

**BOULDER COUNTY PUBLIC HEALTH**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTARY INFORMATION**  
**YEARS ENDED DECEMBER 31, 2022 AND 2021**



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## INDEPENDENT AUDITORS' REPORT

Board of Health  
Boulder County Public Health  
Boulder, Colorado

### Report on the Audit of the Financial Statements

#### ***Opinions***

We have audited the accompanying financial statements of the governmental activities and major fund, of Boulder County Public Health, a component unit of Boulder County, Colorado, as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which collectively comprise Boulder County Public Health's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and major fund of Boulder County Public Health, as of December 31, 2022 and 2021, and the respective changes in financial position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinions***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Boulder County Public Health and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### ***Responsibilities of Management for the Financial Statements***

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

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

***Auditors' 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 auditors' 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 GAAS 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 GAAS 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 Boulder County Public Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Boulder County Public Health's ability to continue as a going concern for a reasonable period of time.

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

**Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management discussion and analysis, the schedule of proportionate share of the net pension liability, the schedule of pension contributions and related ratios, the schedule of proportionate share of the other postemployment benefits liability, the schedule of other postemployment benefits contributions and related ratios, and statement of revenues, expenditures, and changes in fund balances – budget and actual – General Fund, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, 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 audits 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 audits were conducted for the purpose of forming opinions on the financial statements that collectively comprise the Boulder County Public Health’s basic financial statements. The schedules of revenues and expenditures by function – General Fund 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 audits 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 GAAS. In our opinion, the supplementary information 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 4, 2023, on our consideration of Boulder County Public Health’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Boulder County Public Health’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Boulder County Public Health’s internal control over financial reporting and compliance.



**CliftonLarsonAllen LLP**

Broomfield, Colorado  
August 4, 2023

**BOULDER COUNTY PUBLIC HEALTH  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

As management of Boulder County Public Health (BCPH), we offer readers of BCPH's financial statements this narrative overview and analysis of the financial activities of BCPH for the fiscal years ended December 31, 2022, 2021, and 2020.

**Financial Highlights**

BCPH's liabilities and deferred inflows of resources exceeded assets and deferred outflows of resources by \$3,796,007 at December 31, 2022, by \$7,737,342 at December 31, 2021, and by \$8,414,92 at December 31, 2020. This deficit is primarily related to BCPH's participation in a defined benefit pension plan administered by the Colorado Public Employees' Retirement Association (PERA). See Note 7 for further information.

At December 31, 2022, BCPH's governmental fund reports an ending balance of \$5,604,306, which is an increase of \$694,165 from the balance at December 31, 2021. Approximately 97% of the total amount, \$5,445,626 is the unrestricted fund balance available for spending at the government's discretion. At December 31, 2021, BCPH's governmental fund had an ending balance of \$4,910,141, which is a decrease of \$674,117 from the balance at December 31, 2020. Approximately 97% of the total amount, \$4,743,571, was the unrestricted fund balance available for spending at the government's discretion. At December 31, 2020, BCPH's governmental fund had an ending balance of \$5,584,258, which is an increase of \$2,034,458 from the balance at December 31, 2019. Approximately 97% of the total amount, \$5,427,495, was the unrestricted fund balance available for spending at the government's discretion.

**Overview of the Financial Statements**

This discussion and analysis is an introduction to BCPH's basic financial statements including three components: (1) government-wide financial statements, (2) fund financial statements, and (3) notes to the financial statements. The financial statements also contain other supplementary information.

**Government-Wide Financial Statements**

The government-wide financial statements (the statement of net position and the statement of activities) reflect the financial activities of BCPH.

The statement of net position reports all of the governmental fund's current financial assets (short-term spendable resources) and all capital assets less all short and long-term obligations. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of BCPH is improving or declining.

The statement of activities presents information showing how BCPH's net position changed during the most recent calendar year. Regardless of when cash is received or distributed, changes in net position are reported when the underlying event giving rise to the change occurs. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods. Governmental activities of BCPH include administration, family health, community health, environmental health, and communicable disease control. BCPH has no business-type activities.

**BOULDER COUNTY PUBLIC HEALTH  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

**Governmental Fund Financial Statements**

A governmental fund is a grouping of related accounts used to maintain control over resources that have been segregated for specific activities or objectives. BCPH, like other state and local government agencies, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The governmental fund financial statements represent all of BCPH's current activities.

**Governmental Funds**

Governmental funds account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements (the balance sheet and the statement of revenues, expenditures, and changes in fund balance) focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating BCPH's near-term financing requirements.

The focus of governmental fund financial statements is narrower than that of the government-wide financial statements. Comparing the information presented for governmental funds with similar information presented for government-wide activities may assist readers to understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and government-wide activities.

**Notes to the Basic Financial Statements**

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

**Other Information**

In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning BCPH's budgetary comparison schedules for the general fund, which demonstrates compliance with the annual appropriated budget, the schedule of proportionate share of the net pension liability and the schedule of pension contributions and related ratios to the pension plan, which demonstrate BCPH's share in the total net pension liability and annual contributions to PERA, as well as the schedule of proportionate share of the net OPEB liability and the schedule of OPEB contributions and related ratios to the OPEB plan, which demonstrate BCPH's share in the total net OPEB liability and annual contributions to PERA.

**Government-Wide Financial Analysis**

Increases or decreases in net position may serve over time as useful indicators of a government's financial position. In the case of BCPH, total liabilities and deferred inflows of resources exceed the amount of total assets and deferred outflows of resources by \$3,796,007 at December 31, 2022. Total liabilities and deferred inflows of resources exceed the amount of total assets and deferred outflows of resources by \$7,737,342 at December 31, 2021. Total liabilities and deferred inflows of resources exceed the amount of total assets and deferred outflows of resources by \$8,414,952 at December 31, 2020.

**BOULDER COUNTY PUBLIC HEALTH  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

An additional portion of BCPH's net position, \$158,680, \$166,570, and \$156,763 for 2022, 2021, and 2020, respectively, represents resources that are subject to external restrictions on how they may be used. The largest deficit of net position is unrestricted, \$(5,221,009), \$(7,915,828), and \$(8,587,685) for 2022, 2021, and 2020, respectively, representing resources available (or not available) to meet the government's ongoing obligations. The negative balances are primarily the result of the net pension liability, net OPEB liability, and related deferred outflows of resources and deferred inflows of resources.

**Boulder County Public Health's Net Position**

	Governmental Activities		
	2022	2021	2020
Current and Other Assets	\$ 8,999,833	\$ 7,136,899	\$7,828,775
Capital Assets	7,862	11,916	15,970
Total Assets	<u>9,007,695</u>	<u>7,148,815</u>	<u>7,844,745</u>
Deferred Outflows of Resources	2,344,431	3,921,110	2,093,205
Long-Term Liabilities Outstanding	1,839,747	9,052,614	12,230,175
Other Liabilities	1,795,294	1,564,415	1,658,126
Total Liabilities	<u>3,635,041</u>	<u>10,617,029</u>	<u>13,888,301</u>
Deferred Inflows of Resources	<u>11,513,092</u>	<u>8,190,238</u>	<u>125,247</u>
Net Position:			
Invested in Capital Assets	7,862	11,916	15,970
Restricted for Emergencies	158,680	166,570	156,763
Restricted for Net Pension Asset	1,258,460	-	-
Unrestricted	<u>(5,221,009)</u>	<u>(7,915,828)</u>	<u>(8,587,685)</u>
Total Net Position	<u>\$ (3,796,007)</u>	<u>\$ (7,737,342)</u>	<u>\$ (8,414,952)</u>

**Governmental Activities**

Governmental activities for BCPH increased net position by \$3,941,335 in 2022. Governmental activities for BCPH increased net position by \$677,610 in 2021. Governmental activities for BCPH increased net position by \$3,206,595 in 2020. The increase in net position in all three years is largely due to the result of changes in the net pension asset (liability).

**BOULDER COUNTY PUBLIC HEALTH  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

**Boulder County Public Health Governmental Activities**

	Governmental Activities		
	2022	2021	2020
Revenues:			
Program Revenues:			
Charges for Services	\$ 1,525,554	\$ 1,085,811	\$ 1,283,733
Operating Grants and Contributions	10,843,952	11,089,090	9,658,785
General Revenues:			
Contribution from Boulder County (PPrimary Government)	10,017,893	9,073,338	8,854,814
Investment Earnings	27,071	36,814	93,373
Total Revenues	<u>22,414,470</u>	<u>21,285,053</u>	<u>19,890,705</u>
Expenses:			
General Administration	3,041,772	3,038,875	2,691,527
Other Administrative Programs	4,148,718	5,508,082	2,989,853
Family Health Programs	2,450,551	2,420,275	2,442,728
Community Health Programs	2,490,751	2,553,531	2,249,307
Environmental Health Programs	4,156,204	4,618,392	4,780,868
Communicable Disease Programs	2,185,139	2,468,288	1,529,827
Total Expenses	<u>18,473,135</u>	<u>20,607,443</u>	<u>16,684,110</u>
Change in Net Position	3,941,335	677,610	3,206,595
Net Position - Beginning of Year	<u>(7,737,342)</u>	<u>(8,414,952)</u>	<u>(11,621,547)</u>
Net Position - End of Year	<u><u>\$ (3,796,007)</u></u>	<u><u>\$ (7,737,342)</u></u>	<u><u>\$ (8,414,952)</u></u>

**Financial Analysis of BCPH's Fund**

As noted earlier, BCPH uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

**Governmental Fund**

The focus of BCPH's governmental fund is to provide information on current year revenue, expenditures, and balances of spendable resources. Such information is useful in assessing BCPH's financing requirements. In particular, unrestricted fund balance may serve as a useful measure of BCPH's net resources available for spending at the end of the fiscal year.

The General Fund is the only governmental fund of Boulder County Public Health. As of December 31, 2022, 2021, and 2020, BCPH's General Fund reported an ending balance of \$5,604,306, \$4,910,141, and \$5,584,258, respectively. Ending fund balance increased by \$694,165 in 2022, decreased by \$674,117 in 2021, and increased by \$2,034,458 in 2020. At December 31, 2022, 2021, and 2020, approximately 97%, or \$5,445,626, \$4,743,571, and \$5,427,495, respectively, of the total amount, constitutes unrestricted fund balance, which is available for spending at BCPH's discretion. The remainder of fund balance, restricted for emergencies, is not otherwise available for new spending.

**BOULDER COUNTY PUBLIC HEALTH  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

**General Fund Budgetary Highlights**

Differences between the actual 2022 expenditures and budget, approved by the Board of Health, totaled \$3,808,237 with budgeted amounts exceeding actual. Explanations for the differences are summarized as follows:

\$3,808,237 actual less than budget for total expenditures due to several budgeted grants that never came to fruition, while other budgeted grants were not fully expended due to continued focus on addressing the pandemic, working with community partners, and high levels of turnover in 2022.

Differences between the actual 2021 expenditures and budget, approved by the Board of Health, totaled \$1,795,318 with budgeted amounts exceeding actual. Explanations for the differences are summarized as follows:

\$2,942,003 actual less than budget for salaries and benefits primarily attributable to lower than anticipated spending as well as vacant positions (all divisions).

\$1,146,685 actual less than budget for all other expenses primarily attributable to lower than anticipated spending for operating expenses, professional, property and other services combined (all divisions).

Differences between the actual 2020 expenditures and budget, approved by the Board of Health, totaled \$809,579 with budgeted amounts exceeding actual. Explanations for the differences are summarized as follows:

\$212,851 actual less than budget for salaries and benefits primarily attributable to lower than anticipated spending as well as vacant positions (all divisions).

\$596,728 actual less than budget for all other expenses primarily attributable to lower than anticipated spending for operating expenses, professional, property and other services combined (all divisions).

**Capital Assets**

Boulder County Public Health's investment in capital assets, at December 31, 2022, 2021, and 2020, expressed net of depreciation is \$7,862, \$11,916, and \$15,970, respectively. Investment in capital assets includes building improvements, internally developed computer software and other equipment.

