, 2031. The Health Services recognized an additional \$1,110 as grant revenue and pension expense for its proportionate share of the State of Minnesota's pension expense related to the special funding situation.

General Employees Plan
Employer's Share of the Net Pension Liability and the State's Related Liability
As of December 31, 2022

The Health Services' proportionate share of the net pension liability	\$ 253,441
State of Minnesota's proportionate share of the net pension liability associated with the Health Services	7,427
Total	<u>\$ 260,868</u>

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The Health Services 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:

General Employees Plan Deferred Outflows of Resources and Deferred Inflows of Resources As of December 31, 2022

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual economic experience	\$ 2,117	\$ 2,953
Changes in actuarial assumptions	62,573	1,095
Difference between projected and actual investment earnings	-	4,094
Changes in proportion	4,380	9,608
Contributions paid to PERA subsequent to the measurement date	10,268	-
Total	\$ 79,338	\$ 17,750

The \$10,268 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, 2023. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

General Employees Plan Schedule of Amortization of Deferred Outflows and Inflows of Resources As of December 31, 2022

Year Ended December 31	Pension Expense Amount
2023	\$ 21,514
2024	21,191
2025	(14,305)
2026	22,920

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Actuarial Assumptions

The total pension liability in the June 30, 2022, actuarial valuation was determined using the individual entry-age normal actuarial cost method and the following additional actuarial assumptions:

Actuarial Assumptions for the Year Ended June 30, 2022

	General Employees Fund
Inflation	2.25% per year
Active Member Payroll Growth	3.00% per year
Investment Rate of Return	6.50%

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 for the General Employees Plan, with slight adjustments. Cost-of-living benefit increases for retirees are assumed to be 1.25 percent for the General Employees Plan per year through December 31, 2054, and 1.50 percent per year thereafter.

Actuarial assumptions used in the June 30, 2022, 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 July 12, 2022, was utilized.

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.

Pension Plan Investment Target Allocation and Best Estimates of Geometric Real Rates of Return for Each Major Asset Class

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Domestic equities	33.50%	5.10%
International equities	16.50%	5.30%
Fixed income	25.00%	0.75%
Private markets	25.00%	5.90%

Discount Rate

The discount rate used to measure the total pension liability was 6.50 percent for the General Employees Plan in 2022, which remained consistent with 2021. 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.

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Changes in Actuarial Assumptions and Plan Provisions

The following change in actuarial assumptions occurred in 2022:

- The mortality improvement scale was changed from Scale MP-2020 to Scale MP-2021.

Pension Liability Sensitivity

The following presents the Health Services' proportionate share of the net pension liability calculated using the discount rate previously disclosed, as well as what the Health Services' 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.

Sensitivity of the Employer's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate As of December 31, 2022

	Proportionate Share of the General Employees Plan	
	Discount Rate	Net Pension Liability
1% Decrease	5.50%	\$ 400,323
Current	6.50%	253,441
1% Increase	7.50%	132,975

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.

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Intergovernmental Revenue

Brown-Nicollet Community Health Services received intergovernmental revenues from the following sources during the year ended December 31, 2022:

Summary of Intergovernmental Revenue

State appropriations	
PERA aid	\$ 512
State grants	
Minnesota Department of Health	\$ 753,640
Minnesota Department of Human Services	62,792
Total state grants	\$ 816,432
Federal grants	
Special Supplemental Nutrition Program for Women, Infants, and Children	\$ 286,638
Food and Drug Administration – Research	2,500
Special Education – Grants for Infants and Families	3,912
Public Health Emergency Preparedness	40,240
Early Hearing Detection and Intervention	1,950
State Physical Activity and Nutrition (SPAN)	26,601
Immunization Cooperative Agreements	88,107
Epidemiology and Laboratory Capacity for Infectious Diseases	195,499
Public Health Emergency Response: Cooperative Agreements for Emergency Response: Public Health Crisis Response	62,590
Temporary Assistance for Needy Families	88,778
Medical Assistance Program	62,793
Maternal and Child Health Services Block Grant to the States	38,466
Total federal grants	\$ 898,074
Total Intergovernmental Revenue	\$ 1,715,018

Note 4 – Risk Management

Brown-Nicollet Community Health Services 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 Health Services has entered into a joint powers agreement with certain Minnesota counties to form the Minnesota Counties Intergovernmental Trust (MCIT). The Health Services is a member of both the MCIT Workers' Compensation and Property and Casualty Divisions.

