CANDLER COUNTY HOSPITAL AUTHORITY
(A Component Unit of Candler County, Georgia)

FINANCIAL STATEMENTS

for the years ended December 31, 2019 and 2018

CONTENTS

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Candler County Hospital Authority
Metter, Georgia

Report on the Financial Statements

We have audited the accompanying financial statements of Candler County Hospital Authority (Authority), which comprise the balance sheets as of December 31, 2019 and 2018, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Continued

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Candler County Hospital Authority as of December 31, 2019 and 2018, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 9 to the financial statements, the Authority has suffered recurring losses from operations, has deficit net position, and has current liabilities that exceed its current assets. Management's evaluation of the events and conditions and management's plans to mitigate those matters are also described in Note 9. Our opinion is not modified with respect to that matter.

Other Matter

Required Supplementary Information

Management has omitted the Management's Discussion and Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of the financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated October 20, 2020, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

Draffin & Tucker, LLP

Albany, Georgia
October 20, 2020

CANDLER COUNTY HOSPITAL AUTHORITY
(A Component Unit of Candler County, Georgia)

BALANCE SHEETS
December 31, 2019 and 2018

	2019	2018
ASSETS		
Current assets:		
Cash	$ 2,022,172	$ 558,300
Patient accounts receivable, net of contractual allowances and estimated uncollectibles of approximately $12,547,000 in 2019 and $6,575,000 in 2018	1,923,459	1,255,376
Supplies	185,873	176,472
Other current assets	649,261	609,955
Total current assets	4,780,765	2,600,103
Noncurrent cash:		
Externally restricted for debt service	70,104	2,376
Capital assets:		
Nondepreciable capital assets	603,205	168,940
Depreciable capital assets, net of accumulated depreciation	2,179,302	2,538,815
Total capital assets, net of accumulated depreciation	2,782,507	2,707,755
Total assets	$ 7,633,376	$ 5,310,234
LIABILITIES AND NET POSITION		
Current liabilities:		
Current maturities of long-term debt	$ 653,261	$ 574,276
Accounts payable	4,008,660	4,779,289
Accrued expenses	612,988	494,951
Estimated third-party payor settlements	964,218	783,109
Total current liabilities	6,239,127	6,631,625
Long-term debt, net of current maturities	4,007,206	3,811,072
Total liabilities	10,246,333	10,442,697
Net position:		
Net investment in capital assets	1,454,681	1,984,313
Restricted:		
Expendable for debt service	70,104	2,376
Unrestricted	(4,137,742)	(7,119,152)
Total net position	(2,612,957)	(5,132,463)
Total liabilities and net position	$ 7,633,376	$ 5,310,234

See accompanying notes to financial statements.

CANDLER COUNTY HOSPITAL AUTHORITY
(A Component Unit of Candler County, Georgia)

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
for the years ended December 31, 2019 and 2018

	2019	2018
Operating revenues:		
Net patient service revenue (net of provision for bad debts of approximately $5,668,000 in 2019 and $5,820,000 in 2018)	$ 14,404,179	$ 12,357,904
Other revenue	725,689	305,288
Total operating revenues	15,129,868	12,663,192
Operating expenses:		
Salaries and wages	6,867,389	6,336,562
Employee health and welfare	1,139,298	1,016,010
Purchased services	1,969,624	2,460,258
Medical supplies and drugs	1,608,955	1,357,366
Professional fees	1,868,241	1,158,691
Repairs and maintenance	297,194	158,975
Utilities and communications	318,856	310,978
Insurance	122,734	103,244
Other	761,912	930,510
Depreciation and amortization	678,518	726,896
Total operating expenses	15,632,721	14,559,490
Operating loss	(502,853)	(1,896,298)
Nonoperating revenues (expenses):		
Interest income	1,799	22,318
Interest expense	(175,159)	(209,060)
Noncapital contributions	2,705,499	1,815,945
Gain on settlements	490,220	-
Total nonoperating revenues	3,022,359	1,629,203
Excess revenues (expenses)	2,519,506	(267,095)
Forgiveness of debt	-	1,217,596
Increase in net position	2,519,506	950,501
Net position, beginning of year	(5,132,463)	(6,082,964)
Net position, end of year	$(2,612,957)	$(5,132,463)

See accompanying notes to financial statements.