**Capital Assets (Net of Depreciation)**

	Governmental Activities		
	2022	2021	2020
Equipment	\$ 7,862	\$ 11,916	\$ 15,970

**Requests for Information**

This financial report provides a general overview of BCPH's finances. Address questions or requests for additional information to Boulder County Public Health, Director of Administrative Services, 3450 Broadway, Boulder, CO, 80304.

## **BASIC FINANCIAL STATEMENTS**

**BOULDER COUNTY PUBLIC HEALTH  
STATEMENTS OF NET POSITION – GOVERNMENTAL ACTIVITIES  
DECEMBER 31, 2022 AND 2021**

	2022	2021
<b>ASSETS</b>		
Cash and Investments	\$ 5,285,514	\$ 4,207,139
Due from Other Governments	1,457,888	2,927,813
Due from Boulder County	994,289	1,947
Other Assets	3,682	-
Net Pension Asset	1,258,460	-
	8,999,833	7,136,899
Capital Assets, Net of Accumulated Depreciation of \$92,875 and \$88,821 for 2022 and 2021, Respectively	7,862	11,916
Total Assets	9,007,695	7,148,815
<b>DEFERRED OUTFLOWS OF RESOURCES</b>		
Related to Pension	2,168,915	3,760,124
Related to Other Postemployment Benefits	175,516	160,986
Total Deferred Outflows of Resources	2,344,431	3,921,110
<b>LIABILITIES</b>		
Accounts Payable	555,685	747,941
Due to Boulder County	420,169	17,726
Accrued Salaries and Benefits	341,753	272,066
Accrued Payroll Liabilities	169,450	349,335
Unearned Revenue	171,131	64,728
Compensated Absences:		
Due within One Year	137,106	112,619
Due in More than One Year	861,672	790,167
Net Pension Liability	-	7,254,860
Net Other Postemployment Benefits Liability	978,075	1,007,587
Total Liabilities	3,635,041	10,617,029
<b>DEFERRED INFLOWS OF RESOURCES</b>		
Related to Pension	11,139,500	7,845,729
Related to Other Postemployment Benefits	373,592	344,509
Total Deferred Inflows of Resources	11,513,092	8,190,238
<b>NET POSITION</b>		
Investment in Capital Assets	7,862	11,916
Restricted:		
Restricted for Emergencies	158,680	166,570
Net Pension Asset	1,258,460	-
Unrestricted	(5,221,009)	(7,915,828)
Total Net Position	\$ (3,796,007)	\$ (7,737,342)

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
STATEMENT OF ACTIVITIES – GOVERNMENTAL ACTIVITIES  
YEAR ENDED DECEMBER 31, 2022**

	Program Revenue			
Expenses	Charges for Services	Operating Grants and Contributions	Net (Expense) Revenue and Changes in Net Position	
Governmental Activities:				
General Administration	\$ 3,041,772	\$ 545,806	\$ 1,877,962	\$ (618,004)
Strategic Initiatives	4,148,718	-	3,904,542	(244,176)
Family Health	2,450,551	34,454	1,843,939	(572,158)
Community Health	2,490,751	-	1,263,533	(1,227,218)
Environmental Health	4,156,204	934,757	634,071	(2,587,376)
Communicable Disease	2,185,139	10,537	1,319,905	(854,697)
Total	\$ 18,473,135	\$ 1,525,554	\$ 10,843,952	(6,103,629)
General Revenues:				
Contribution from Boulder County				10,017,893
Investment Earnings				27,071
Total General Revenues				10,044,964
Change in Net Position				3,941,335
Net Position - Beginning of Year				(7,737,342)
Net Position - End of Year				\$ (3,796,007)

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
STATEMENT OF ACTIVITIES – GOVERNMENTAL ACTIVITIES  
YEAR ENDED DECEMBER 31, 2021**

	Program Revenue			
Expenses	Charges for Services	Operating Grants and Contributions	Net (Expense) Revenue and Changes in Net Position	
Governmental Activities:				
General Administration	\$ 3,038,875	\$ 448,258	\$ 2,194,853	\$ (395,764)
Strategic Initiatives	5,508,082	-	3,010,568	(2,497,514)
Family Health	2,420,275	49,239	1,669,324	(701,712)
Community Health	2,553,531	-	1,363,826	(1,189,705)
Environmental Health	4,618,392	575,672	1,259,990	(2,782,730)
Communicable Disease	2,468,288	12,642	1,590,529	(865,117)
Total	\$ 20,607,443	\$ 1,085,811	\$ 11,089,090	(8,432,542)
General Revenues:				
Contribution from Boulder County				9,073,338
Investment Earnings				36,814
Total General Revenues				9,110,152
Change in Net Position				677,610
Net Position - Beginning of Year				(8,414,952)
Net Position - End of Year				\$ (7,737,342)

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
BALANCE SHEETS – GOVERNMENTAL FUND – GENERAL FUND  
DECEMBER 31, 2022 AND 2021**

	2022	2021
<b>ASSETS</b>		
Cash and Investments	\$ 5,285,514	\$ 4,207,139
Due from Other Governments	1,457,888	2,927,813
Due from Boulder County	994,289	1,947
Other Assets	3,682	-
Total Assets	\$ 7,741,373	\$ 7,136,899
 <b>LIABILITIES</b>		
Accounts Payable	\$ 555,685	\$ 747,941
Due to Boulder County	420,169	17,726
Accrued Salaries and Benefits	341,753	272,066
Accrued Payroll Liabilities	169,450	349,335
Matured Compensated Absences	-	2,778
Unearned Revenue	171,131	64,728
Total Liabilities	1,658,188	1,454,574
 <b>DEFERRED INFLOWS OF RESOURCES</b>		
Unavailable Revenues	478,879	772,184
Total Deferred Inflows of Resources	478,879	772,184
 <b>FUND BALANCE</b>		
Restricted:		
Restricted for Emergencies	158,680	166,570
Total Restricted Fund Balance	158,680	166,570
Unrestricted:		
Committed for Emergency Preparedness Contingency	500,000	500,000
Assigned	1,257,144	1,539,683
Unassigned	3,688,482	2,703,888
Total Unrestricted Fund Balance	5,445,626	4,743,571
Total Fund Balance	5,604,306	4,910,141
 Total Liabilities and Fund Balance	\$ 7,741,373	\$ 7,136,899

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
RECONCILIATION OF THE BALANCE SHEETS – GOVERNMENTAL FUND TO THE  
STATEMENTS OF NET POSITION  
DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
Governmental Fund Balance	\$ 5,604,306	\$ 4,910,141
Amounts reported for governmental activities in the Statement of Net Position are different because:		
Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the fund	7,862	11,916
Long-term liabilities are not due and payable in the current period and, therefore, are not reported in the fund:		
Compensated Absences	(998,778)	(900,008)
Net Pension Asset (Liability)	1,258,460	(7,254,860)
Net Other Postemployment Benefits Liability	(978,075)	(1,007,587)
Because the focus of governmental funds is on current resources, some assets will not be available to pay for current-period expenditures. Those receivables are offset by deferred inflows of resources in the governmental funds and are not included in fund balance	478,879	772,184
Deferred outflows are not recognized in the current period and, therefore, are classified as deferred outflows of resources in the Statement of Net Position:		
Related to Pension	2,168,915	3,760,124
Related to Other Postemployment Benefits	175,516	160,986
Deferred inflows are not available to pay current expenditures and, therefore, are not reported in the fund:		
Related to Pension	(11,139,500)	(7,845,729)
Related to Other Postemployment Benefits	<u>(373,592)</u>	<u>(344,509)</u>
Net Position of Governmental Activities	<u>\$ (3,796,007)</u>	<u>\$ (7,737,342)</u>

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
STATEMENTS OF REVENUE, EXPENDITURES, AND CHANGES IN FUND BALANCE –  
GOVERNMENTAL FUND – GENERAL FUND  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
<b>REVENUES</b>		
Intergovernmental	\$ 21,022,002	\$ 19,828,377
Charges for Services	1,525,554	1,085,811
Contributions	2,000	3,027
Interest and Miscellaneous	158,219	254,324
Total Revenues	22,707,775	21,171,539
<b>EXPENDITURES</b>		
General Administration	3,588,381	3,248,954
Strategic Initiatives	4,952,655	5,759,406
Family Health	2,985,824	2,599,435
Community Health	3,019,678	2,725,717
Environmental Health	4,882,381	4,892,003
Communicable Disease	2,584,691	2,620,141
Total Expenditures	22,013,610	21,845,656
<b>NET CHANGE IN FUND BALANCE</b>	694,165	(674,117)
Fund Balance - Beginning of Year	4,910,141	5,584,258
<b>FUND BALANCE - END OF YEAR</b>	\$ 5,604,306	\$ 4,910,141

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
RECONCILIATION OF THE STATEMENTS OF REVENUE, EXPENDITURES, AND CHANGES  
IN FUND BALANCE – GOVERNMENTAL FUND TO THE STATEMENTS OF ACTIVITIES  
YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
Change in Fund Balance - Governmental Fund	\$ 694,165	\$ (674,117)
Amounts reported for governmental activities in the Statement of Net Position are different because:		
Governmental fund reports capital outlays as expenditures. However, in the Statement of Activities, the cost of those assets is allocated over their useful lives and reported as depreciation expense.		
Depreciation Expense	(4,054)	(4,054)
Some expenses reported in the Statements of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in the governmental fund:		
Compensated Absences	(98,770)	(30,983)
Revenues in the Statement of Activities that do not provide current financial resources are not reported as revenue		
Increase/(Decrease) in Earned but Unavailable Revenue	(293,305)	113,514
Some expenses reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in the governmental fund:		
Pension Expense	3,628,340	1,147,547
Other Postemployment Benefits Expense	14,959	125,703
Change in Net Position of Governmental Activities	\$ 3,941,335	\$ 677,610

See accompanying Notes to Basic Financial Statements.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The basic financial statements of Boulder County Public Health (BCPH) have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP), applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the standard setting body for establishing governmental accounting and financial reporting principles. A summary of BCPH's significant accounting policies applied in the preparation of these basic financial statements follows:

**Reporting Entity**

BCPH was organized by authority of Colorado state statute on March 25, 1952. BCPH was established to provide public health services in Boulder County (the County) in the following areas: environment, family, community, communicable disease control, addiction recovery, and strategic innovation. In 1973, BCPH was further segregated as a component unit of the County by resolution of the Boulder County Board of County Commissioners. The County Commissioners appoint the Board of Health's five members.

BCPH is included in the County's reporting entity because of the significance of its operational and financial relationship with the County in accordance with Government Accounting Standards Board (GASB). Financial accountability includes, but is not limited to, selection of governing authority, imposition of will, financial interdependency and accountability for fiscal matters. BCPH is included as a discretely presented component unit in the County's basic financial statements because it is a legally separate entity, the Commissioners appoint the governing board, the County appropriates significant funds to BCPH's operations, and BCPH serves the residents of the County. BCPH does not have financial accountability over any other district, municipality, or county.

Based on the above criteria, the accompanying basic financial statements include only the operations of BCPH.

**Measurement Focus, Basis of Accounting and Basis of Presentation**

BCPH's basic financial statements consist of the government-wide financial statements and the fund financial statements. The government-wide financial statements include a statement of net position and a statement of activities, which present all the financial activities of BCPH. The government-wide statements are reported using the economic resources measurement focus and the accrual basis of accounting. Governmental activities are normally supported by taxes and intergovernmental revenues. The government-wide statements of activities reflect both the direct expenses and net cost of each function of BCPH's governmental activities. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include charges paid by the recipient for the goods or services offered by the program, grants, and contributions that are restricted to meeting the operational or capital requirements of a particular program and interest earned on grants that is required to be used to support a particular program. Revenues that are not classified as program revenues are presented as general revenues of BCPH, with certain limited exceptions. The comparison of direct expenses with program revenues identifies the extent to which each government function or business segment is self-financing or draws from the general revenues of BCPH.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Measurement Focus, Basis of Accounting and Basis of Presentation (Continued)**

The governmental fund is used to account for BCPH's general governmental activities. Governmental fund financial statements use the flow of current financial resources measurement focus and the modified accrual basis of accounting. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they are measurable and available). Measurable means the amount of the transaction can be determined and available means collectible within the current period or soon enough thereafter to pay liabilities of the current period. BCPH considers all revenue available if it is collected within 60 days after year-end. Expenditures are recorded when the related fund liability is incurred, except for certain compensated absences which are recognized when the obligations are expected to be liquidated with expendable available financial resources (i.e., matured).

