BASIC FINANCIAL STATEMENTS (AUDITED)

FOR THE FISCAL YEAR ENDED JUNE 30, 2017



Board of Directors Paulding County Schools Council Health Care Benefit Program 4915 US 127 Haviland, Ohio 45851

We have reviewed the *Independent Auditor's Report* of the Paulding County Schools Council Health Care Benefit Program, Paulding County, prepared by Julian & Grube, Inc., for the audit period July 1, 2016 through June 30, 2017. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Paulding County Schools Council Health Care Benefit Program is responsible for compliance with these laws and regulations.

Dave Yost Auditor of State

May 15, 2018



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### Julian & Grube, Inc.

#### Serving Ohio Local Governments

333 County Line Rd. West, Westerville, OH 43082 Phone: 614.846.1899 Fax: 614.846.2799

#### Independent Auditor's Report

Paulding County Schools Council Health Care Benefit Program Paulding County 4915 US 127 Haviland, Ohio 45851

To the Board Members:

#### Report on the Financial Statements

We have audited the accompanying cash-basis financial statements of the Paulding County Schools Council Health Care Benefit Program, Paulding County, Ohio, as of and for the fiscal year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the Paulding County Schools Council Health Care Benefit Program's basic financial statements as listed in the table of contents.

#### Management's Responsibility for the Financial Statements

Management is responsible for preparing and fairly presenting these financial statements in accordance with the cash accounting basis Note 2 describes. This responsibility includes determining that the cash accounting basis is acceptable for the circumstances. Management is also responsible for designing, implementing and maintaining internal control relevant to preparing and fairly presenting financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to opine on these financial statements based on our audit. We audited in accordance with auditing standards generally accepted in the United States of America and the financial audit standards in the Comptroller General of the United States' *Government Auditing Standards*. Those standards require us to plan and perform the audit to reasonably assure the financial statements are free from material misstatement.

An audit requires obtaining evidence about financial statement amounts and disclosures. The procedures selected depend on our judgment, including assessing the risks of material financial statement misstatement, whether due to fraud or error. In assessing those risks, we consider internal control relevant to the Paulding County Schools Council Health Care Benefit Program's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not to the extent needed to opine on the effectiveness of the Paulding County Schools Council Health Care Benefit Program's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of management's accounting policies and the reasonableness of their significant accounting estimates, as well as our evaluation of the overall financial statement presentation.

We believe the audit evidence we obtained is sufficient and appropriate to support our audit opinion.

Independent Auditor's Report Page Two

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash financial position of the Paulding County Schools Council Health Care Benefit Program, Paulding County, Ohio, as of June 30, 2017, and the respective changes in cash financial position thereof for the fiscal year then ended in accordance with the accounting basis described in Note 2.

#### Accounting Basis

Ohio Administrative Code § 117-2-03(B) requires the Paulding County Schools Council Health Care Benefit Program to prepare its annual financial report in accordance with accounting principles generally accepted in the United States of America. We draw attention to Note 2 of the financial statements, which describes the basis applied to these statements. The financial statements are prepared on the cash basis of accounting, which is a basis other than generally accepted accounting principles. We did not modify our opinion regarding this matter.

#### **Emphasis of Matter**

As discussed in Note 7 to the financial statements, the Paulding County Schools Council Health Care Benefit Program has elected to dissolve operations effective December 20, 2017. We did not modify our opinion regarding this matter.

#### Other Reporting Required by Government Auditing Standards

Julian & Sube Elec.

In accordance with *Government Auditing Standards*, we have also issued our report dated April 25, 2018, on our consideration of the Paulding County Schools Council Health Care Benefit Program's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. That report describes the scope of our internal control testing over financial reporting and compliance, and the results of that testing, and does not opine on 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 Paulding County Schools Council Health Care Benefit Program's internal control over financial reporting and compliance.

Julian & Grube, Inc. April 25, 2018

### STATEMENT OF NET POSITION - CASH BASIS JUNE 30, 2017

Assets:	
Current:	
Cash and cash equivalents	\$ 121,205
Investments	552,064
Total current assets	673,269
Noncurrent:	
Investments	898,740
Total assets	1,572,009
Net cash position:	
Unrestricted	\$ 1,572,009

THE NOTES TO THE BASIC FINANCIAL STATEMENTS ARE AN INTEGRAL PART OF THIS STATEMENT.

# STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS AND CHANGES IN NET POSITION - CASH BASIS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

Operating cash receipts:	
Member contributions	\$ 985,272
Operating cash disbursements:	
Claims	1,387,644
Stop loss insurance premiums	234,308
Third party administration fees	26,000
Reinsurance premium	24,417
Administrative fees	98,989
Professional fees	4,523
Fiduciary fees	2,253
Miscellaneous	61,666
Total operating expenses	 1,839,800
Operating loss	(854,528)
Nonoperating cash receipts:	
Interest	20,386
Change in net cash position	(834,142)
Net cash position, July 1	2,406,151
Net cash position, June 30	\$ 1,572,009

THE NOTES TO THE BASIC FINANCIAL STATEMENTS ARE AN INTEGRAL PART OF THIS STATEMENT

#### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### NOTE 1 - DESCRIPTION OF THE COUNCIL AND HEALTH PROGRAM

The Paulding County Schools Council (the "Council") was formed on October 1, 1993 as a Council of Governments established pursuant to Ohio Revised Code (ORC) Chapter 167. The Council of Governments is a body corporate and politic established to exercise the rights and privileges conveyed to it by the constitution and laws of the State of Ohio. The Council was formed for the purpose of promoting cooperative arrangements and agreements among its members and between its members to address problems of mutual concern. Members of the Council include the following three entities: Paulding County Exempted Village School District, Wayne Trace Local School District and Antwerp Local School District (the "Members").

The Council's fiscal year is a twelve month period beginning July and ending June 30. The governing body of the Council is a Board of Directors comprised of one repesentative from each Member. If the Member of the Council is a board of education, the Member's Superintendent shall serve as the representative. The Treasurer of the Council is appointed by the Board of Directors. The Paulding Exempted Village School District's Treasurer served as the Council's Treasurer during fiscal year 2017. The Treasurer's compensation is determined by the Board of Directors.

The Council established a Health Care Benefits Program (the "Health Program") for the provision of hospitalization, medical, dental and presecription drug insurance coverage for its Members eligible officers and employees and the eligible dependents of those officers and employees. The Health Program is a shared risk pool as defined by Government Accounting Standards Board (GASB) Statement No. 10 as amended by GASB Statement No. 30 and provides a formalized joint insurance purchasing program to maintain adequate insurance protection and provide risk management programs and other administrative services for its Members. The Board of Directors shall, among other things, (1) oversee the operation of the Health Program, (2) determine the types of benefits which may be made available to the Members through the Health Program, (3) select insurance carriers, claims administrators and/or reinsurance companies necessary for the provision of benefits under the Health Program, and (4) determine the total estimated program costs for the Health Program. The Treasurer of the Council is the fiscal officer for the Health Program. Any Member wishing to withdraw from the Health Program shall notify the Chairman of the Council no later than October 15 preceding the first day of the fiscal year in which the Member will withdraw. Upon withdrawl by a Member from the Health Program, the Board of Directors whall determine the amont of money on deposit in the Health program that is available to pay obligations of the withdrawing Member to the Health Program as of the date of withdrawl. Participation in the Council is by written application to the Chairman of the Board of Directors. After review of the application and other information, the Board of Directors will determine if the applicant should be included in the Council and Health Program.

The Health Program's management believes these cash basis financial statements present all activities for which the Health Program is financially accountable.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

As discussed further in Note 2.B., these financial statements are presented on the cash basis of accounting. This cash basis of accounting differs from accounting principles generally accepted in the United States of America (GAAP). GAAP includes all relevant Governmental Accounting Standards Board (GASB) pronouncements, which have been applied to the extent they are applicable to the cash basis of accounting. In cases where these cash basis statements contain items that are the same as, or similar to, those items in the financial statements prepared in conformity with GAAP, similar informative disclosures are provided.

#### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

#### A. Basis of Presentation

The Health Program's financial statements consist of a statement of net position - cash basis and statement of cash receipts, cash disbursements and changes in net cash position - cash basis.

#### **B.** Basis of Accounting

The Health Program's financial statements are prepared using the cash basis of accounting. Receipts are recorded in the Health Program's financial records and reported in the financial statements when cash is received rather than when earned and disbursements are recorded when cash is paid rather than when a liability is incurred.

As a result of the use of this cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue for billed or provided services not yet collected) and certain liabilities and their related expenses (such as accounts payable and expenses for goods or services received, but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements.

The Health Program uses an enterprise fund to account for operations (a) that are financed and operated in a manner similar to private business enterprises, where the intent of the governing body is that the costs of providing goods or services to the general public on a continuing basis be financed or recovered primarily through user charges; or (b) where the Board of Directors has decided that periodic determination of revenues earned, expenses incurred, and/or net income is appropriate for public policy, management control, accountability or other purposes.

Operating cash receipts are those receipts that are generated directly from the primary activity of the Health Program. Operating cash disbursements are necessary costs incurred to provide the service that is the primary activity of the Health Program. All cash receipts and cash disbursements not meeting this definition are reported as non-operating.

#### C. Cash and Investments

Investments are reported as assets. Accordingly, purchases of investments are not recorded as disbursements, and sales of investments are not recorded as receipts. Gains or losses at the time of sale are recorded as receipts or disbursements, respectively.

At June 30, 2017, the Health Program's investments were limited to Federal National Mortgage Association (FNMA) securities, Federal Home Loan Bank (FHLB) securities, Federal Farm Credit Bank (FFCB) securities, negotiable certificates of deposit (negotiable CDs), and a U.S. government money market mutual fund. Investments are reported at cost.

For presentation on the basic financial statements, investments with original maturities of three months or less at the time they are purchased by the Health Program are considered to be cash equivalents. Investments with an initial maturity of more than three months are reported as investments.

An analysis of the Health Program's investments at fiscal year-end is provided in Note 3.

#### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

#### D. Budgetary Process

The Health Program is not required to follow the budgetary process by law; however, the Health Programs bylaws require that the Health Program's Treasurer deliver to each Member, on or before the 15<sup>th</sup> day of December, a copy of the estimated budget of the Health Program for the next fiscal year, evidencing each Member's share of that budget. The Board of Directors may amend the budget and appropriations of the Council throughout the fiscal year. The Board of Directors shall provide an updated budget to Members on or prior to June 30 of each year.

#### E. Net Cash Position

Net cash position is reported as restricted when there are limitations imposed on their use either through the enabling legislation or through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. The Health Program had no restricted net cash position at fiscal year-end.

#### **NOTE 3 - DEPOSITS AND INVESTMENTS**

State statutes classify monies held by the Health Program into three categories.

Active deposits are public deposits necessary to meet current demands on the treasury. Such monies must be maintained either as cash in the Health Program treasury, in commercial accounts payable or withdrawable on demand, including negotiable order of withdrawal (NOW) accounts, or in money market deposit accounts.

Inactive deposits are public deposits that the Health Program has identified as not required for use within the current five-year period of designation of depositories. Inactive deposits must either be evidenced by certificates of deposit maturing not later than the end of the current period of designation of depositories, or by savings or deposit accounts including, but not limited to, passbook accounts.

Interim deposits are deposits of interim monies. Interim monies are those monies which are not needed for immediate use, but which will be needed before the end of the current period of designation of depositories.

Interim deposits must be evidenced by time certificates of deposit maturing not more than one year from the date of deposit or by savings or deposit accounts including passbook accounts.