CANDLER COUNTY HOSPITAL AUTHORITY
(A Component Unit of Candler County, Georgia)

STATEMENTS OF CASH FLOWS
for the years ended December 31, 2019 and 2018

	2019	2018
Cash flows from operating activities:		
Receipts from and on behalf of patients	$ 14,642,894	$ 13,628,002
Payments to suppliers and contractors	(7,276,791)	(6,717,947)
Payments to employees	(7,888,650)	(7,375,432)
Net cash used by operating activities	(522,547)	(465,377)
Cash flows from noncapital financing activities:		
Noncapital contributions	2,284,583	1,295,855
Cash flows from capital and related financing activities:		
Proceeds from long-term debt	81,446	-
Principal paid on long-term debt	(266,555)	(246,189)
Interest paid on long-term debt	(47,126)	(63,729)
Purchase of capital assets	-	(17,000)
Net cash used by capital and related financing activities	(232,235)	(326,918)
Cash flows from investing activities:		
Interest income	1,799	22,318
Net increase in cash	1,531,600	525,878
Cash, beginning of year	560,676	34,798
Cash, end of year	$ 2,092,276	$ 560,676

Continued

STATEMENTS OF CASH FLOWS, Continued
for the years ended December 31, 2019 and 2018

	2019	2018
Reconciliation of cash to the balance sheet:		
Cash in current assets	$ 2,022,172	$ 558,300
Restricted cash	70,104	2,376
Total cash	$ 2,092,276	$ 560,676
Reconciliation of operating loss to net cash used by operating activities:		
Operating loss	$(502,853)	$(1,896,298)
Adjustments to reconcile operating loss to net cash used by operating activities:		
Depreciation and amortization	678,518	726,896
Provision for bad debts	5,668,330	5,820,140
Changes in:		
Patient accounts receivable	(6,336,413)	(5,283,569)
Supplies	(9,401)	20,351
Estimated third-party payor settlements	181,109	428,239
Other current assets	(39,306)	275,380
Accounts payable	(280,568)	(533,656)
Accrued expenses	118,037	(22,860)
Net cash used by operating activities	$(522,547)	$(465,377)

Supplemental disclosures of cash flow information:

- The Authority entered into capital lease obligations of approximately $101,000 and $-0- for new equipment in 2019 and 2018, respectively.
- The Authority financed equipment purchases with a vendor in the amount of approximately $652,000 and $-0- in 2019 and 2018, respectively.
- Principal and interest payments on long-term debt, paid by the County on behalf of the Authority, were approximately $421,000 and $520,000 in 2019 and 2018, respectively.

See accompanying notes to financial statements.

1. Description of Reporting Entity and Summary of Significant Accounting Policies

Reporting Entity

The Candler County Hospital Authority (Authority) is a public corporation that operates Candler County Hospital, an acute care hospital. The Authority was created on November 11, 1958 by the Board of Commissioners of Roads and Revenues of Candler County, Georgia to operate, control, and manage all matters concerning the county's health care functions. The Board of Commissioners of Candler County, Georgia nominate the Board of Directors of the Authority and the County has guaranteed some debt of the Authority. For these reasons, the Authority is considered to be a component unit of Candler County, Georgia.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Enterprise Fund Accounting

The Authority uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. The Authority prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB).

Capital Assets

The Authority's capital assets are reported at historical cost. Contributed capital assets are reported at their acquisition value at the time of their donation. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful life is assigned using the AHA Useful Lives Guidelines listed below. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements.

Land improvements	8 To 20 Years
Buildings and improvements	10 To 40 Years
Equipment	3 To 20 Years

Continued

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Impairment of Long-Lived Assets

The Authority evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Authority has not recorded any impairment charges in the accompanying statement of revenues, expenses and changes in net position for the years ended December 31, 2019 and 2018.

Costs of Borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Financing Cost

Costs incurred in connection with the issuance of notes are expensed in the period in which they are incurred.

Grants and Contributions

From time to time, the Authority receives grants as well as contributions from individuals, private organizations and Candler County. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Restricted Resources

When the Authority has both restricted and unrestricted resources available to finance a particular program, it is the Authority's policy to use restricted resources before unrestricted resources.

Net Position

Net position of the Authority is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is noncapital assets reduced by liabilities and deferred inflows of resources related to those assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Authority. *Unrestricted net position* is the

Continued

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Net Position, Continued

remaining net amount of assets, deferred outflows of resources, liabilities, and deferred inflows of resources that do not meet the definition of *net investment in capital assets* or *restricted net position.*

Operating Revenues and Expenses

The Authority's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Authority's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Compensated Absences

The Authority's employees earn Paid Time Off (PTO) at varying rates depending on years of service. The amount of PTO an employee can accumulate is limited. Employees who voluntarily terminate their job after one year of service may request payment of their unused PTO balance if termination is in accordance with the PTO policy. Employees may also convert PTO to cash under certain conditions. Accrued PTO is reported as accrued expenses on the balance sheet.