Grant revenue is the primary revenue source subject to accrual. BCPH reports a deferred inflow of resources when potential revenue does not meet both the measurable and available criteria for recognition in the current period and eligibility requirements have not been met at the fund level, or when unearned revenue is not considered earned and eligibility requirements have not been met at the government-wide level. Unearned revenues also arise when BCPH receives resources before it has legal claim to them, such as when grant funds are received prior to incurring qualified expenditures and eligibility requirements have not been met. In subsequent periods, when both revenue recognition criteria are met, or when the government has a legal claim to the resources, the liability for unearned revenue and deferred inflows of resources is removed and revenue is recognized.

A reconciliation of the fund financial statements to the government-wide financial statements is provided in the basic financial statements to explain the differences between them.

The General Fund is BCPH's only governmental fund. It is the general operating fund of BCPH and is used to account for all financial activities.

**Cash and Investments**

Cash and investments are cash on hand and demand deposits, and are stated at fair value.

**Restricted Cash and Investments**

Restricted cash is comprised of amounts received from donations from other organizations or individuals to be used for specific purposes.

**Accounts Receivable**

Accounts receivable are carried at cost less an allowance for doubtful accounts. BCPH does not accrue finance or interest charges. On a periodic basis, BCPH evaluates its accounts receivable and determines the need for an allowance for losses based on historical experience. A receivable is written off when it is determined that all reasonable collection efforts have been exhausted and the potential for recovery is considered remote. At December 31, 2022 and 2021, BCPH had no allowance for doubtful accounts.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Due from Other Governments**

Due from other governments includes amounts due primarily from federal and state grantors for specific grant programs.

**Capital Assets**

Capital assets, which include equipment and improvements, are reported in the government-wide financial statements. BCPH defines capital assets as assets with an initial, individual cost of more than \$5,000 for equipment, \$50,000 or more for improvements, and a useful life of more than one year. Capital assets are valued at historical cost or estimated historical cost if actual historical cost is not available. Donated capital assets are recorded at estimated acquisition value at the date of donation.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Improvements are capitalized and depreciated over the remaining useful life of the related capital asset, as applicable.

Capital assets are depreciated using the straight-line method over their estimated useful lives. Depreciation expense is reflected as an operating expense in the government-wide statements of activities.

Estimated useful lives for asset types are as follows:

Equipment	6-10 Years
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**Compensated Absences**

BCPH follows County policy for compensated absences. The County allows employees to accumulate unused vacation and medical leave benefits up to a certain maximum number of hours. Upon termination, all unused vacation leave benefits are paid to the employee. Medical leave benefits may be paid to the employee depending on hire date or length of service. Employees hired as full-time employees prior to June 1, 1987, except Social Service Department employees, who have worked for the County for 20 years or who are eligible for retirement at age 62, are paid all unused medical leave benefits. Employees hired as full-time employees prior to June 1, 1987, except Social Service Department employees, who have not worked for the County for 20 years nor are they eligible for retirement at age 62, are paid 50% of their unused medical leave. All other employees not listed in the above two categories are not paid for unused medical leave.

**Long-Term Obligations for Compensated Absences**

Long-term obligations for compensated absences are reported as liabilities in the statements of net position and are not recorded at the fund level unless they have matured.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Pensions**

The BCPH participates in the Local Government Division Trust Fund (LGDTF), a cost-sharing multiple-employer defined benefit pension plan administered by the Public Employees' Retirement Association of Colorado (PERA). The net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, pension expense, information about the fiduciary net position (FNP) and additions to/deductions from the FNP of the LGDTF have been determined using the economic resources measurement focus and the accrual basis of accounting. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

**Postemployment Benefits Other Than Pensions (OPEB)**

The BCPH participates in the Health Care Trust Fund (HCTF), a cost-sharing multiple-employer defined benefit OPEB fund administered by the Public Employees' Retirement Association of Colorado ("PERA"). The net OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, OPEB expense, information about the fiduciary net position (FNP) and additions to/deductions from the FNP of the HCTF have been determined using the economic resources measurement focus and the accrual basis of accounting. For this purpose, benefits paid on behalf of health care participants are recognized when due and/or payable in accordance with the benefit terms. Investments are reported at fair value.

**Fund Balance**

As of December 31, 2022 and 2021, fund balances of governmental funds are classified as follows:

**Nonspendable** – amounts that cannot be spent either because they are not spendable in form or because they are legally or contractually required to be maintained intact. As of December 31, 2022 and 2021, BCPH does not have any nonspendable fund balance.

**Restricted** – amounts that are subject to externally enforceable legal purpose restrictions imposed by creditors, grantors, contributors, or laws and regulations of other governments; or through constitutional provisions or enabling legislation.

**Committed** – amounts that are subject to a purpose constraint imposed by a formal action of the Board of Health (the Board). The Board is the highest level of decision-making authority for BCPH.

Commitments may be established, modified or rescinded only through resolutions approved by the Board.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Fund Balance (Continued)**

Assigned – amounts that are subject to a purpose constraint that represents an intended use established by BCPH, but are not considered restricted or committed. The purpose of the assignment must be narrower than the purpose of the General Fund.

Unassigned – represents the residual classification for BCPH’s General Fund and could report a surplus or deficit.

When an expenditure is incurred for purposes for which both restricted and unrestricted fund balance is available, restricted fund balance is considered expended. For expenditures in which any unrestricted fund balance classification could be used, committed fund balance is considered first expended, then assigned, then unassigned.

**NOTE 2 CASH AND INVESTMENTS**

The Colorado Public Deposit Protection Act (PDPA) requires all local government entities to deposit cash in eligible public depositories. Eligibility is determined by State regulations. Amounts on deposit in excess of federal insurance levels must be collateralized by eligible collateral as determined by the PDPA. The PDPA allows the financial institution to create a single collateral pool for all public funds held. The pool to be maintained by another institution or held in trust for all the uninsured public deposits as a group. The market value of the collateral must be at least equal to 102% of the uninsured deposits. The State Commissioners for banks and financial services are required by statute to monitor the naming of eligible depositories and reporting of the uninsured deposits and assets maintained in the collateral pools.

Cash, deposits, and investments as of December 31, 2022 and 2021 are classified in the accompanying financial statements as follows:

	2022	2021
Governmental Activities:		
Unrestricted Cash and Investments	\$ 5,285,514	\$ 4,207,139
Total Governmental Activities	\$ 5,285,514	\$ 4,207,139
Pooled Cash with Boulder County	\$ 5,282,914	\$ 4,204,632
Investments	2,600	2,507
Total Cash and Investments	\$ 5,285,514	\$ 4,207,139

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 2 CASH AND INVESTMENTS (CONTINUED)**

**Fair Value Measurements**

BCPH reports its investments using the fair value measurements established by generally accepted accounting principles. As such, a fair value hierarchy categorizes the inputs used to measure the fair value of the investments into three levels. Level 1 inputs are quoted prices in active markets for identical investments; Level 2 inputs include quoted prices in active markets for similar investments, or other observable inputs; and Level 3 inputs are unobservable inputs. BCPH's investments in an external government investment pool is measured at Net Asset Value (NAV).

**Local Government Investment Pools**

BCPH invested \$2,600 as of December 31, 2022 and \$2,507 as of December 31, 2021 in the Colorado Local Government Liquid Trust (ColoTrust) Prime Fund, which is an external investment pool established for local government entities in Colorado to pool surplus funds. The Colorado Division of Securities administers and enforces the requirements of creating and operating the pool. The external investment pool is measured at the net asset value (NAV) per share, with each share valued at \$1.00. The pool is rated AAA by Standard and Poor's. Investments of the pools are limited to those allowed by State statutes. A designated custodial bank provides safekeeping and depository services in connection with the direct investment and withdrawal functions. The custodian's internal records identify the investments owned by the participating governments. There are no unfunded commitments, the redemption frequency is daily, and there is no redemption notice period.

**Interest Rate Risk**

State statutes generally limit the maturity of investment securities to five years from the date of purchase, unless the governing board authorizes the investment for a period in excess of five years.

**Credit Risk**

State statutes limit certain investments to those with specified ratings from nationally recognized statistical rating organizations, depending on the type of investment.

**Concentration of Credit Risk**

State statutes do not limit the amount that BCPH may invest in one issuer of investment securities, except for corporate securities.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 3 CAPITAL ASSETS**

Capital asset activity for the years ended December 31, 2022 and 2021 is as follows:

	Beginning Balance January 1, 2022	Increases	Decreases	Ending Balance December 31, 2022
Capital Assets:				
Equipment	\$ 100,737	\$ -	\$ -	\$ 100,737
Total Capital Assets	<u>100,737</u>	<u>-</u>	<u>-</u>	<u>100,737</u>
Less Accumulated Depreciation for:				
Equipment	(88,821)	(4,054)	-	(92,875)
Total Accumulated Depreciation	<u>(88,821)</u>	<u>(4,054)</u>	<u>-</u>	<u>(92,875)</u>
Capital Assets, Net	<u>\$ 11,916</u>	<u>\$ (4,054)</u>	<u>\$ -</u>	<u>\$ 7,862</u>
Depreciation Expense Charged to Administrative Function:	<u>\$ 4,054</u>			
	Beginning Balance January 1, 2021	Increases	Decreases	Ending Balance December 31, 2021
Capital Assets:				
Equipment	\$ 100,737	\$ -	\$ -	\$ 100,737
Total Capital Assets	<u>100,737</u>	<u>-</u>	<u>-</u>	<u>100,737</u>
Less Accumulated Depreciation for:				
Equipment	(84,767)	(4,054)	-	(88,821)
Total Accumulated Depreciation	<u>(84,767)</u>	<u>(4,054)</u>	<u>-</u>	<u>(88,821)</u>
Capital Assets, Net	<u>\$ 15,970</u>	<u>\$ (4,054)</u>	<u>\$ -</u>	<u>\$ 11,916</u>
Depreciation Expense Charged to Administrative Function:	<u>\$ 4,054</u>			

For the years ended December 31, 2022 and 2021, depreciation expense of \$4,054 was charged to the general administration function of governmental activities.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 4 LONG-TERM OBLIGATIONS**

During the year ended December 31, 2022 and 2021, the following changes occurred in liabilities reported as long-term obligations:

	Balance January 1, 2022	Additions	Deletions	Balance December 31, 2022	Due in One Year
Compensated Absences	\$ 902,786	\$ 837,712	\$ 741,720	\$ 998,778	\$ 137,106

  

	Balance January 1, 2021	Additions	Deletions	Balance December 31, 2021	Due in One Year
Compensated Absences	\$ 881,000	\$ 714,885	\$ 693,099	\$ 902,786	\$ 112,619

**NOTE 5 NET POSITION AND FUND BALANCE – RESTRICTED FOR EMERGENCIES**

At the general election held November 3, 1992, the voters of the State approved an Amendment 1, adding Section 20 to Article X of the Colorado Constitution, limiting the ability of the State and local governments such as BCPH to increase revenues, debt and spending and restricting property, income and other taxes. In addition, the amendment requires that the State and local governments obtain voter approval to create any multiple fiscal year direct or indirect debt or other financial obligation whatsoever without adequate present cash reserves pledged irrevocably and held for payments in all future fiscal years. The amendment also requires the establishment of an Emergency Reserve equal to 3% of fiscal year spending excluding debt service. BCPH has established an emergency reserve in the General Fund to meet the reserve requirement of \$158,680 and \$166,570 for 2022 and 2021, respectively.