The Workers' Compensation Division of MCIT is self-sustaining based on the contributions charged, so that total contributions plus compounded earnings on these contributions will equal the amount needed to satisfy claims liabilities and other expenses. MCIT participates in the Workers' Compensation Reinsurance Association with coverage at \$500,000 per claim in 2022 and 2023. Should the MCIT Workers' Compensation Division liabilities exceed assets, MCIT may assess the Health Services in a method and amount to be determined by MCIT.

The Property and Casualty Division of MCIT is self-sustaining, and the Health Services pays an annual premium to

Brown-Nicollet Community Health Services St. Peter, Minnesota

cover current and future losses. MCIT carries reinsurance for its property lines to protect against catastrophic losses. Should the MCIT Property and Casualty Division liabilities exceed assets, MCIT may assess the Health Services in a method and amount to be determined by MCIT.

The Brown-Nicollet Community Health Services Board has not significantly reduced insurance coverage in the past year and has not had settlements in excess of insurance coverage in any of the past three years.

Required Supplementary Information

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit A-1

**Schedule of Changes in Total OPEB Liability and Related Ratios
Other Postemployment Benefits
December 31, 2022**

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Total OPEB Liability					
Service cost	\$ 1,185	\$ 1,454	\$ 1,210	\$ 1,387	\$ 1,470
Interest	420	716	1,108	1,087	1,084
Differences between expected and actual experience	(7,172)	-	1,644	-	-
Changes of assumption or other inputs	(204)	927	(2,431)	(510)	-
Benefit payments	<u>(7,033)</u>	<u>(6,056)</u>	<u>(6,382)</u>	<u>(4,802)</u>	<u>-</u>
Net change in total OPEB liability	\$ (12,804)	\$ (2,959)	\$ (4,851)	\$ (2,838)	\$ 2,554
Total OPEB Liability – Beginning	<u>23,293</u>	<u>26,252</u>	<u>31,103</u>	<u>33,941</u>	<u>31,387</u>
Total OPEB Liability – Ending	<u>\$ 10,489</u>	<u>\$ 23,293</u>	<u>\$ 26,252</u>	<u>\$ 31,103</u>	<u>\$ 33,941</u>
Covered-employee payroll	\$ 268,434	\$ 255,742	\$ 247,692	\$ 263,862	\$ 256,177
Total OPEB liability (asset) as a percentage of covered-employee payroll	3.91%	9.11%	10.60%	11.79%	13.25%

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

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit A-2

**Schedule of Proportionate Share of Net Pension Liability
PERA General Employees Retirement Plan
December 31, 2022**

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 Brown-Nicollet Community Health Services (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
2022	0.0032 %	\$ 253,441	\$ 7,427	\$ 260,868	\$ 236,863	107.00 %	76.67 %
2021	0.0035	149,466	4,565	154,031	255,463	58.51	87.00
2020	0.0034	203,846	6,286	210,132	245,812	82.93	79.06
2019	0.0033	182,450	5,671	188,121	235,566	77.45	80.23
2018	0.0041	227,451	7,462	234,913	277,891	81.85	79.53
2017	0.0038	242,589	3,051	245,640	244,272	99.31	75.90
2016	0.0041	332,833	4,345	337,178	253,451	131.32	68.91
2015	0.0041	213,609	N/A	213,609	238,426	89.59	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

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit A-3

**Schedule of Contributions
PERA General Employees Retirement Plan
December 31, 2022**

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)
2022	\$ 20,349	\$ 20,349	\$ -	\$ 271,316	7.50 %
2021	17,357	17,357	-	231,428	7.50
2020	18,786	18,786	-	250,483	7.50
2019	18,092	18,092	-	241,231	7.50
2018	19,223	19,223	-	256,301	7.50
2017	18,514	18,514	-	246,855	7.50
2016	19,047	19,047	-	253,956	7.50
2015	18,805	18,805	-	250,730	7.50

This schedule is intended to show information for ten years. Additional years will be displayed as they become available. The Health Services' year-end is December 31.