Allowance for Doubtful Accounts

The Authority provides an allowance for doubtful accounts based on the evaluation of the overall collectibility of the accounts receivable. As accounts are known to be uncollectible, the accounts are charged to deductions from revenue and bad debt expense.

Charity Care

The Authority provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Risk Management

The Authority is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. The Authority is partially self-insured for medical malpractice claims and judgments, as discussed in Note 12.

Continued

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Income Taxes

The Authority is a governmental entity and is exempt from income taxes. Accordingly, no provision for income taxes has been considered in the accompanying financial statements.

Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Supplies

Supplies are stated at the lower of cost or market value, using the first-in, first-out method.

Recently Adopted Accounting Pronouncements

In March 2018, the GASB issued Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements* (GASB 88). GASB 88 clarifies which liabilities should be included when disclosing information related to debt, requires additional essential information related to debt be disclosed, and requires that existing and additional information be provided for direct borrowings and direct placements of debt separately from other debt. The Authority has adopted the provisions for all periods presented.

In May 2020, the GASB issued Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance* (GASB 95). GASB 95's primary objective is to provide temporary relief to governments and other stakeholders in light of the COVID-19 pandemic by postponing the effective dates of certain provisions in Statements and Implementation Guides. GASB 95 is effective immediately. Earlier application of provisions are permitted to the extent specified in each pronouncement as originally issued.

Accounting Pronouncement Not Yet Adopted

In January 2017, the GASB issued Statement No. 84, *Fiduciary Activities* (GASB 84). GASB 84 establishes criteria for identifying fiduciary activities of all state and local governments. An activity meeting the criteria should be reported in a fiduciary fund in the financial statements. Governments with activities meeting the criteria should present a statement of fiduciary net position and a statement of changes in fiduciary net position. Subsequent to year-end,

Continued

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Accounting Pronouncement Not Yet Adopted, Continued

GASB 84 was postponed with the issuance of Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance,* and is now effective for fiscal years beginning after December 15, 2019. The Authority is currently evaluating the impact GASB 84 will have on its financial statements.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2018 financial statements to conform to the fiscal year 2019 presentation. These reclassifications had no impact on the change in net position in the accompanying financial statements.

2. Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. The Authority does not believe there are any significant credit risks associated with receivables due from third-party payors. A summary of the payment arrangements with major third-party payors follows:

- Medicare

  Effective October 1, 2004, the Authority was granted Critical Access Hospital (CAH) designation by the Medicare program. The CAH designation places certain restrictions on daily acute care inpatient census and an annual, average length of stay of acute care inpatients. Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology. The Authority is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare Administrative Contractor (MAC). The Authority's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority. The Authority's Medicare cost reports have been audited by the MAC through December 31, 2014.

- Medicaid

  Inpatient acute care services rendered to Medicaid program beneficiaries are paid at a prospectively determined rate per admission. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services rendered to the Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Authority is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicaid fiscal intermediary. The Authority's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through December 31, 2017.

Continued

2. Net Patient Service Revenue, Continued

- Medicaid, Continued

  The Authority has also entered into contracts with certain managed care organizations to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these managed care organizations consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

  The Authority participates in the Indigent Care Trust Fund (ICTF) Program. The Authority receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Authority's estimated uncompensated cost of services to Medicaid and uninsured patients. The amount of ICTF payments recognized in net patient service revenue was approximately $300,000 and $582,000 for the years ended December 31, 2019 and 2018, respectively.

  The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately $45,000 and $88,000 for the years ended December 31, 2019 and 2018, respectively.

- Other Arrangements

  The Authority has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 62% and 21%, respectively of the Authority's net patient service revenue for the year ended 2019 and 62% and 17%, respectively, of the Authority's net patient service revenue for the year ended 2018. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The 2019 net patient service revenue increased approximately $232,000, and the 2018 net patient service revenue decreased approximately $465,000, due to prior-year retroactive adjustments in excess of amounts previously estimated.

The Authority believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state and federal levels including the initiation of the Recovery Audit Contractor (RAC) program and the

Continued

2. Net Patient Service Revenue, Continued

Medicaid Integrity Contractor (MIC) program. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look back from the date the claim was paid. While no such regulatory inquiries have been made to date, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

3. Uncompensated Services

The Authority was compensated for services at amounts less than its established rates. Charges for uncompensated services for 2019 and 2018 were approximately $46,758,000 and $40,261,000, respectively.

Uncompensated care includes charity and indigent care services of approximately $560,000 and $1,358,000 in 2019 and 2018, respectively. The cost of charity and indigent care services provided during 2019 and 2018 was approximately $143,000 and $376,000, respectively, computed by applying a total cost factor to the charges foregone.

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2019 and 2018.