Interim monies may be deposited or invested in the following securities:

- 1. United States Treasury Notes, Bills, Bonds, or any other obligation or security issued by the United States Treasury or any other obligation guaranteed as to principal and interest by the United States;
- 2. Bonds, notes, debentures, or any other obligations or securities issued by any federal government agency or instrumentality, including, but not limited to, the Federal National Mortgage Association, Federal Home Loan Bank, Federal Farm Credit Bank, Federal Home Loan Mortgage Corporation, Government National Mortgage Association, and Student Loan Marketing Association. All federal agency securities shall be direct issuances of federal government agencies or instrumentalities;

#### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### NOTE 3 - DEPOSITS AND INVESTMENTS - (Continued)

- 3. Written repurchase agreements in the securities listed above provided that the market value of the securities subject to the repurchase agreement must exceed the principal value of the agreement by at least two percent and be marked to market daily, and that the term of the agreement must not exceed thirty days;
- 4. Bonds and other obligations of the State of Ohio;
- 5. No-load money market mutual funds consisting exclusively of obligations described in items (1) and (2) above and repurchase agreements secured by such obligations, provided that investments in securities are made only through eligible institutions;
- 6. The State Treasury Asset Reserve of Ohio (STAR Ohio);
- 7. Certain banker's acceptance and commercial paper notes for a period not to exceed one hundred eighty days from the purchase date in an amount not to exceed twenty-five percent of the interim monies available for investment at any one time; and,
- 8. Under limited circumstances, corporate debt interests rated in either of the two highest classifications by at least two nationally recognized rating agencies.

Protection of the Health Program's deposits is provided by the Federal Deposit Insurance Corporation (FDIC), by eligible securities pledged by the financial institution as security for repayment, by surety company bonds deposited with the Treasurer by the financial institution or by a single collateral pool established by the financial institution to secure the repayment of all public monies deposited with the institution.

Investments in stripped principal or interest obligations, reverse repurchase agreements and derivatives are prohibited. The issuance of taxable notes for the purpose of arbitrage, the use of leverage and short selling are also prohibited. An investment must mature within five years from the date of purchase unless matched to a specific obligation or debt of the Health Program, and must be purchased with the expectation that it will be held to maturity. Investments may only be made through specified dealers and institutions. Payment for investments may be made only upon delivery of the securities representing the investments to the Treasurer or, if the securities are not represented by a certificate, upon receipt of confirmation of transfer from the custodian.

#### A. Deposits with Financial Institutions

At June 30, 2017, the Health Program had no depository accounts.

#### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### **NOTE 3 - DEPOSITS AND INVESTMENTS - (Continued)**

#### **B.** Investments

As of June 30, 2017, the Health Program had the following investments and maturities:

		Investment Maturities										
Investment type	Cost		6 months or less		7 to 12 months		13 to 18 months		19 to 24 months		Greater than 24 months	
FFCB	\$	425,509	\$	125,509	\$	-	\$	100,000	\$	100,000	\$	100,000
FHLB		126,555		26,555		-		-		100,000		-
FNMA		148,740		-		-		48,740		-		100,000
Nonnegotiable CDs U.S. Government money market		750,000		300,000		100,000		100,000		-		250,000
mutual fund	_	121,205		121,205	_		_		_			
Total	\$	1,572,009	\$	573,269	\$	100,000	\$	248,740	\$	200,000	\$	450,000

The weighted average maturity of investments at June 30, 2017, is 1.32 years.

*Interest Rate Risk:* As a means of limiting its exposure to fair value losses arising from rising interest rates and according to State law, the Health Program's investment policy limits investment portfolio maturities to five years or less.

*Credit Risk:* The Health Program's investments in FFCB, FHLB and FNMA securities, were rated AA+ and Aaa by Standard & Poor's and Moody's Investor Services, respectively. The U.S. Government money market mutual fund was rated AAAm by Standard & Poor's. The nonnegotiable CD's were fully insured by the FDIC. The Health Program's investment policy does not specifically address credit risk beyond requiring the Health Program to only invest in securities authorized by State statute.

Custodial Credit Risk: For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Health Program will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Health Program has no investment policy dealing with investment custodial risk beyond the requirement in State statute that prohibits payment for investments prior to the delivery of the securities representing such investments to the Treasurer or qualified trustee.