Brown-Nicollet Community Health Services St. Peter, Minnesota

Notes to the Required Supplementary Information For the Year Ended December 31, 2022

Note 1 – Other Postemployment Benefits Funded Status

Assets have not been accumulated in a trust that meets the criteria in paragraph four of Governmental Accounting Standards Board Statement 75 to pay related benefits.

Note 2 – Other Postemployment Benefits – Changes in Significant Plan Provisions, Actuarial Methods, and Assumptions

The following changes in actuarial assumptions occurred:

2022

- The health care trend rates were changed to better anticipate short-term and long-term medical increases.
- The mortality tables were updated from the Pub-2010 Public Retirement Plans Headcount-Weighted Mortality tables (General, Safety) with MP-2019 Generational Improvement Scale to the Pub-2010 Public Retirement Plans Headcount-Weighted Mortality tables (General, Safety) with MP-2021 Generational Improvement Scale.
- The salary increase rates were updated to reflect the latest experience study.
- The retirement and withdrawal rates were updated to reflect the latest experience study.
- The inflation rate was changed from 2.50 percent to 2.00 percent.

2021

- The discount rate was changed from 2.90 percent to 2.00 percent.

2020

- The health care trend rates were changed to better anticipate short-term and long-term medical increases.
- The mortality tables were updated from the RP-2014 Mortality tables (Blue Collar for Public Safety, White Collar for Others) with MP-2017 Generational Improvement Scale to the Pub-2010 Public Retirement Plans Headcount-Weighted Mortality tables (General, Safety) with MP-2019 Generational Improvement Scale.
- The salary increase rates were changed from a flat 3.00 percent per year for all employees to rates which vary by service and contract group.
- The discount rate was changed from 3.80 percent to 2.90 percent.
- For employees not eligible for any direct subsidized payment, the assumed percentage of future retirees electing coverage changed from 75 percent to 50 percent.

Brown-Nicollet Community Health Services

St. Peter, Minnesota

2019

- The discount rate used changed from 3.30 percent to 3.80 percent.

2018

- The discount rate used changed from 3.50 percent to 3.30 percent.
- The health care trend rates were changed to better anticipate short-term and long-term medical increases.
- The mortality table was updated from RP-2014 White Collar Mortality tables with MP-2015 Generational Improvement Scale (with blue collar adjustment for police and fire personnel) to the RP-2014 White Collar Mortality tables with MP-2017 Generational Improvement Scale (with blue collar adjustment for police and fire personnel).
- The retirement and withdrawal tables for all employees were updated.
- Claim costs were developed by age adjusting the premium information from Nicollet County. As of January 1, 2016, actual claims and enrollment experience was used.

Note 3 – 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

2022

- The mortality improvement scale was changed from Scale MP-2020 to Scale MP-2021.

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.

Brown-Nicollet Community Health Services St. Peter, Minnesota

- 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.
- 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.

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

Brown-Nicollet Community Health Services St. Peter, Minnesota

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.