	2019	2018
Gross patient charges	$ 61,161,915	$ 52,618,526
Uncompensated services:		
Charity and indigent care	560,021	1,357,781
Medicare	22,789,008	19,284,461
Medicaid	8,208,860	6,119,080
Other allowances	9,531,517	7,679,160
Bad debts	5,668,330	5,820,140
Total uncompensated care	46,757,736	40,260,622
Net patient service revenue	$ 14,404,179	$ 12,357,904

4. Deposits

State law requires collateralization of all deposits with federal depository insurance and other acceptable collateral in specific amounts. The Authority's bylaws require that all bank balances be insured or collateralized by U.S. government securities held by the pledging financial institution's trust department in the name of the Authority.

Continued

4. Deposits, Continued

As of December 31, 2019 and 2018, the Authority's deposits were entirely insured, collateralized with securities held by a trustee in the Authority's name, or held by financial institutions that participate in the Georgia Secure Deposit Program (SDP). The SDP is a multibank contingent liability pledging pool to protect public deposits. The program is administered by Georgia Banker's Association Services, Inc. Under the program, a combination of the liquidation of pledged collateral and a guarantee from all the other banks participating in the contingent liability pool will cover any loss exceeding FDIC insurance limits.

The carrying amount of cash included in the Authority's balance sheet is as follows:

	2019	2018
Cash	$ 2,092,276	$ 560,676

5. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Authority at December 31, 2019 and 2018 consisted of these amounts:

	2019	2018
Patient accounts receivable:		
Receivable from patients and their insurance carriers	$ 9,579,545	$ 4,271,927
Receivable from Medicare	3,754,551	3,024,079
Receivable from Medicaid	1,136,792	534,816
Total patient accounts receivable	14,470,888	7,830,822
Less allowance for uncollectible amounts and contractual adjustments	12,547,429	6,575,446
Patient accounts receivable, net	$ 1,923,459	$ 1,255,376
Accounts payable and accrued expenses:		
Payable to employees (including payroll taxes)	$ 612,988	$ 494,951
Payable to suppliers	4,008,660	4,779,289
Total accounts payable and accrued expenses	$ 4,621,648	$ 5,274,240

Continued

6. Capital Assets

Capital asset changes for the years ended December 31, 2019 and 2018 are as follows:

	2018	Additions	Retirements	Transfers	2019
Land	$ 168,940	$ -	$ -	$ -	$ 168,940
Construction-in-progress	-	434,265	-	-	434,265
Total capital assets not being depreciated	168,940	434,265	-	-	603,205
Land improvements	148,884	-	-	-	148,884
Buildings and improvements	6,985,111	-	-	-	6,985,111
Equipment	9,862,369	319,005	-	-	10,181,374
Total capital assets being depreciated	16,996,364	319,005	-	-	17,315,369
Less accumulated depreciation and and amortization for:					
Land improvements	148,884	-	-	-	148,884
Buildings and improvements	5,418,732	193,613	-	-	5,612,345
Equipment	8,889,933	484,905	-	-	9,374,838
Total accumulated depreciation and amortization	14,457,549	678,518	-	-	15,136,067
Capital assets being depreciated, net	2,538,815	(359,513)	-	-	2,179,302
Total capital assets, net	$ 2,707,755	$ 74,752	$ -	$ -	$ 2,782,507

Continued

6. Capital Assets, Continued

	2017	Additions	Retirements	Transfers	2018
Land	$ 168,940	$ -	$ -	$ -	$ 168,940
Total capital assets not being depreciated	168,940	-	-	-	168,940
Land improvements	148,884	-	-	-	148,884
Buildings and improvements	6,985,111	-	-	-	6,985,111
Equipment	9,862,369	-	-	-	9,862,369
Total capital assets being depreciated	16,996,364	-	-	-	16,996,364
Less accumulated depreciation and amortization for:					
Land improvements	148,884	-	-	-	148,884
Buildings and improvements	5,222,828	195,904	-	-	5,418,732
Equipment	8,358,941	530,992	-	-	8,889,933
Total accumulated depreciation and amortization	13,730,653	726,896	-	-	14,457,549
Capital assets being depreciated, net	3,265,711	(726,896)	-	-	2,538,815
Total capital assets, net	$ 3,434,651	$(726,896)	$ -	$ -	$ 2,707,755

Amortization for equipment under capital lease obligations for the years ended December 31, 2019 and 2018 amounted to approximately $81,000 and $64,000, respectively. Accumulated amortization for equipment under capital lease obligations was approximately $255,000 and $174,000 with original cost of approximately $650,000 and $549,000 at December 31, 2019 and 2018, respectively.