In 2005, the County voters approved an ongoing exemption to all revenues and expenditures as had previously been applied to the TABOR Revenue Limit, the TABOR Property Tax Limit and the TABOR Expenditures Limit, which was approved by the Boulder County Board of County Commissioners in Resolution 2005-96. The ballot issue requires the County to limit property tax levies for the 2006 fiscal year and beyond, to a maximum of an additional 0.6 mills up to the County’s mill levy limit of 23.745 mills. Any additional property tax revenues that are levied, compared with the actual collections from the prior year, are to be allocated as follows for a period of five years commencing with the 2005 year:

- 20% to be utilized in funding health and human services, of which 1/3 will be directed to nonprofit agencies serving this purpose;
- 30% to be utilized in funding public safety programs;
- 6-2/3% to be utilized in sustainability (including renewable energy and energy efficiency) programs.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 5 NET POSITION AND FUND BALANCE – RESTRICTED FOR EMERGENCIES  
(CONTINUED)**

There are numerous uncertainties about the interpretation of the amendment and its application to particular governmental entities and their operations. It is possible that the constitutionality of the amendment as applied in some situations may be challenged on various grounds, including the argument that the amendment conflicts with other constitutional provisions and violates the protections afforded by the federal constitution against impairment of contract.

**NOTE 6 COMMITMENTS AND CONTINGENCIES**

**Federal and State Grants**

Under the terms of federal and state grants, periodic audits may be required, and certain costs may be questioned as not being appropriate expenditures. Such audits could lead to reimbursements to the grantor agencies. BCPH management believes disallowances, if any, will be immaterial to its financial position and operations.

**Risk Management**

BCPH, as a component unit of the County, is self-insured for risks associated with workers' compensation and property/casualty claims and, therefore, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disaster. The total liability for BCPH is included in the amount recorded in the County's Risk Management Internal Service Fund.

The County assumes risk for the first \$500,000 for each worker's compensation occurrence, the first \$100,000 for each property occurrence, and the first \$500,000 for each liability occurrence.

The County also maintains a self-funded health and dental plan, in which the County assumes risk for the first \$350,000 for each medical claim. Third-party insurance is purchased to protect the county above these amounts. Additionally, the County carries a crime policy with a \$25,000 deductible, and an equipment breakdown policy with a \$10,000 deductible.

The County has established a risk management fund (an internal service fund) to account for and finance all uninsured risks of loss. Liabilities of the risk management fund are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. Liabilities include an amount for claims that have been incurred but not reported (IBNR). Claims liabilities are calculated considering the effects of inflation, recent claims settlement trends including frequency and amount of payouts, and other economic and social factors.

There has been no significant reduction in insurance coverage from the prior year. There have been no settlements exceeding insurance coverage during the last three years.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 7 DEFINED BENEFIT PENSION PLAN**

**General Information About the Pension Plan**

*Plan Description*

Eligible employees of the BCPH are provided with pensions through the LGDTF—a cost-sharing multiple-employer defined benefit pension plan administered by PERA. Plan benefits are specified in Title 24, Article 51 of the Colorado Revised Statutes (C.R.S.), administrative rules set forth at 8 C.C.R. 1502-1, and applicable provisions of the federal Internal Revenue Code. Colorado State law provisions may be amended from time to time by the Colorado General Assembly. PERA issues a publicly available annual comprehensive financial report that can be obtained at [www.copera.org/investments/pera-financial-reports](http://www.copera.org/investments/pera-financial-reports).

*Benefits Provided as of December 31, 2021*

PERA provides retirement, disability, and survivor benefits. Retirement benefits are determined by the amount of service credit earned and/or purchased, highest average salary, the benefit structure(s) under which the member retires, the benefit option selected at retirement, and age at retirement. Retirement eligibility is specified in tables set forth at C.R.S. § 24-51-602, 604, 1713, and 1714.

The lifetime retirement benefit for all eligible retiring employees under the PERA benefit structure is the greater of the:

- Highest average salary multiplied by 2.5% and then multiplied by years of service credit.
- The value of the retiring employee's member contribution account plus a 100% match on eligible amounts as of the retirement date. This amount is then annuitized into a monthly benefit based on life expectancy and other actuarial factors.

In all cases the service retirement benefit is limited to 100% of highest average salary and also cannot exceed the maximum benefit allowed by federal Internal Revenue Code.

Members may elect to withdraw their member contribution accounts upon termination of employment with all PERA employers; waiving rights to any lifetime retirement benefits earned. If eligible, the member may receive a match of either 50% or 100% on eligible amounts depending on when contributions were remitted to PERA, the date employment was terminated, whether five years of service credit has been obtained and the benefit structure under which contributions were made.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**General Information About the Pension Plan (Continued)**

*Benefits Provided as of December 31, 2020 (Continued)*

Upon meeting certain criteria, benefit recipients who elect to receive a lifetime retirement benefit generally receive post-retirement cost-of-living adjustments, referred to as annual increases in the C.R.S. Subject to the automatic adjustment provision (AAP) under C.R.S. § 24-51-413, eligible benefit recipients under the PERA benefit structure who began membership before January 1, 2007, and all eligible benefit recipients of the DPS benefit structure will receive the maximum annual increase (AI) or AI cap of 1.00% unless adjusted by the AAP. Eligible benefit recipients under the PERA benefit structure who began membership on or after January 1, 2007, will receive the lesser of an annual increase of the 1.00% AI cap or the average increase of the Consumer Price Index for Urban Wage Earners and Clerical Workers for the prior calendar year, not to exceed a determined increase that would exhaust 10% of PERA's Annual Increase Reserve (AIR) for the LGDTF. The AAP may raise or lower the aforementioned AI cap by up to 0.25% based on the parameters specified in C.R.S. § 24-51-413.

Disability benefits are available for eligible employees once they reach five years of earned service credit and are determined to meet the definition of disability. The disability benefit amount is based on the lifetime retirement benefit formula(s) shown above considering a minimum 20 years of service credit, if deemed disabled.

Survivor benefits are determined by several factors, which include the amount of earned service credit, highest average salary of the deceased, the benefit structure(s) under which service credit was obtained, and the qualified survivor(s) who will receive the benefits.

*Contributions provisions as of December 31, 2022*

Eligible employees of BCPH are required to contribute to the LGDTF at a rate set by Colorado statute. The contribution requirements for the LGDTF are established under C.R.S. § 24-51-401, *et seq.* and § 24-51-413. Employee contribution rates for the period were 8.50% for January 1, 2022 through June 30, 2022 and 9.00% for July 1, 2022 through December 31, 2022.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**General Information About the Pension Plan (Continued)**

*Contributions provisions as of December 31, 2022 (Continued)*

Employer contribution rates are summarized in the table below:

	January 1, 2021 Through December 31, 2021	January 1, 2022 Through June 30, 2022	July 1, 2022 Through December 31, 2022
Employer Contribution Rate <sup>1</sup>	10.50 %	10.50 %	11.00 %
Amount of Employer Contribution Apportioned to the health Care Trust Fund as Specified in C.R.S. § 24-51-208(1)(f) <sup>1</sup>	(1.02)%	(1.02)%	(1.02)%
Amount Apportioned to the LGDTF <sup>1</sup>	9.48 %	9.48 %	9.98 %
Amortization Equalization Disbursement (AED) as Specified in C.R.S. § 24-51-411 <sup>1</sup>	2.20 %	2.20 %	2.20 %
Supplemental Amortization Equalization Disbursement (SAED) as Specified in C.R.S. § 24-51-411 <sup>1</sup>	1.50 %	1.50 %	1.50 %
Defined contribution supplement as specified in as Specified in C.R.S. § 24-51-415	0.02 %	0.03 %	0.03 %
Total Employer Contribution Rate to the LGDTF <sup>1</sup>	13.20 %	13.21 %	13.71 %

<sup>1</sup> Contribution rates for the LGDTF are expressed as a percentage of salary as defined in C.R.S. § 24-51-101(42).

Employer contributions are recognized by the LGDTF in the period in which the compensation becomes payable to the member and the BCPH is statutorily committed to pay the contributions to the LGDTF. Employer contributions recognized by the LGDTF from BCPH were \$1,629,488 for the year ended December 31, 2022.

**Pension Assets (Liabilities), Pension Income (Expense), and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions**

At December 31, 2022, the BCPH reported an asset of \$1,258,460 for its proportionate share of the net pension asset. The net pension asset for the LGDTF was measured as of December 31, 2021, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2020. Standard update procedures were used to roll-forward the total pension liability to December 31, 2021. The BCPH's proportion of the net pension asset was based on the BCPH's contributions to the LGDTF for the calendar year 2021 relative to the total contributions of participating employers to the LGDTF.

At December 31, 2021, the BCPH's proportion was 1.467815%, which was a decrease of 0.075667% from its proportion measured as of December 31, 2020.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**Pension Assets (Liabilities), Pension Income (Expense), and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)**

For the year ended December 31, 2022, the BCPH recognized pension income of \$1,998,853. At December 31, 2022 and 2021, the BCPH reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2022		2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference Between Expected and Actual Experience	\$ 61,501	\$ 21,019	\$ 350,766	\$ -
Changes of Assumptions or Other Inputs	426,591	-	1,753,216	-
Net Difference Between Projected and Actual Earnings on Pension Plan Investments	-	10,885,930	-	7,845,729
Changes in Proportion and Differences Between Contributions Recognized and Proportionate Share of Contributions	51,335	232,551	207,446	-
Contributions Subsequent to the Measurement Date	1,629,488	-	1,448,696	-
Total	<u>\$ 2,168,915</u>	<u>\$ 11,139,500</u>	<u>\$ 3,760,124</u>	<u>\$ 7,845,729</u>

\$1,629,488 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 of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2023	\$ (2,478,369)
2024	(4,174,193)
2025	(2,626,537)
2026	(1,320,974)

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**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**Pension Assets (Liabilities), Pension Income (Expense), and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)**

*Actuarial Assumptions*

The total pension liability in the December 31, 2020 actuarial valuation was determined using the following actuarial cost method, actuarial assumptions and other inputs:

Actuarial Cost Method	Entry Age
Price Inflation	2.30%
Real Wage Growth	0.70%
Wage Inflation	3.00%
Salary Increases, Including Wage Inflation	3.20% - 11.30%
Long-Term Investment Rate of Return, Net of Pension Plan	
Investment Expenses, Including Price Inflation	7.25%
Discount Rate	7.25%
Postretirement Benefit Increases:	
PERA Benefit Structure Hired Prior to January 1, 2007;	1.00% Compounded Annually
PERA Benefit Structure hired after December 31, 2006	Financed by the Annual Increase Reserve

Post-retirement benefit increases are provided by the AIR, accounted separately within each Division Trust Fund, and subject to moneys being available; therefore, liabilities related to increases for members of these benefit tiers can never exceed available assets.

The TPL as of December 31, 2021, includes the anticipated adjustments to contribution rates and the AI cap, resulting from the 2020 AAP assessment, statutorily recognized July 1, 2021, and effective July 1, 2022.

The mortality tables described below are generational mortality tables developed on a benefit-weighted basis.

Pre-retirement mortality assumptions were based upon the PubG-2010 Employee Table with generational projection using scale MP-2019.

Post-retirement non-disabled mortality assumptions were based upon the PubG-2010 Healthy Retiree Table, adjusted as follows:

- Males: 94% of the rates prior to age 80 and 90% of the rates for ages 80 and older, with generational projection using scale MP-2019.
- Females: 87% of the rates prior to age 80 and 107% of the rates for ages 80 and older, with generational projection using scale MP-2019.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**Pension Assets (Liabilities), Pension Income (Expense), and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)**

*Actuarial Assumptions (Continued)*

Post-retirement non-disabled beneficiary mortality assumptions were based upon the Pub-2010 Contingent Survivor Table, adjusted as follows:

- Males: 97% of the rates for all ages, with generational projection using scale MP-2019.
- Females: 105% of the rates for all ages, with generational projection using scale MP-2019.

Disabled mortality assumptions were based upon the PubNS-2010 Disabled Retiree Table using 99% of the rates for all ages with generational projection using scale MP-2019.

The actuarial assumptions used in the December 31, 2020, valuation were based on the results of the 2020 experience analysis for the period January 1, 2016, through December 31, 2019, and were reviewed and adopted by the PERA Board at their November 20, 2020, meeting.

The long-term expected return on plan assets is reviewed as part of regular experience studies prepared every four to five years for PERA. Recently this assumption has been reviewed more frequently. The most recent analyses were outlined in the Experience Study report dated October 28, 2020.