Concentration of Credit Risk: The Health Program places no limit on the amount that may be invested in any one issuer. The following table includes the percentage of each investment type held by the Health Program at June 30:

Investment type	Cost	% of Total
FFCB	\$ 425,509	27.07
FHLB	126,555	8.05
FNMA	148,740	9.46
Nonnegotiable CDs	750,000	47.71
U.S. Government money market mutal funds	121,205	7.71
Total	\$ 1,572,009	100.00

### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### **NOTE 3 - DEPOSITS AND INVESTMENTS - (Continued)**

#### C. Reconciliation of Cash and Investments to the Statement of Net Position - Cash Basis

The following is a reconciliation of cash and investments as reported in the note above to cash and investments as reported on the statement of net assets as of June 30, 2017:

Cash and investments per note	
Investments	\$ 1,572,009
Cash and investments per statement of net position	
Cash and cash equivalents	\$ 121,205
Investments - current	552,064
Investments - noncurrent	 898,740
Total	\$ 1,572,009

#### **NOTE 4 - RISK MANAGEMENT**

The Health Program contracts with a third-party administrator, Anthem Blue Cross and Blue Shield, to process and pay medical, dental and prescription drug claims respectively incurred by its members. Members pay monthly premiums to the Health Program based upon an annual estimate determined by the Board of Directors. The Health Program Treasurer issues payments to this third-party administrator for actual insurance claims processed, stop-loss premiums, and administrative charges.

The Health Program employs reinsurance agreements (stop-loss coverage) to reduce its risk that large losses may be incurred on medical claims. This allows the Health Program to recover a portion of losses on claims from re-insurers, although it does not discharge their primary liability. The Health Program's specific stop loss limit is \$75,000 with a specific stop loss maximum of \$1,000,000.

An actuarial valuation of the health care plan is prepared annually under guidelines set forth in *Actuarial Standard of Practice No. 5, Incurred Health Claims Liabilities* (ASB 5) of the Actuarial Standards Board of the American Academy of Actuaries. The purpose of the valuation is to compare this liability to funds reserved. The method and assumptions utilized for measuring an actuarial liability are critical to the determination as to whether funds are adequate.

The Health Program's cash and investments to the actuarially-measured liability as of June 30, 2017 and June 30, 2016, follows:

	<u>2017</u>	<u>2016</u>
Cash and Investments	\$1,572,009	\$2,406,151
Actuarial Liabilities	-	1,198,978

#### NOTES TO THE BASIC FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

#### **NOTE 5 - CONTRACTED SERVICES**

For fiscal year 2016, the Health Program contracted with MKC Benefit Consultants, Ltd. to assist them with providing an estimate of reserve as of the close of the fiscal year in accordance with ORC Section 9.833(C)(1). The reserve represents an estimate of what liabilities the plan may have should it terminate on the last day of the fiscal year. A reserve was not calculated for fiscal year 2017.

The Health Program also contracts with Huntington Insurance, Inc. to assist them in administering the Health Program.

#### NOTE 6 - ACCOUNTABILITY AND COMPLIANCE

#### A. Accountability

Fiscal year 2017 is the Health Program's first year preparing financial statements. The Health Program's cash and investment balance at June 30, 2016 was \$2,406,151.

#### B. Compliance

Ohio Administrative Code, Section 117-2-03(B), requires the Health Program to prepare its annual financial report in accordance with GAAP. However, the Health Program prepared its financial statements on the cash basis of accounting, which is a comprehensive basis of accounting other than GAAP. The Health Program can be fined and various other administrative remedies may be taken against the Health Program.

#### NOTE 7 - SIGNIFICANT SUBSEQUENT EVENT

The Board of Directors of the Health Program has elected to dissolve operations effective December 20, 2017 due, in large part, to its Members switching to the Southwestern Ohio Educational Purchasing Council for risk management programs and other administrative services including medical and dental insurance coverages.

The Treasurer of the Wayne Trace Local School District was appointed Treasurer of the Council effective July 1, 2017.