Contracts exist for the renovation of facilities and the purchase of equipment totaling approximately $866,000. At December 31, 2019, the remaining commitment on these contracts was approximately $215,000.

Continued

7. Short-Term Debt

A schedule of changes in the Authority's short-term debt for 2019 and 2018 follows:

	2018	Additions	Reductions	Transfers	2019
Direct borrowing:					
Notes payable:					
Candler County, Georgia	$ -	$ -	$ -	$ -	$ -

	2017	Additions	Reductions	Transfers	2018
Direct borrowing:					
Notes payable:					
Candler County, Georgia	$ 1,324,751	$ -	$ -	$(1,324,751)	$ -

- Note payable to Candler County, Georgia incurring interest at the imputed rate of 4.00%, unsecured. During 2018, the note payable was converted to long-term with no obligation to pay prior to January 1, 2021.

8. Long-Term Debt

A schedule of changes in the Authority's long-term debt for 2019 and 2018 follows:

	2018	Additions	Reductions	Transfers	2019	Amounts Due Within One Year
Direct borrowings and direct placements:						
Taxable note:						
Series 2014	$ 2,297,154	$ -	$ 289,263	$ -	$ 2,007,891	$ 341,965
Notes payable	1,854,028	733,211	147,776	-	2,439,463	207,225
Capital leases	234,166	101,346	122,399	-	213,113	104,071
Total long-term debt	$ 4,385,348	$ 834,557	$ 559,438	$ -	$ 4,660,467	$ 653,261

Continued

8. Long-Term Debt, Continued

	2017	Additions	Reductions	Transfers	2018	Amounts Due Within One Year
Direct borrowings and direct placements:						
Revenue certificates:						
Series 2013A	$ 97,734	$ -	$ 97,734	$ -	$ -	$ -
Taxable note:						
Series 2014	2,574,179	-	277,025	-	2,297,154	291,002
Notes payable	689,646	-	160,369	1,324,751	1,854,028	146,569
Capital leases	319,986	-	85,820	-	234,166	136,705
Total long-term debt	$ 3,681,545	$ -	$ 620,948	$ 1,324,751	$ 4,385,348	$ 574,276

The terms and due dates of the Authority's long-term debt, including capital lease obligations, at December 31, 2019 and 2018, follows:

- Revenue Anticipation Certificate, Series 2013A with Queensborough National Bank dated November 5, 2013. Payable in 60 monthly payments of approximately $9,000, including interest at the fixed rate of 2.90%. Secured by the net revenues of the Authority, due November 2018.

- Taxable Note, Series 2014 with Queensborough National Bank dated December 17, 2014. Payable in 120 monthly payments of approximately $35,000 including interest at the fixed rate of 4.15% through January 2017. Beginning with the February 2017 payment, interest will be accrued at the *Wall Street Journal* prime rate, plus 0.50%, adjusted daily. Secured by property of the Authority, due January 2025.

- Note payable to Partnersfirst Management, LLC (Partnersfirst) dated December 31, 2013. The Authority was in default under the note agreement due to not making the scheduled payments and held the position that the Authority should not pay the balance due to alleged mismanagement by Partnersfirst. Partnersfirst filed suit against the Authority in an attempt to collect the outstanding balance on the note. In July 2017, the suit was settled for $180,000, payable by a lump sum of $50,000 at the time of settlement, and 26 monthly payments of $5,000 at -0-% interest, due August 2019. The outstanding balance on the note as of December 31, 2019 is $-0-.

- Promissory note payable to the United States Department of Agriculture (USDA) dated March 17, 2014 with an outstanding balance of $462,948. Payable in 120 monthly payments of approximately $10,000 including interest at the fixed rate of 3.50%, secured by a pledge of various medical equipment, due April 2024.

Continued

8. Long-Term Debt, Continued

- Note payable to Candler County, Georgia with an outstanding balance of $1,324,751, incurring interest at the imputed rate of 4.00%, unsecured.

- Equipment finance agreement with a vendor with an outstanding balance of $651,764. Payable in 60 monthly installments of approximately $19,000 including interest at the imputed rate of 10.34%, secured by the financed equipment, due March 2025.

- Capital lease obligations, at varying rates of imputed interest from 3.50% to 8.86%, collateralized by leased equipment with an unamortized cost of approximately $395,000 and $375,000 at December 31, 2019 and 2018, respectively.

To further secure the Series 2013A Revenue Anticipation Certificates and the Series 2014 Taxable Note, the Authority and Candler County (County) entered into a contract in which the Authority agreed to make the Hospital facilities and services available to the residents of Candler County. The County agreed to make payments to the Authority in amounts sufficient to enable the Authority to pay the principal and interest on the Certificates to the extent the net revenues of the Authority are insufficient to make the payments, and the County agreed to levy an ad valorem tax on all taxable property within the County as may be necessary in each year to fulfill the County's obligation under the contract. Taxes received under this agreement were $-0- in 2019 and 2018.