Several factors are considered in evaluating the long-term rate of return assumption, including long-term historical data, estimates inherent in current market data, and a log-normal distribution analysis in which best-estimate ranges of expected future real rates of return (expected return, net of investment expense and inflation) were developed for each major asset class. These ranges were combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentages and then adding expected inflation.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**Pension Assets (Liabilities), Pension Income (Expense), and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)**

*Actuarial Assumptions (Continued)*

The PERA Board first adopted the 7.25 percent long-term expected rate of return as of November 18, 2016. Following an asset/liability study, the Board reaffirmed the assumed rate of return at the Board's November 15, 2019, meeting, to be effective January 1, 2020. As of the most recent reaffirmation of the long-term rate of return, the target asset allocation and best estimates of geometric real rates of return for each major asset class are summarized in the table as follows:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>30-Year Expected Geometric Real Rate of Return</u>
Global Equity	54.00 %	5.60 %
Fixed Income	23.00	1.30
Private Equity	8.50	7.10
Real Estate	8.50	4.40
Alternatives	6.00	4.70
Total	<u>100.00 %</u>	

In setting the long-term expected rate of return, projections employed to model future returns provide a range of expected long-term returns that, including expected inflation, ultimately support a long-term expected rate of return assumption of 7.25%.

*Discount Rate*

The discount rate used to measure the total pension liability was 7.25%. The projection of cash flows used to determine the discount rate applied the actuarial cost method and assumptions shown above. In addition, the following methods and assumptions were used in the projection of cash flows:

- Total covered payroll for the initial projection year consists of the covered payroll of the active membership present on the valuation date and the covered payroll of future plan members assumed to be hired during the year. In subsequent projection years, total covered payroll was assumed to increase annually at a rate of 3.00%.
- Employee contributions were assumed to be made at the member contribution rates in effect for each year, including the required adjustments resulting from the 2018 AAP assessment, and the additional 0.50% resulting from the 2020 AAP assessment, statutorily recognized July 1, 2021, and effective July 1, 2022. Employee contributions for future plan members were used to reduce the estimated amount of total service costs for future plan members.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and  
Deferred Inflows of Resources Related to Pensions (Continued)**

*Discount Rate (Continued)*

- Employee contributions were assumed to be made at the member contribution rates in effect for each year, including the required adjustments resulting from the 2018 AAP assessment, and the additional 0.50% resulting from the 2020 AAP assessment, statutorily recognized July 1, 2021, and effective July 1, 2022. Employee contributions for future plan members were used to reduce the estimated amount of total service costs for future plan members.
- Employer contributions were assumed to be made at rates equal to the fixed statutory rates specified in law for each year, including the required adjustments resulting from the 2018 AAP assessment, and the additional 0.50% resulting from the 2020 AAP assessment, statutorily recognized July 1, 2021, and effective July 1, 2022. Employer contributions also include current and estimated future AED and SAED, until the actuarial value funding ratio reaches 103%, at which point the AED and SAED will each drop 0.50% every year until they are zero. Additionally, estimated employer contributions reflect reductions for the funding of the AIR and retiree health care benefits. For future plan members, employer contributions were further reduced by the estimated amount of total service costs for future plan members not financed by their member contributions.
- Employer contributions and the amount of total service costs for future plan members were based upon a process to estimate future actuarially determined contributions assuming an analogous future plan member growth rate.
- The AIR balance was excluded from the initial fiduciary net position, as, per statute, AIR amounts cannot be used to pay benefits until transferred to either the retirement benefits reserve or the survivor benefits reserve, as appropriate. AIR transfers to the fiduciary net position and the subsequent AIR benefit payments were estimated and included in the projections.
- The projected benefit payments reflect the lowered AI cap, from 1.25% to 1.00%, resulting from the 2020 AAP assessment, statutorily recognized July 1, 2021, and effective July 1, 2022.
- Benefit payments and contributions were assumed to be made at the middle of the year.

Based on the above assumptions and methods, LGDTF's fiduciary net position was projected to be available to make all projected future benefit payments of current members. Therefore, the long-term expected rate of return of 7.25% on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The discount rate determination does not use the municipal bond index rate, and therefore, the discount rate is 7.25%. There was no change in the discount rate from the prior measurement date.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 7 DEFINED BENEFIT PENSION PLAN (CONTINUED)**

**Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)**

*Sensitivity of the BCPH's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate*

The following presents the proportionate share of the net pension liability calculated using the discount rate of 7.25%, as well as what the proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.25%) or 1-percentage-point higher (8.25%) than the current rate:

<u>As of December 31, 2022</u>	<u>1% Decrease (6.25%)</u>	<u>Current Discount Rate (7.25%)</u>	<u>1% Increase (8.25%)</u>
Proportionate Share of the Net Pension Liability (Asset)	\$ 8,628,739	\$ (1,258,460)	\$ (9,528,671)
<u>As of December 31, 2021</u>	<u>1% Decrease (6.25%)</u>	<u>Current Discount Rate (7.25%)</u>	<u>1% Increase (8.25%)</u>
Proportionate Share of the Net Pension Liability	\$ 16,712,306	\$ 7,254,860	\$ (640,875)

*Pension Plan Fiduciary Net Position*

Detailed information about the LGDTF's fiduciary net position is available in PERA's annual comprehensive financial report which can be obtained at [www.copera.org/investments/pera-financial-reports](http://www.copera.org/investments/pera-financial-reports).

**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS**

**General Information about the OPEB Plan**

*Plan Description*

Eligible employees of the BCPH are provided with OPEB through the HCTF—a cost-sharing multiple-employer defined benefit OPEB plan administered by PERA. The HCTF is established under Title 24, Article 51, Part 12 of the Colorado Revised Statutes (C.R.S.), as amended. Colorado State law provisions may be amended from time to time by the Colorado General Assembly. Title 24, Article 51, Part 12 of the C.R.S., as amended, sets forth a framework that grants authority to the PERA Board to contract, self-insure, and authorize disbursements necessary in order to carry out the purposes of the PERACare program, including the administration of the premium subsidies. Colorado State law provisions may be amended from time to time by the Colorado General Assembly. PERA issues a publicly available annual comprehensive financial report that can be obtained at [www.copera.org/investments/pera-financial-reports](http://www.copera.org/investments/pera-financial-reports).

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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**General Information about the OPEB Plan (Continued)**

*Benefits Provided*

The HCTF provides a health care premium subsidy to eligible participating PERA benefit recipients and retirees who choose to enroll in one of the PERA health care plans, however, the subsidy is not available if only enrolled in the dental and/or vision plan(s). The health care premium subsidy is based upon the benefit structure under which the member retires and the member's years of service credit. For members who retire having service credit with employers in the Denver Public Schools (DPS) Division and one or more of the other four Divisions (State, School, Local Government and Judicial), the premium subsidy is allocated between the HCTF and the Denver Public Schools Health Care Trust Fund (DPS HCTF). The basis for the amount of the premium subsidy funded by each trust fund is the percentage of the member contribution account balance from each division as it relates to the total member contribution account balance from which the retirement benefit is paid.

C.R.S. § 24-51-1202 et seq. specifies the eligibility for enrollment in the health care plans offered by PERA and the amount of the premium subsidy. The law governing a benefit recipient's eligibility for the subsidy and the amount of the subsidy differs slightly depending under which benefit structure the benefits are calculated. All benefit recipients under the PERA benefit structure and all retirees under the DPS benefit structure are eligible for a premium subsidy, if enrolled in a health care plan under PERACare. Upon the death of a DPS benefit structure retiree, no further subsidy is paid.

Enrollment in the PERACare is voluntary and is available to benefit recipients and their eligible dependents, certain surviving spouses, and divorced spouses and guardians, among others. Eligible benefit recipients may enroll into the program upon retirement, upon the occurrence of certain life events, or on an annual basis during an open enrollment period.

*PERA Benefit Structure*

The maximum service-based premium subsidy is \$230 per month for benefit recipients who are under 65 years of age and who are not entitled to Medicare; the maximum service-based subsidy is \$115 per month for benefit recipients who are 65 years of age or older or who are under 65 years of age and entitled to Medicare. The basis for the maximum service-based subsidy, in each case, is for benefit recipients with retirement benefits based on 20 or more years of service credit. There is a 5% reduction in the subsidy for each year less than 20. The benefit recipient pays the remaining portion of the premium to the extent the subsidy does not cover the entire amount.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**General Information about the OPEB Plan (Continued)**

*PERA Benefit Structure (Continued)*

For benefit recipients who have not participated in Social Security and who are not otherwise eligible for premium-free Medicare Part A for hospital-related services, C.R.S. § 24-51-1206(4) provides an additional subsidy. According to the statute, PERA cannot charge premiums to benefit recipients without Medicare Part A that are greater than premiums charged to benefit recipients with Part A for the same plan option, coverage level, and service credit. Currently, for each individual PERACare enrollee, the total premium for Medicare coverage is determined assuming plan participants have both Medicare Part A and Part B and the difference in premium cost is paid by the HCTF or the DPS HCTF on behalf of benefit recipients not covered by Medicare Part A.

*DPS Benefit Structure*

The maximum service-based premium subsidy is \$230 per month for retirees who are under 65 years of age and who are not entitled to Medicare; the maximum service-based subsidy is \$115 per month for retirees who are 65 years of age or older or who are under 65 years of age and entitled to Medicare. The basis for the maximum subsidy, in each case, is for retirees with retirement benefits based on 20 or more years of service credit. There is a 5% reduction in the subsidy for each year less than 20. The retiree pays the remaining portion of the premium to the extent the subsidy does not cover the entire amount.

For retirees who have not participated in Social Security and who are not otherwise eligible for premium-free Medicare Part A for hospital-related services, the HCTF or the DPS HCTF pays an alternate service-based premium subsidy. Each individual retiree meeting these conditions receives the maximum \$230 per month subsidy reduced appropriately for service less than 20 years, as described above. Retirees who do not have Medicare Part A pay the difference between the total premium and the monthly subsidy.

*Contributions*

Pursuant to Title 24, Article 51, Section 208(1) (f) of the C.R.S., as amended, certain contributions are apportioned to the HCTF. PERA-affiliated employers of the State, School, Local Government, and Judicial Divisions are required to contribute at a rate of 1.02% of PERA-includable salary into the HCTF.

Employer contributions are recognized by the HCTF in the period in which the compensation becomes payable to the member and the BCPH is statutorily committed to pay the contributions. Employer contributions recognized by the HCTF from the BCPH were \$122,978 for the year ended December 31, 2022.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

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

At December 31, 2022, the BCPH reported a liability of \$978,075 for its proportionate share of the net OPEB liability. The net OPEB liability for the HCTF was measured as of December 31, 2021, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of December 31, 2020. Standard update procedures were used to roll-forward the total OPEB liability to December 31, 2021. The BCPH's proportion of the net OPEB liability was based on the BCPH's contributions to the HCTF for the calendar year 2021 relative to the total contributions of participating employers to the HCTF.

At December 31, 2021, the BCPH's proportion was 0.1134256%, which was a decrease of 0.0039928% from its proportion measured as of December 31, 2020.

For the year ended December 31, 2022, the BCPH recognized OPEB expense of \$108,019.