### Julian & Grube, Inc.

Serving Ohio Local Governments

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### Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Required by Government Auditing Standards

Paulding County Schools Council Health Care Benefit Program Paulding County 4915 US 127 Haviland, Ohio 45851

#### To the Board Members:

We have audited, in accordance with auditing standards generally accepted in the United States and the Comptroller General of the United States' *Government Auditing Standards*, the financial statements of the Paulding County Schools Council Health Care Benefit Program, Paulding County, Ohio, as of and for the fiscal year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the Paulding County Schools Council Health Care Benefit Program's basic financial statements and have issued our report thereon dated April 25, 2018, wherein we noted the Paulding County Schools Council Health Care Benefit Program uses a special purpose framework other than generally accepted accounting principles. Furthermore, as discussed in Note 7, the Paulding County Schools Council Health Care Benefit Program has elected to dissolve operations effective December 20, 2017.

#### Internal Control Over Financial Reporting

As part of our financial statement audit, we considered the Paulding County Schools Council Health Care Benefit Program's internal control over financial reporting (internal control) to determine the audit procedures appropriate in the circumstances to the extent necessary to support our opinion on the financial statements, but not to the extent necessary to opine on the effectiveness of the Paulding County Schools Council Health Care Benefit Program's internal control. Accordingly, we have not opined on it.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, when performing their assigned functions, to prevent, or detect and timely correct misstatements. A material weakness is a deficiency, or combination of internal control deficiencies resulting in a reasonable possibility that internal control will not prevent or detect and timely correct a material misstatement of the Paulding County Schools Council Health Care Benefit Program's financial statements. 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 internal control deficiencies that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies in internal control that we consider material weaknesses. However, unidentified material weaknesses may exist.

Board Members Paulding County Schools Council Health Care Benefit Program

#### Compliance and Other Matters

As part of reasonably assuring whether the Paulding County Schools Council Health Care Benefit Program's financial statements are free of material misstatement, we tested its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could directly and materially affect the determination of financial statement amounts. However, opining on compliance with those provisions was not an objective of our audit and accordingly, we do not express an opinion. The results of our tests disclosed an instance of noncompliance or other matters we must report under *Government Auditing Standards* which is described in the accompanying schedule of findings and responses as item 2017-001.

#### Paulding County Schools Council Health Care Benefit Program's Response to Finding

The Paulding County Schools Council Health Care Benefit Program's response to the finding identified in our audit is described in the accompanying schedule of findings and responses. We did not audit the Paulding County Schools Council Health Care Benefit Program's response and, accordingly, we express no opinion on it.

#### Purpose of this Report

This report only describes the scope of our internal control and compliance testing and our testing results and does not opine on the effectiveness of the Paulding County Schools Council Health Care Benefit Program's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the Paulding County Schools Council Health Care Benefit Program's internal control and compliance. Accordingly, this report is not suitable for any other purpose.

Julian & Grube, Inc. April 25, 2018

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#### SCHEDULE OF FINDINGS AND RESPONSES JUNE 30, 2017

	HE FINANCIAL STATEMENT IN ACCORDANCE WITH GAGAS
Finding Number	2017-001

#### Noncompliance

Ohio Rev. Code §117.38 provides each public office shall file a financial report for each fiscal year. The Auditor of State may prescribe forms by rule or may issue guidelines, or both, for such reports. If the Auditor of State has not prescribed a rule regarding the form for the report, the public office shall submit its report on the form utilized by the public office. Ohio Admin. Code §117-2-03 further clarifies the requirements of Ohio Rev. Code §117.38.

Ohio Admin. Code §117-2-03(B) requires the Health Program to prepare its annual financial report in accordance with accounting principles generally accepted in the United States of America (GAAP). The Health Program prepared its financial statement and notes in accordance with the cash-basis of accounting, which is a comprehensive basis of accounting other than GAAP. There would be variances on the financial statements between this accounting practice and GAAP that, while presumably material, cannot be reasonably determined at this time. Failure to prepare proper GAAP financial statements may result in the Health Program being fined or other administrative remedies.

The Health Program should prepare its financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP).

<u>Client Response:</u> At this time the Health Program does not file based on the Generally Accepted Accounting Principles because of the increase of cost to the entity to prepare it and audit the report. The Board of Directors of the Health Program will reevaluate this decision annually.





#### **CLERK'S CERTIFICATION**

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

**CLERK OF THE BUREAU** 

Susan Babbitt

CERTIFIED MAY 29, 2018