Effective January 1, 2017, Candler County began subsidizing the Series 2013A Revenue Anticipation Certificates and the Series 2014 Taxable Note through the implementation of a $90 per parcel fee. Payments made by the County on behalf of the Authority in 2019 and 2018 were approximately $421,000 and $520,000, respectively.

All outstanding long-term debt from direct borrowings and direct placements contain provisions of default that, if experienced by the Authority, would change the timing of repayment of outstanding amounts to become immediately due.

Scheduled principal and interest repayments on long-term debt and capital lease obligations are as follows:

	Long-Term Debt		Capital Lease Obligations	
Year Ending December 31	Principal	Interest	Principal	Interest
2020	$ 549,190	$ 147,358	$ 104,071	$ 7,715
2021	1,913,463	121,818	63,078	3,068
2022	619,654	90,875	20,782	1,277
2023	652,745	57,784	21,521	538
2024	574,439	24,062	3,661	16
2025	137,863	526	-	-
Total	$ 4,447,354	$ 442,423	$ 213,113	$ 12,614

Continued

9. Contingencies

Financial Position

The Authority has reported recurring operating losses including losses of $502,853 and $1,896,298 in 2019 and 2018, respectively. The Authority has a net position deficiency (liabilities exceed assets) of $2,612,957 at December 31, 2019. The Authority's current liabilities exceed its current assets by $1,458,362 at December 31, 2019. Management has evaluated whether there are conditions or events that raise substantial doubt about the Authority's ability to continue as a going concern. Management believes the Authority will be able to meet its obligations as they become due for a reasonable period of time, as defined by GASBS No. 56 and concludes substantial doubt is not raised.

- Financial Support from Candler County

  Effective January 1, 2017, Candler County began subsidizing the Authority's long-term debt obligations to Queensborough National Bank through the implementation of a $90 per parcel fee for landowners in Candler County. In November 2017 the citizens of Candler County approved a 2018 Special Purpose Local Option Sales Tax (SPLOST) for $8,000,000 for Capital Outlay Projects, of which 20% is, in part, related to the retirement of general obligation debt for all County buildings. A portion of these proceeds is being used to fund the monthly long-term debt obligations to Queensborough National Bank. The tax was effective May 1, 2018.

- Physician Coverage

  Effective May 1, 2019, the Authority engaged a physician's group, Doctor's To Go, to cover the Emergency Room and Hospitalist program. This change has stabilized these areas with consistent quality care which has increased patient satisfaction and quality of care for patients. In April 2020, the Authority added a full time surgeon to its staff and signed an agreement in August 2020 to increase the part time gastroenterologist to full time. With these changes, the Authority anticipates increased and improved surgical procedures. The Authority also plans to invest in new imaging equipment and surgical scope equipment to further enhance the surgery department.

- Business Office Operations and Collections

  Effective July 1, 2019, the Authority engaged Healthcare Resource Group (HRG) to act as the Authority's business office and early out self-pay provider. HRG has improved efficiency, maximized collections and implemented a variety of improvement processes. The Authority has also hired additional business office personnel and identified internal personnel to transition into the business office manager role by the end of 2020.

Continued

9. Contingencies, Continued

Financial Position, Continued

- Management Personnel

  Effective September 1, 2018 the Authority and ERHospital, LLC (ERH) agreed to end the management agreement. As a result, the Authority hired a full-time CEO to manage the day-to-day operations of the hospital, and in June 2019, the Authority hired a full-time CFO to assist in managing the day-to-day operations. This has provided management stability and consistency in the operations of the Authority.

Operating Leases

The Authority leases various equipment under operating leases expiring at various dates through September 2021. Total rental expense in 2019 and 2018 for all operating leases was $266,913 and $694,372, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2019, that have initial or remaining lease terms in excess of one year.

Year Ending	Amount
2020	$ 46,734
2021	22,741
Total	$ 69,475

Compliance Plan

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Authority has implemented a compliance plan focusing on such issues. There can be no assurance that the Authority will not be subjected to future investigations with accompanying monetary damages.

Continued

9. Contingencies, Continued

Health Care Reform

There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare at the national and the state levels. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of these provisions are and will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Authority.

Litigation

The Authority is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Authority's future financial position or results from operations. See malpractice insurance disclosures in Note 12.