At December 31, 2022 and 2021, the BCPH reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	2022		2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference Between Expected and Actual Experience	\$ 1,490	\$ 231,913	\$ 2,674	\$ 221,516
Changes of Assumptions or Other Inputs	20,250	53,055	7,529	61,784
Net Difference Between Projected and Actual Earnings on OPEB Plan Investments	-	60,543	-	41,171
Changes in Proportion and Differences Between Contributions Recognized and Proportionate Share of Contributions	30,798	28,081	39,119	20,038
Contributions Subsequent to the Measurement Date	122,978	-	111,664	-
Total	<u>\$ 175,516</u>	<u>\$ 373,592</u>	<u>\$ 160,986</u>	<u>\$ 344,509</u>

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

\$122,978 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 net OPEB liability in the year ended December 31, 2023. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year Ended June 30.	Amount
2023	\$ (82,383)
2024	(97,220)
2025	(88,953)
2026	(39,989)
2027	(10,822)
Thereafter	(1,687)

*Actuarial Assumptions*

The total OPEB liability in the December 31, 2020 actuarial valuation was determined using the following actuarial cost method, actuarial assumptions and other inputs:

	Trust Fund			
	State Division	School Division	Local Government Division	Judicial Division
Actuarial Cost Method	Entry age	Entry age	Entry age	Entry age
Price Inflation	2.30%	2.30%	2.30%	2.30%
Real Wage Growth	0.70%	0.70%	0.70%	0.70%
Wage Inflation	3.00%	3.00%	3.00%	3.00%
Salary Increases, Including				
Wage Inflation:				
Members other than State				
Troopers	3.30%-10.90%	3.40%-11.00%	3.20%-11.30%	2.80%-5.30%
State Troopers	3.20%-12.40%	N/A	3.20%-12.40%	N/A
Long-Term Investment Rate of Return,				
Net of OPEB Plan Investment Expenses,				
Including Price Inflation			7.25%	
Discount rate			7.25%	
Health Care Cost Trend Rates				
Service-based Premium Subsidy			0.00%	
PERACare Medicare Plans			4.50% in 2021, 6.00% in 2022, gradually decreasing to 4.50% in 2029	
Medicare Part A Premiums			3.75% for 2021, gradually increasing to 4.50% in 2029	

Calculations are based on the benefits provided under the terms of the substantive plan in effect at the time of each actuarial valuation and on the pattern of sharing of costs between employers of each fund to that point.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

*Actuarial Assumptions (Continued)*

In determining the additional liability for PERACare enrollees who are age 65 or older and who are not eligible for premium-free Medicare Part A, the following monthly costs/premiums are assumed for 2020 for the PERA Benefit Structure:

	Cost for Members Without Medicare Part A	Premiums for Members Without Medicare Part A	Monthly Cost Adjusted to Age 65
<u>Medicare Plan</u>			
Medicare Advantage/ Self-Insured Prescription Kaiser Permanente Medicare Advantage HMO	\$ 633	\$ 230	\$ 591
	596	199	562

The 2021 Medicare Part A premium is \$471 per month.

All costs are subject to the health care cost trend rates, as discussed below.

Health care cost trend rates reflect the change in per capita health costs over time due to factors such as medical inflation, utilization, plan design, and technology improvements. For the PERA benefit structure, health care cost trend rates are needed to project the future costs associated with providing benefits to those PERACare enrollees not eligible for premium-free Medicare Part A.

Health care cost trend rates for the PERA benefit structure are based on published annual health care inflation surveys in conjunction with actual plan experience (if credible), building block models and industry methods developed by health plan actuaries and administrators. In addition, projected trends for the Federal Hospital Insurance Trust Fund (Medicare Part A premiums) provided by the Centers for Medicare & Medicaid Services are referenced in the development of these rates. Effective December 31, 2020, the health care cost trend rates for Medicare Part A premiums were revised to reflect the current expectation of future increases in rates of inflation applicable to Medicare Part A premiums.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

*Actuarial Assumptions (Continued)*

The PERA benefit structure health care cost trend rates that were used to measure the total OPEB liability are summarized in the table below:

Mortality assumptions used in the December 31, 2020, valuation for the determination of the total pension liability for each of the Division Trust Funds as shown below, reflect generational mortality and were applied, as applicable, in the determination of the TOL for the HCTF, but developed using a headcount-weighted basis. Affiliated employers of the State, School, Local Government and Judicial Divisions participate in the HCTF.

<u>Year</u>	<u>PERACare Medicare Plans</u>	<u>Medicare Part A Premiums</u>
2021	4.50%	3.75%
2022	6.00%	3.75%
2023	5.80%	4.00%
2024	5.60%	4.00%
2025	5.40%	4.00%
2026	5.10%	4.25%
2027	4.90%	4.25%
2028	4.70%	4.25%
2029+	4.50%	4.50%

Pre-retirement mortality assumptions were based upon the PubG-2010 Employee Table with generational projection using scale MP-2019.

Post-retirement non-disabled mortality assumptions were based upon the PubG-2010 Healthy Retiree Table, adjusted as follows:

- Males: 94% of the rates prior to age 80 and 90% of the rates for ages 80 and older, with generational projection using scale MP-2019.
- Females: 87% of the rates prior to age 80 and 107% of the rates for ages 80 and older, with generational projection using scale MP-2019.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

*Actuarial Assumptions (Continued)*

Post-retirement non-disabled mortality assumptions were based upon the PubG-2010 Healthy Retiree Table, adjusted as follows:

- Males: 94% of the rates prior to age 80 and 90% of the rates for ages 80 and older, with generational projection using scale MP-2019.
- Females: 87% of the rates prior to age 80 and 107% of the rates for ages 80 and older, with generational projection using scale MP-2019.

Disabled mortality assumptions were based upon the PubNS-2010 Disabled Retiree Table using 99% of the rates for all ages with generational projection using scale MP-2019.

The following health care costs assumptions were updated and used in the roll-forward calculation for the Trust Fund:

- Initial per capita health care costs for those PERACare enrollees under the PERA benefit structure who are expected to attain age 65 and older ages and are not eligible for premium-free Medicare Part A benefits were updated to reflect the change in costs for the 2021 plan year.
- The health care cost trend rates for Medicare Part A premiums were revised to reflect the then-current expectation of future increases in rates of inflation applicable to Medicare Part A premiums.

Actuarial assumptions pertaining to per capita health care costs and their related trend rates are analyzed and updated annually by PERA Board's actuary, as discussed above.

The actuarial assumptions used in the December 31, 2020, valuation were based on the results of the 2020 experience analysis for the period January 1, 2016, through December 31, 2019, and were reviewed and adopted by the PERA Board at their November 20, 2020, meeting.

The long-term expected return on plan assets is reviewed as part of regular experience studies prepared every four to five years for PERA. Recently this assumption has been reviewed more frequently. The most recent analyses were outlined in the Experience Study report dated October 28, 2020.

Several factors are considered in evaluating the long-term rate of return assumption, including long-term historical data, estimates inherent in current market data, and a log-normal distribution analysis in which best-estimate ranges of expected future real rates of return (expected return, net of investment expense and inflation) were developed for each major asset class. These ranges were combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentages and then adding expected inflation.

**BOULDER COUNTY PUBLIC HEALTH  
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**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

*Actuarial Assumptions (Continued)*

As of the most recent reaffirmation of the long-term rate of return, the target asset allocation and best estimates of geometric real rates of return for each major asset class are summarized in the table as follows:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>30-Year Expected Geometric Real Rate of Return</u>
Global Equity	54.00 %	5.60 %
Fixed Income	23.00	1.30
Private Equity	8.50	7.10
Real Estate	8.50	4.40
Alternatives	6.00	4.70
Total	<u>100.00 %</u>	

Note: In setting the long-term expected rate of return, projections employed to model future returns provide a range of expected long-term returns that, including expected inflation, ultimately support a long-term expected nominal rate of return assumption of 7.25%.

*Sensitivity of the BCPH's Proportionate Share of the Net OPEB Liability to Changes in the Health Care Cost Trend Rates*

The following presents the net OPEB liability using the current health care cost trend rates applicable to the PERA benefit structure, as well as if it were calculated using health care cost trend rates that are one percentage point lower or one percentage point higher than the current rates:

<u>As of December 31, 2022</u>	<u>1% Decrease in Trend Rates</u>	<u>Current Trend Rates</u>	<u>1% Increase in Trend Rates</u>
Initial PERACare Medicare Trend Rate	3.50%	4.50%	5.50%
Ultimate PERACare Medicare Trend Rate	3.50%	4.50%	5.50%
Initial Medicare Part A Trend Rate	2.75%	3.75%	4.75%
Ultimate Medicare Part A Trend Rate	3.50%	4.50%	5.50%
Proportionate Share of the Net OPEB Liability	\$ 949,987	\$ 978,075	\$ 1,010,612
<u>As of December 31, 2021</u>	<u>1% Decrease in Trend Rates</u>	<u>Current Trend Rates</u>	<u>1% Increase in Trend Rates</u>
PERACare Medicare Trend Rate	4.00%	5.00%	6.00%
Initial Medicare Part A Trend Rate	2.25%	3.25%	4.25%
Ultimate Medicare Part A Trend Rate	4.00%	5.00%	6.00%
Proportionate Share of the Net OPEB Liability	\$ 981,544	\$ 1,007,587	\$ 1,037,904

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

*Discount Rate*

The discount rate used to measure the total OPEB liability was 7.25%. The projection of cash flows used to determine the discount rate applied the actuarial cost method and assumptions shown above. In addition, the following methods and assumptions were used in the projection of cash flows:

- Updated health care cost trend rates for Medicare Part A premiums as of the December 31, 2021, measurement date.
- Total covered payroll for the initial projection year consists of the covered payroll of the active membership present on the valuation date and the covered payroll of future plan members assumed to be hired during the year. In subsequent projection years, total covered payroll was assumed to increase annually at a rate of 3.00%.
- Employer contributions were assumed to be made at rates equal to the fixed statutory rates specified in law and effective as of the measurement date.
- Employer contributions and the amount of total service costs for future plan members were based upon a process to estimate future actuarially determined contributions assuming an analogous future plan member growth rate.
- Estimated transfers of dollars into the HCTF representing a portion of purchase service agreements intended to cover the costs associated with OPEB benefits.
- Benefit payments and contributions were assumed to be made at the middle of the year.

Based on the above assumptions and methods, the projection test indicates the HCTF's fiduciary net position was projected to make all projected future benefit payments of current members. Therefore, the long-term expected rate of return of 7.25% on OPEB plan investments was applied to all periods of projected benefit payments to determine the total OPEB liability. The discount rate determination does not use the municipal bond index rate, and therefore, the discount rate is 7.25%. There was no change in the discount rate from the prior measurement date.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO BASIC FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**NOTE 8 POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS (CONTINUED)**

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB (Continued)**

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

The following presents the proportionate share of the net OPEB liability calculated using the discount rate of 7.25%, as well as what the proportionate share of the net OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.25%) or 1-percentage-point higher (8.25%) than the current rate:

<u>As of December 31, 2022</u>	<u>1% Decrease (6.25%)</u>	<u>Current Discount Rate (7.25%)</u>	<u>1% Increase (8.25%)</u>
Proportionate Share of the Net OPEB Liability	\$ 1,135,932	\$ 978,075	\$ 843,238
 <u>As of December 31, 2021</u>	 <u>1% Decrease (6.25%)</u>	 <u>Current Discount Rate (7.25%)</u>	 <u>1% Increase (8.25%)</u>
Proportionate Share of the Net OPEB Liability	\$ 1,154,209	\$ 1,007,587	\$ 882,310

*OPEB Plan Fiduciary Net Position*

Detailed information about the HCTF's FNP is available in PERA's ACFR which can be obtained at [www.copera.org/investments/pera-financial-reports](http://www.copera.org/investments/pera-financial-reports).