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

**Brown-Nicollet Community Health Services
St. Peter, Minnesota**

Exhibit B-1

**Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Grantor Pass-Through Agency Program or Cluster Title	Assistance Listing Number	Pass-Through Grant Numbers	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	222MN004W1003	\$ 286,638	\$ 286,638
U.S. Department of Education				
Passed Through Minnesota Department of Health Special Education – Grants for Infants and Families	84.181	Not Provided	\$ 3,912	\$ 3,912
U.S. Department of Health and Human Services				
Passed Through Association of Food and Drug Officials Food and Drug Administration – Research	93.103	Not Provided	\$ 2,500	\$ 2,500
Passed Through Minnesota Department of Health Public Health Emergency Preparedness	93.069	NU90TP922026	40,240	40,240
Early Hearing Detection and Intervention	93.251	NU50DD000096	1,950	1,950
COVID-19 – Immunization Cooperative Agreements	93.268	NH23IP922628	88,107	88,107
COVID-19 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	NU50CK000508	195,499	195,499
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	NU90TP922188	62,590	62,590
State Physical Activity and Nutrition (SPAN)	93.439	NU58DP006500	26,601	26,601
Temporary Assistance for Needy Families	93.558	NGA 1801MNTANF	88,778	88,778
Maternal and Child Health Services Block Grant to the States	93.994	NGA BO4MC32551	38,466	38,466
Passed Through Minnesota Department of Human Services Medicaid Cluster Medical Assistance Program	93.778	2205MN5ADM	62,793	62,793
Total U.S. Department of Health and Human Services			\$ 607,524	\$ 607,524
Total Federal Awards			\$ 898,074	\$ 898,074
Totals by Cluster				
Total expenditures for Medicaid Cluster			\$ 62,793	

Brown-Nicollet Community Health Services

St. Peter, Minnesota

Notes to the Schedule of Expenditures of Federal Awards
As of and for the Year Ended December 31, 2022

Note 1 – Summary of Significant Accounting Policies

Reporting Entity

The Schedule of Expenditures of Federal Awards presents the activities of federal award programs expended by Brown-Nicollet Community Health Services. The Health Services' reporting entity is defined in Note 1 to the financial statements.

Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Brown-Nicollet Community Health Services under programs of the federal government for the year ended December 31, 2022. 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 Brown-Nicollet Community Health Services, it is not intended to and does not present the financial position or changes in net position of Brown-Nicollet Community Health Services.

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.

Note 2 – De Minimis Cost Rate

Brown-Nicollet Community Health Services has elected not to use the ten percent de minimis indirect cost rate allowed under the Uniform Guidance.

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

Health Services Board
Brown-Nicollet Community Health Services
St. Peter, 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 Brown-Nicollet Community Health Services as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Health Services' basic financial statements, and have issued our report thereon dated August 22, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Brown-Nicollet Community Health Services' internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health Services' internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Health Services' 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, 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. 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. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services failed to comply with the provisions of the contracting – bid laws, 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 Health Services’ noncompliance with the above referenced provisions, insofar as they relate to accounting matters.

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 Health Services’ 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 Health Services’ 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/Chad Struss

Chad Struss, CPA
Deputy State Auditor

August 22, 2023



**Report on Compliance for Each Major Federal Program and Report on Internal
Control Over Compliance Required by the Uniform Guidance**

Independent Auditor's Report

Health Services Board
Brown-Nicollet Community Health Services
St. Peter, Minnesota

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' major federal programs for the year ended December 31, 2022. Brown-Nicollet Community Health Services' 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, Brown-Nicollet Community Health Services' 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, 2022.

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 Brown-Nicollet Community Health Services 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 Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' 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 Brown-Nicollet Community Health Services' 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

/s/Chad Struss

Julie Blaha
State Auditor

Chad Struss, CPA
Deputy State Auditor

August 22, 2023

Brown-Nicollet Community Health Services St. Peter, Minnesota

Schedule of Findings and Questioned Costs For the Year Ended December 31, 2022

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report the auditor issued on whether the financial statements audited were prepared in accordance with generally accepted accounting principles: **Unmodified**

Internal control over financial reporting:

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

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

Federal Awards

Internal control over major federal 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**

Identification of major federal programs:

Assistance Listing Number	Name of Federal Program or Cluster
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children
93.323	COVID-19 – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

The threshold used to distinguish between Type A and B programs was \$750,000.

Brown-Nicollet Community Health Services qualified as a low-risk auditee? **No**

Section II – Financial Statement Findings

None.

Section III – Federal Award Findings and Questioned Costs

None.