COVID-19 Coronavirus

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen. The outbreak has put an unprecedented strain on the U.S. healthcare system, disrupted or delayed production and delivery of materials and products in the supply chain, and caused staffing shortages. The extent of the impact of COVID-19 on the Authority's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, remedial actions and stimulus measures adopted by local and federal governments, impact on the Authority's customers, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Authority's financial position or results of operations is uncertain.

On March 27, 2020, the President signed the Coronavirus Aid, Relief and Economic Security Act (CARES Act). Certain provisions of the CARES Act provide relief funds to hospitals and other healthcare providers. The funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19. The U.S. Department of Health and Human Services began distributing funds on April 10, 2020 to eligible providers in an effort to provide relief to both providers in areas heavily impacted by COVID-19 and those providers who are struggling to keep their doors open due to healthy patients delaying care and canceling elective services. The Authority has received the following CARES Act Funding, however, the total amount of support the Authority will ultimately be eligible to retain is uncertain at this time:

- $30 Billion General Distribution (1st round) – On April 10, 2020, HHS distributed $30 billion to nearly 320,000 Medicare fee-for-service providers based on their portion of 2019 Medicare fee-for-service payments. The Authority received approximately $376,000 in funding from this distribution.

Continued

9. Contingencies, Continued

COVID-19 Coronavirus, Continued

- $10 Billion Rural Distribution – On May 6, 2020, HHS distributed $10 billion to almost 4,000 rural health care providers including hospitals, health clinics, and health centers. The Authority received approximately $3,395,000 in funding from this distribution.

In addition, the CARES Act did the following:

- Sequestration – Suspended the Medicare sequestration payment adjustment, which reduces the payments to providers by 2%, for the period of May 1, 2020 through December 31, 2020.

- Medicare Add-on for Inpatient Hospital COVID-19 Patients – Increase the Medicare payment for hospital patients admitted with COVID-19 by 20%.

On April 24, 2020, the Paycheck Protection Program (PPP) and Health Care Enhancement Act was passed. This Act provides additional funding to replenish and supplement key programs under the CARES Act, including funds to health care providers for COVID-19 testing. The Authority has received the following funding under this Act:

- The Authority received loan proceeds of approximately $1,472,000 under the PPP. The PPP provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after the covered period as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period. The unforgiven portion of the PPP loan is payable over two years at an interest rate of 1 percent, with a deferral of payments for the first ten months after the covered period. The Authority intends to use the proceeds for purposes consistent with the PPP. While the Authority currently believes that its use of the loan proceeds will meet the conditions for forgiveness of the loan, no assurances can be provided.

- $225 Million Rural Health Clinic Distribution – On May 20, 2020, HHS distributed $225 million to over 4,500 rural health clinics (RHCs) based on a fixed payment of $49,461 per RHC. The Hospital received approximately $49,461 in funding from this distribution.

The CARES Act also expanded the existing Medicare Accelerated and Advance Payment Program (MAPP) by allowing qualifying providers to receive an advanced Medicare payment. The advance payment is a loan that will have to be repaid. Repayment begins one year after the date the MAPP funds were issued, at which time, Medicare payments owed to the Authority will be recouped at varying rates ranging from 25% to 50% for 17 months. After 29 months, the remaining balance of the MAPP funds, if any, will become due in full. Providers will have 30 days to pay the remaining balance and if payment is not received, interest will accrue on the outstanding balance at a rate of 4%. In April 2020, the Hospital received approximately $1,928,000 in MAPP funds.

Continued

10. Fair Values of Financial Instruments

The following methods and assumptions were used by the Authority in estimating the fair value of its financial instruments:

- *Cash, accounts payable, accrued expenses and estimated third-party payor settlements:* The carrying amount reported in the balance sheet approximates its fair value due to the short-term nature of these instruments.

- *Long-term debt:* The fair value of the Authority's long-term debt is estimated using discounted cash flow analyses, based on the Authority's current incremental borrowing rates for similar types of borrowing arrangements. The carrying amount of variable rate obligations approximates fair value.

The carrying amounts and estimated fair values of the Authority's long-term debt at December 31, 2019 and 2018 are as follows:

	2019		2018	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Long-term debt	$ 4,447,354	$ 4,517,222	$ 4,151,182	$ 4,105,098

11. Retirement Plan

The Candler County Hospital 403(b) Plan (403(b) Plan) is a defined contribution plan established and administered by the Authority to provide benefits at retirement to substantially all eligible employees. Plan provisions and contribution requirements are established and may be amended by the Authority's Board of Directors.

Employees may make voluntary contributions to the 403(b) Plan. Matching contributions have been suspended by the Authority and the total expense for the 403(b) Plan incurred by the Authority was $-0- in 2019 and 2018. The Authority had no liability outstanding related to the 403(b) Plan at December 31, 2019 and 2018. Employees are immediately 100% vested in all funds under the 403(b) Plan.