**REQUIRED SUPPLEMENTARY INFORMATION**

**BOULDER COUNTY PUBLIC HEALTH  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
BUDGET AND ACTUAL – GENERAL FUND  
YEAR ENDED DECEMBER 31, 2022**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Actual vs. Final Budget Positive (Negative)</u>
<b>REVENUE</b>				
Intergovernmental	\$ 20,617,722	\$ 22,103,199	\$ 21,022,002	\$ (1,081,197)
Charges for Services	1,732,511	1,704,556	1,525,554	(179,002)
Contributions	227,010	171,492	2,000	(169,492)
Interest and Miscellaneous	161,343	302,916	158,219	(144,697)
Total Revenue	<u>22,738,586</u>	<u>24,282,163</u>	<u>22,707,775</u>	<u>(1,574,388)</u>
<b>EXPENDITURES</b>				
General Administration	4,031,893	4,209,152	3,588,381	620,771
Strategic Initiatives	5,564,787	5,809,438	4,952,655	856,783
Family Health	3,354,862	3,502,355	2,985,824	516,531
Community Health	3,392,900	3,542,066	3,019,678	522,388
Environmental Health	5,485,827	5,727,007	4,882,381	844,626
Communicable Disease	2,904,150	3,031,829	2,584,691	447,138
Total Expenditures	<u>24,734,419</u>	<u>25,821,847</u>	<u>22,013,610</u>	<u>3,808,237</u>
Excess of Revenue Over (Under) Expenditures	<u>\$ (1,995,833)</u>	<u>\$ (1,539,684)</u>	694,165	<u>\$ 2,233,849</u>
Fund Balance - Beginning of Year			<u>4,910,141</u>	
<b>FUND BALANCE - END OF YEAR</b>			<u>\$ 5,604,306</u>	

**BOULDER COUNTY PUBLIC HEALTH  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
BUDGET AND ACTUAL – GENERAL FUND  
YEAR ENDED DECEMBER 31, 2021**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Actual vs. Final Budget Positive (Negative)</u>
<b>REVENUE</b>				
Intergovernmental	\$ 15,037,853	\$ 20,831,555	\$ 19,828,377	\$ (1,003,178)
Charges for Services	1,646,924	1,732,511	1,085,811	(646,700)
Contributions	-	-	3,027	3,027
Interest and Miscellaneous	194,550	192,010	254,324	62,314
Total Revenue	<u>16,879,327</u>	<u>22,756,076</u>	<u>21,171,539</u>	<u>(1,584,537)</u>
<b>EXPENDITURES</b>				
General Administration	2,714,113	3,515,959	3,248,954	267,005
Strategic Initiatives	4,811,295	6,232,725	5,759,406	473,319
Family Health	2,171,517	2,813,062	2,599,435	213,627
Community Health	2,277,010	2,949,722	2,725,717	224,005
Environmental Health	4,086,683	5,294,037	4,892,003	402,034
Communicable Disease	2,188,814	2,835,469	2,620,141	215,328
Total Expenditures	<u>18,249,432</u>	<u>23,640,974</u>	<u>21,845,656</u>	<u>1,795,318</u>
Excess of Revenue Over (Under) Expenditures	<u>\$ (1,370,105)</u>	<u>\$ (884,898)</u>	(674,117)	<u>\$ 210,781</u>
Fund Balance - Beginning of Year			<u>5,584,258</u>	
<b>FUND BALANCE - END OF YEAR</b>			<u>\$ 4,910,141</u>	

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF PROPORTIONATE SHARE OF NET PENSION LIABILITY  
LAST 10 FISCAL YEARS \***

<u>Fiscal Year - December 31,</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Plan Measurement Date - December 31,	2021	2020	2019	2018	2017	2016	2015	2014	2013
Boulder County Public Health's Proportion Percentage of the Collective Net Pension Liability*	1.467815%	1.392148%	1.398703%	1.376268%	1.391179%	1.406140%	1.362051%	1.661719%	1.628840%
Boulder County Public Health's Proportionate Share of the Collective Net Pension Liability (Asset)	\$ (1,258,460)	\$ 7,254,860	\$ 10,229,987	\$ 17,302,616	\$ 15,489,802	\$ 18,987,679	\$ 15,004,098	\$ 14,894,137	\$ 13,404,068
Covered Payroll	\$ 10,947,438	\$ 9,839,897	\$ 9,605,713	\$ 9,018,676	\$ 9,041,869	\$ 8,202,153	\$ 7,730,126	\$ 9,157,808	\$ 9,475,978
Boulder County Public Health's Proportionate Share of the Net Pension Liability as a Percentage of its Covered Payroll	-11.50%	73.73%	106.50%	191.85%	171.31%	231.50%	194.10%	162.64%	141.45%
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability	101.49%	90.88%	86.26%	75.96%	79.37%	73.60%	76.90%	80.70%	77.66%

\* The amounts presented for each fiscal year were determined as of December 31 based on the measurement date of the Plan. Information earlier than 2013 was not available.

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF PENSION CONTRIBUTIONS AND RELATED RATIOS  
LAST 10 FISCAL YEARS**

<u>As of December 31,</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Statutorily Required Contributions	\$ 1,629,488	\$ 1,448,696	\$ 1,273,645	\$ 1,218,005	\$ 1,143,568	\$ 1,146,509	\$ 1,040,033	\$ 980,180	\$ 1,161,210	\$ 1,201,554
Contributions in Relation to Statutorily Required Contributions	<u>1,629,488</u>	<u>1,448,696</u>	<u>1,273,645</u>	<u>1,218,005</u>	<u>1,143,568</u>	<u>1,146,509</u>	<u>1,040,033</u>	<u>980,180</u>	<u>1,161,210</u>	<u>1,201,554</u>
Contribution Deficiency (Excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>						
Covered Payroll	\$ 12,056,707	\$ 10,947,438	\$ 9,839,897	\$ 9,605,713	\$ 9,018,676	\$ 9,041,869	\$ 8,202,153	\$ 7,730,126	\$ 9,157,808	\$ 9,475,978
Contribution as a Percentage of Covered Payroll	13.52%	13.23%	12.94%	12.68%	12.68%	12.68%	12.68%	12.68%	12.68%	12.68%

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF PROPORTIONATE SHARE OF NET OPEB LIABILITY  
LAST 10 FISCAL YEARS \***

<u>Fiscal Year - December 31,</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
Plan Measurement Date - December 31,	2021	2020	2019	2018	2017	2016
Boulder County Public Health's Proportion Percentage of the Collective Net OPEB Liability*	0.113426%	0.109433%	0.107068%	0.106634%	0.108101%	0.107940%
Boulder County Public Health's Proportionate Share of the Collective Net OPEB Liability	\$ 978,075	\$ 1,039,858	\$ 1,203,442	\$ 1,450,802	\$ 1,404,881	\$ 1,399,483
Covered Payroll	\$ 10,947,438	\$ 9,839,897	\$ 9,605,713	\$ 9,018,676	\$ 8,522,941	\$ 8,202,153
Boulder County Public Health's Proportionate Share of the Net OPEB Liability as a Percentage of its Covered Payroll	8.93%	10.57%	12.53%	16.09%	16.48%	17.06%
Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability	39.40%	32.78%	24.49%	17.03%	17.53%	16.72%

\* The amounts presented for each fiscal year were determined as of December 31 based on the measurement date of the Plan. Information earlier than 2016 was not available.

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF OPEB CONTRIBUTIONS AND RELATED RATIOS  
LAST 10 FISCAL YEARS**

<u>As of December 31,</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Statutorily Required Contributions	\$ 122,978	\$ 111,664	\$ 100,367	\$ 97,978	\$ 91,990	\$ 86,934	\$ 83,662	\$ 78,847	\$ 93,410	\$ 96,655
Contributions in Relation to Statutorily Required Contributions	<u>122,978</u>	<u>111,664</u>	<u>100,367</u>	<u>97,978</u>	<u>91,990</u>	<u>86,934</u>	<u>83,662</u>	<u>78,847</u>	<u>93,410</u>	<u>96,655</u>
Contribution Deficiency (Excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered Payroll	\$ 12,056,667	\$ 10,947,438	\$ 9,839,897	\$ 9,605,713	\$ 9,018,676	\$ 8,522,941	\$ 8,202,153	\$ 7,730,126	\$ 9,157,808	\$ 9,475,978
Contribution as a Percentage of Covered Payroll	1.02%	1.02%	1.02%	1.02%	1.02%	1.02%	1.02%	1.02%	1.02%	1.02%

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2022**

**NOTE 1 BUDGET**

Budgeted amounts included in the accompanying schedule are based on the budget adopted by the Board of Health and are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP). The Board of Health, a component unit of the County, budgets on a calendar year, in conformity with GAAP basis for all funds.

The original 2022 budget was adopted in July 2021 and the final 2022 budget was adopted in May 2022. The original 2021 budget was adopted in September 2020 and the final 2021 budget was adopted in December 2020.

The following procedures are used in establishing the budgetary data reflected in the schedule:

- (1) The level of budgetary control is established at the fund level for the Board of Health.
- (2) On or before June 1, the Budget Office prepares a proposed budget.
- (3) In June, a Board of Health study session is held to review the proposed budget.
- (4) On or before August 1, the Board of Health adopts the budget, and a request for the County funding portion of revenue is submitted to the Board of County Commissioners.
- (5) On or before December 1, the Board of County Commissioners establishes salaries for the upcoming year.
- (6) On or before January 15, prior year's expenditures are reviewed, the proposed budget is updated with current salaries and revised revenue and expenditures, and a final operating budget is developed.
- (7) The Board of Health enacts resolutions approving the operating budget, usually at the February Board meeting.
- (8) Expenditures may not legally exceed those approved by the Board of Health. Administrative control is maintained through the Board of Health's accounting system at the fund level. Funds may be reallocated within the fund level by departmental administrators without approval of the Board of Health. Any increase to the adopted budget requires that a supplemental budget be approved by the Board of Health.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2022**

**NOTE 2 NET PENSION LIABILITY – CHANGES IN BENEFIT TERMS AND ACTUARIAL ASSUMPTIONS**

**Changes in assumptions or other input effective for the December 31, 2021 measurement period are as follows:**

- The projected benefit payments reflect the lowered annual increase cap from 1.25 percent to 1.00 percent, resulting from the 2020 AAP assessment, effective July 1, 2022.
- Assumptions on employer and employee contributions were updated to include the additional 0.50% resulting from the 2020 AAP assessment, effective July 1, 2022.

**Changes in assumptions or other input effective for the December 31, 2020 measurement period are as follows:**

- The price inflation assumption was lowered from 2.40 percent to 2.30 percent, and the wage inflation assumption was lowered from 3.50 percent to 3.00 percent.
- The real rate of investment return assumption was increased to 4.95 percent per year, net of investment expenses from 4.85 percent per year, net of investment expenses.
- Salary scale assumptions were revised to align with the revised economic assumptions and to more closely reflect actual experience.
- Rates of termination/withdrawal, retirement, and disability were revised to more closely reflect actual experience.
- The pre-retirement mortality assumption for the State Division (members other than State Troopers) was changed to the PubG-2010 Employee Table with generational projection using scale MP-2019.
- The pre-retirement mortality assumption for the Judicial Division was changed to the PubG-2010(A) Above Median Employee Table with generational projection using scale MP-2019.
- The postretirement non-disabled mortality assumption for the State Division (Members other than State Troopers) was changed to the PubG-2010 Health Retiree Table, adjusted as follows:
  - Males: 94 percent of the rates prior to age 80 and 90 percent of the rates for ages 80 and older, with generational projection using scale MP-2019.
  - Females: 87 percent of the rates prior to age 80 and 107 percent of the rates for ages 80 and older, with generational projection using scale MP-2019.
- The postretirement non-disabled mortality assumption for State Troopers was changed to the unadjusted PubS-2010 Healthy Retiree Table, with generational projection using scale MP-2019.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2022**

**NOTE 2 NET PENSION LIABILITY – CHANGES IN BENEFIT TERMS AND ACTUARIAL ASSUMPTIONS (CONTINUED)**

- The disabled mortality assumption for the Division Trust Funds (Members other than State Troopers) was changed to the PubNS-2010 Disabled Retiree Table with generational projection using scale MP-2019.
- The disability mortality assumption for State Troopers was changed to the unadjusted PubS-2010 Disabled Retiree Table with generational projection using scale MP-2019.
- The mortality tables described above are generational mortality tables on a benefit-weighted basis.

**Changes in assumptions or other input effective for the December 31, 2019 measurement period are as follows:**

- The assumption used to value the annual increase (AI) cap benefit provision was changed from 1.50% to 1.25%.

**Changes in assumptions or other inputs effective for the December 31, 2018 measurement period are as follows:**

- The assumed investment rate of return of 7.25% was used as the discount rate, rather than using the blended rate of 4.72%

**Changes in assumptions or other inputs effective for the December 31, 2017 measurement period are as follows:**

- The discount rate was lowered from 5.26% to 4.72%.

**Changes in assumptions or other inputs effective for the December 31, 2016 measurement period are as follows:**

- The investment return assumption was lowered from 7.50% to 7.25%.
- The price inflation assumption was lowered from 2.80% to 2.40%.
- The real rate of investment return assumption increased from 4.70% per year, net of investment expenses, to 4.85% per year, net of investment expenses.
- The wage inflation assumption was lowered from 3.90% to 3.50%.
- The mortality tables were changed from RP-2000 Combined Mortality Table for Males and Females, as appropriate, with adjustments for mortality improvements based on a projection scale of Scale AA to 2020 to RP-2014 White Collar Employee Mortality for active employees, RP2014 Healthy Annuitant Mortality tables projected to 2020 using the MP-2015 projection scale for retirees, or RP-2014 Disabled Retiree Mortality Table for disabled retirees.
- The discount rate was lowered from 7.50% to 5.26%.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2022**

**NOTE 2 NET PENSION LIABILITY – CHANGES IN BENEFIT TERMS AND ACTUARIAL ASSUMPTIONS (CONTINUED)**

There were no changes in terms or assumptions for the December 31, 2015 measurement period for pension compared to the prior year.

There were no changes in terms or assumptions for the December 31, 2014 measurement period for pension compared to the prior year.

Changes in assumptions or other input effective for the December 31, 2013 measurement period are as follows:

- The investment return assumption was lowered from 8.00% to 7.50%
- The price inflation assumption was lowered from 3.50% to 2.80%
- The wage inflation assumption was lowered from 4.25% to 3.90%

**NOTE 3 NET OPEB LIABILITY – CHANGES IN BENEFIT TERMS AND ACTUARIAL ASSUMPTIONS**

There were no changes in assumptions or other inputs effective for the December 31, 2021 measurement period for OPEB.

Changes in assumptions or other input effective for the December 31, 2020 measurement period are as follows:

- The price inflation assumption was lowered from 2.40 percent to 2.30 percent, and the wage inflation assumption was lowered from 3.50 percent to 3.00 percent.
- The real rate of investment return assumption was increased to 4.95 percent per year, net of investment expenses from 4.85 percent per year, net of investment expenses.
- Salary scale assumptions were revised to align with the revised economic assumptions and to more closely reflect actual experience.
- Rates of termination/withdrawal, retirement, and disability were revised to more closely reflect actual experience.
- The pre-retirement mortality assumption for the State Division (members other than State Troopers) was changed to the PubG-2010 Employee Table with generational projection using scale MP-2019.
- The pre-retirement mortality assumption for the Judicial Division was changed to the PubG-2010(A) Above Median Employee Table with generational projection using scale MP-2019.

**BOULDER COUNTY PUBLIC HEALTH  
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2022**

**NOTE 3 NET OPEB LIABILITY – CHANGES IN BENEFIT TERMS AND ACTUARIAL ASSUMPTIONS (CONTINUED)**

- The postretirement non-disabled mortality assumption for the State Division (Members other than State Troopers) was changed to the PubG-2010 Health Retiree Table, adjusted as follows:
  - Males: 94 percent of the rates prior to age 80 and 90 percent of the rates for ages 80 and older, with generational projection using scale MP-2019.
  - Females: 87 percent of the rates prior to age 80 and 107 percent of the rates for ages 80 and older, with generational projection using scale MP-2019.
- The postretirement non-disabled mortality assumption for State Troopers was changed to the unadjusted PubS-2010 Healthy Retiree Table, with generational projection using scale MP-2019.
- The postretirement non-disabled mortality assumption for the Judicial Division was changed to the unadjusted PubG-2010(A) Above-Median Healthy Retiree Table with generational projection using scale MP-2019. The postretirement non-disability beneficiary mortality assumption for the Division Trust Funds was changed to the Pub-2010 Contingent Survivor Table, adjusted as follows:
  - Males: 97 percent of the rates for all ages, with generational projection using scale MP-2019.
  - Females: 105 percent of the rates for all ages, with generational projection using scale MP-2019.
- The disabled mortality assumption for the Division Trust Funds (Members other than State Troopers) was changed to the PubNS-2010 Disabled Retiree Table with generational projection using scale MP-2019.
- The disability mortality assumption for State Troopers was changed to the unadjusted PubS-2010 Disabled Retiree Table with generational projection using scale MP-2019.
- The mortality tables described above are generational mortality tables on a benefit-weighted basis.

**There were no changes in assumptions or other inputs effective for the December 31, 2019 measurement period for OPEB.**

**There were no changes in assumptions or other inputs effective for the December 31, 2018 measurement period for OPEB compared to the prior year.**

**There were no changes in assumptions or other inputs effective for the December 31, 2017 measurement period for OPEB.**

## **SUPPLEMENTARY INFORMATION**

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF REVENUES AND EXPENDITURES BY FUNCTION – GENERAL FUND  
YEAR ENDED DECEMBER 31, 2022**

	General Administration	Strategic Initiatives	Family Health	Community Health	Environmental Health	Communicable Disease	Total
<b>OPERATING REVENUE</b>							
Intergovernmental:							
County	\$ 8,599,421	\$ 84,815	\$ 51,750	\$ 79,265	\$ 1,184,400	\$ 18,242	\$ 10,017,893
Local	114,186	-	85,427	131,424	434,867	-	765,904
Federal	1,214,730	4,187,311	652,504	456,795	99,378	787,826	7,398,544
State (Includes Federal Pass-through Funds)	645,825	10,772	930,107	515,079	101,958	635,920	2,839,661
Total Intergovernmental Revenue	10,574,162	4,282,898	1,719,788	1,182,563	1,820,603	1,441,988	21,022,002
Charges for Services	545,806	-	34,454	-	934,757	10,537	1,525,554
Contributions	-	-	-	2,000	-	-	2,000
Interest	27,071	-	-	-	-	-	27,071
Miscellaneous	10,355	1,200	50,927	62,091	6,500	75	131,148
Total Other Revenues	583,232	1,200	85,381	64,091	941,257	10,612	1,685,773
Total Revenue	11,157,394	4,284,098	1,805,169	1,246,654	2,761,860	1,452,600	22,707,775
<b>OPERATING EXPENDITURES</b>							
Salaries	1,984,227	2,896,866	1,928,778	1,905,912	2,616,669	1,439,729	12,772,181
Fringes	771,975	945,901	737,007	699,162	899,622	461,705	4,515,372
Supplies	105,355	37,983	80,566	88,639	28,405	199,921	540,869
Professional/Tech Services	182,670	981,971	163,268	201,712	1,251,377	437,914	3,218,912
Property Services	207,782	9,123	-	-	2,191	10,189	229,285
Other Purchased Services	9,438	9,867	16,852	19,859	31,047	8,943	96,006
Other Expenditures	326,934	70,944	59,353	104,394	53,070	26,290	640,985
Total Expenditures	3,588,381	4,952,655	2,985,824	3,019,678	4,882,381	2,584,691	22,013,610
<b>OPERATING INCOME (LOSS)</b>	7,569,013	(668,557)	(1,180,655)	(1,773,024)	(2,120,521)	(1,132,091)	694,165
Excess (Deficiency) of Revenues Over (Under) Expenditures	\$ 7,569,013	\$ (668,557)	\$ (1,180,655)	\$ (1,773,024)	\$ (2,120,521)	\$ (1,132,091)	\$ 694,165

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF REVENUES AND EXPENDITURES BY FUNCTION – GENERAL FUND  
YEAR ENDED DECEMBER 31, 2021**

	General Administration	Strategic Initiatives	Family Health	Community Health	Environmental Health	Communicable Disease	Total
<b>OPERATING REVENUE</b>							
Intergovernmental:							
County	\$ 2,183,135	\$ 1,088,589	\$ 774,541	\$ 1,175,904	\$ 3,235,942	\$ 615,227	\$ 9,073,338
Local	160,033	-	108,966	191,934	466,168	-	927,101
Federal	1,325,797	3,156,597	686,404	386,358	142,327	845,366	6,542,849
State (Includes Federal Pass-through Funds)	531,294	24,588	837,256	611,108	655,597	625,246	3,285,089
Total Intergovernmental Revenue	4,200,259	4,269,774	2,407,167	2,365,304	4,500,034	2,085,839	19,828,377
Charges for Services	448,258	-	49,239	-	575,672	12,642	1,085,811
Contributions	-	-	1,027	2,000	-	-	3,027
Interest	36,814	-	-	-	-	-	36,814
Miscellaneous	53,238	1,000	22,727	138,045	2,500	-	217,510
Total Other Revenues	538,310	1,000	72,993	140,045	578,172	12,642	1,343,162
Total Revenue	4,738,569	4,270,774	2,480,160	2,505,349	5,078,206	2,098,481	21,171,539
<b>OPERATING EXPENDITURES</b>							
Salaries	2,023,624	2,375,082	1,693,106	1,627,200	2,585,694	1,435,046	11,739,752
Fringes	664,093	716,660	647,527	587,310	891,281	434,795	3,941,666
Supplies	71,371	251,517	91,557	105,179	38,961	293,631	852,216
Professional/Tech Services	135,910	2,330,243	102,747	312,015	1,330,073	415,457	4,626,445
Property Services	214,127	308	599	-	2,052	3,313	220,399
Other Purchased Services	9,854	15,082	17,333	35,111	21,692	19,012	118,084
Other Expenditures	129,975	70,514	46,566	58,902	22,250	18,887	347,094
Total Expenditures	3,248,954	5,759,406	2,599,435	2,725,717	4,892,003	2,620,141	21,845,656
<b>OPERATING INCOME (LOSS)</b>	1,489,615	(1,488,632)	(119,275)	(220,368)	186,203	(521,660)	(674,117)
Excess (Deficiency) of Revenues Over (Under) Expenditures	\$ 1,489,615	\$ (1,488,632)	\$ (119,275)	\$ (220,368)	\$ 186,203	\$ (521,660)	\$ (674,117)

## **GOVERNMENTAL AUDITING STANDARDS REPORT**



**INDEPENDENT AUDITORS' 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**

Board of Health  
Boulder County Public Health  
Boulder, Colorado

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and major fund of Boulder County Public Health, a component unit of Boulder County, Colorado, as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise Boulder County Public Health's basic financial statements, and have issued our report thereon dated August 4, 2023.

***Report on Internal Control Over Financial Reporting***

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

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

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

**Report on Compliance and Other Matters**

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

**Boulder County Public Health’s Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the Boulder County Public Health’s response to the findings identified in our audit and described in the accompanying schedule of findings. Boulder County Public Health’s response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

**Purpose of this Report**

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



**CliftonLarsonAllen LLP**

Broomfield, Colorado  
August 4, 2023

**BOULDER COUNTY PUBLIC HEALTH  
SCHEDULE OF FINDINGS  
YEAR ENDED DECEMBER 31, 2022**

**2022 – 001: Financial Close and Reporting**

**Type of Finding:** Significant Deficiency in Internal Control over Financial Reporting

**Condition:** During testing on Boulder County Public Health’s accounts, we noted that revenue had been recorded on accounts receivable balances that had not been received during the period of availability subsequent to year-end. Additionally, we noted unavailable revenue had been recorded and revenue reduced where no related accounts receivable and revenue balances were previously recorded.

**Criteria or specific requirement:** Boulder County Public Health is required to produce financial statements that are free of material misstatements. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they are measurable and available). BCPH considers all revenue available if it is collected within 60 days after year-end.

**Effect:** The condition noted above resulted in audit adjustments which increased accounts receivable by \$187,549, increased unavailable revenue by \$291,330, and decreased revenue by \$103,781.

**Cause:** Boulder County Public Health’s financial close and reporting procedures did not detect and correct the misstatements due to a lack of internal controls over recording year-end accounts receivable, revenue, and unavailable revenue balances.

**Repeat Finding:** This is not a repeat finding.

**Recommendation:** We recommend that the management review its internal control policies and procedures over identifying unavailable revenue and related receivables to ensure that account balances are properly reported in the Boulder County Public Health’s financial statements.

**Views of responsible officials and planned corrective actions:**

Boulder County Public Health agrees with the finding and has adjusted these items accordingly. Boulder County Public Health will improve the process for identifying and recording unavailable revenue for revenue received after 60 days of year end and improve the review process to ensure that this error does not occur again, including Finance staff training on error identification, reporting and account reconciliation; formal written documentation of processes and procedures; and a request for review/guidance from the County Office of Financial Management to ensure we are matching County procedures for the 2023 audit.



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