The Authority has also established and administers the Candler County 457 Top Hat Plan (457 Plan). The 457 Plan is offered to limited employees of the Authority. The Authority makes no matching contributions to the 457 Plan and had no liability outstanding related to the 457 Plan at December 31, 2019 and 2018. Employees are immediately 100% vested in all funds under the 457 Plan.

Continued

12. Malpractice Insurance

The Authority is covered by a per-occurrence general and claims-made professional liability insurance policy with a specified deductible of $25,000 per incident and excess coverage on a claims-made basis. Liability limits related to this policy in 2019 and 2018 are $1 million per occurrence and $3 million in aggregate.

Various claims and assertions have been made against the Authority in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, adequate provision has been made for losses which may occur from such asserted and unasserted claims that are not covered by liability insurance.

13. Concentrations of Credit Risk

The Authority grants credit without collateral to patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at December 31, 2019 and 2018 was as follows:

	2019	2018
Medicare	26%	39%
Medicaid	8%	7%
Third-party payors	18%	24%
Patients	48%	30%
Total	100%	100%

14. Hospital Management Agreement

The Authority entered into a management agreement with ERHospital, LLC (ERH) for the purpose of providing management and administrative services. The agreement originated October 29, 2014 with an initial term of five years and an automatic renewal term of three years, unless either party provides notice of nonrenewal within one hundred twenty days prior to the end of the initial term or any renewal terms. Consideration for the management services provided by ERH is $35,000 per month plus an additional $2,000 per month in expense reimbursement. The agreement also stipulates a performance bonus structure that began January 1, 2016. The performance bonus will be based on the annual budget established by the Board of Directors and ERH and shall equal 5% of earnings before interest, taxes, depreciation, and amortization if the annual budget is exceeded by 10%.

Earnings for the purposes of this calculation do not include funds contributed by the Candler County Commission.

Continued

14. Hospital Management Agreement, Continued

Effective September 1, 2017, the management fee was reduced to $18,500 per month and is to be paid in bi-weekly installments.

Management fees, including expense reimbursement, incurred during 2019 and 2018 were approximately $-0- and $148,000.

The management agreement with ERH also provides for certain management and operational services to be provided by ERH Shared Services, LLC (Shared Services) a wholly owned subsidiary of ERH. Employees of Shared Services provide services to multiple hospitals under the management of ERH. The cost for these services are billed monthly based on each hospital's pro rata share of the total cost incurred by Shared Services. These costs mainly include salaries, wages, and benefits of Shared Services employees. The amount incurred by the Authority for these services was approximately $-0- and $702,000 in 2019 and 2018, respectively and is recorded in purchased services on the statements of revenues, expenses, and changes in net position.

Effective September 1, 2018, the Authority and ERH mutually agreed to end the management agreement. At the time of separation, the Authority had accrued approximately $1,218,000 in unpaid management fees owed to ERH. As part of the separation agreement, ERH waived the unpaid management fees. This forgiveness is reflected as a special item in the statements of revenues, expenses, and changes in net position for 2018.

15. Employee Health Insurance

The Authority purchases employee health insurance through a third-party vendor. Total expense related to employee health insurance was approximately $566,000 and $521,000 for 2019 and 2018, respectively. These amounts are included in the statement of revenues, expenses and changes in net position as employee health and welfare.

16. Rural Hospital Tax Credit Contributions

The State of Georgia (State) passed legislation which allows individuals or corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations during calendar years 2017 through 2024. The Authority submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar years 2018 and 2019. Contributions received under the program approximated $2,261,000 during fiscal year 2019 and $1,233,000 during fiscal year 2018. The Authority will have to be approved by the State to participate in the program in each subsequent year. These funds are reflected in noncapital contributions in the accompanying statements of revenues, expenses and changes in net position.

17. Gain on Settlements

During 2019 and subsequent to year-end, the Authority settled outstanding balances owed to various vendors at amounts less than recorded in accounts payable. The difference in the amount recorded in accounts payable and the agreed upon settlement payment is recorded in the statement of revenues, expenses and changes in net position as gain on settlements.

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

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

Board of Directors
Candler County Hospital Authority
Metter, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Candler County Hospital Authority (Authority) as of and for the year ended December 31, 2019, and the related notes to the financial statements, and have issued our report thereon dated October 20, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority'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 Authority'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. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Continued

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Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Candler County Hospital Authority's financial statements are free of 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 determination of financial statement amounts. 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.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority'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 Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Draffin & Tucker, LLP

Albany, Georgia
October 20, 2020