BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

REPORT ON EXAMINATION OF FINANCIAL STATEMENTS AND SUPPLEMENTAL DATA FOR THE YEAR ENDED JUNE 30, 1999

J. E. Slaybaugh & Associates, Inc.

Certified Public Accountant 12 East Main Street Lexington, Ohio 44904

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

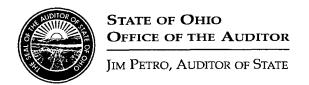
TABLE OF CONTENTS

At June 30, 1999

	Exhibit	Page
Independent Auditor's Report		1
Financial Statements		
Balance Sheet at June 30, 1999	A	2
Statement of Income and Expense - PHA Owned Housing	B(1)	3
Statement of Income and Expense Housing Assistance Payments Program - Section 8 - Existing	B(2)	4
Statement of Income and Expense Housing Assistance Payments Program - Section 8 - Vouchers	B(3)	5
Statement of Cash Flows	B(4)	6
Statement of Changes in Surplus	С	7
Notes to Financial Statements		8-10
Supplemental Data		
Computation of Residual Receipts and Accruing Annual Contributions - PHA Owned Housing	D(1)	11
Computation of Annual Contributions Earned and Project Account Operating Reserve Changes Housing Assistance Payments Program - Section 8 - Existing	D(2)	12-13
Computation of Annual Contributions Earned and Project Account Operating Reserve Changes Housing Assistance Payments Program - Section 8 - Vouchers	D(3)	14-15
Statement of PH DEP Grants	D(4)	16
Statement of Modernization Cost Uncompleted	E(1)	17
Reconciliation of Comprehensive Grant Funds Advanced with Costs	E(2)	18
Comprehensive Grant Cost Certification	E(3)	19
Schedule of Expenditures of Federal Awards	Н	20

Butler Metropolitan Housing Authority Table of Contents Page 2

~ ~~	Page
Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	21
Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over	
Compliance in Accordance with OMB A-133	22-23
Summary of Activities	24
Schedule of Findings	25-26
Data Collection Form	



88 East Broad Street P O. Box 1140 Columbus, Ohio 43216-1140

Telephone 614-466-4514

800-282-0370

Facsimile 614-466-4490

Board of Commissioners
Butler Metropolitan Housing Authority
Hamilton, Ohio

We have reviewed the Independent Auditor's Report of the Butler Metropolitan Housing Authority, Butler County, prepared by J. E. Slaybaugh & Associates, Inc., for the audit period July 1, 1998 to June 30, 1999. 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 Butler Metropolitan Housing Authority is responsible for compliance with these laws and regulations.

JIM PETRO Auditor of State

January 5, 2000

J. E. Slaybaugh & Associates. Inc.

12 East Main Street Lexington. Ohio 44904

Member AICPA Member OSCPA John E. Slaybaugh 111 Certified Public Accountant

INDEPENDENT AUDITOR'S REPORT

Board of Commissioners Butler Metropolitan Housing Authority Hamilton, Ohio U S. Dept of Housing and Urban Development Public Housing Division Cincinnati, Ohio

We have audited the accompanying financial statements of the Butler Metropolitan Housing Authority, Hamilton, Ohio, as of and for the year ended June 30, 1999, as listed in the table of contents These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards 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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in Note 1, Butler Metropolitan Housing Authority prepares it's financial statements on a prescribed basis of accounting that demonstrates compliance with the modified cash basis accounting practices prescribed or permitted by the Department of Housing and Urban Development, which is a comprehensive basis of accounting other than generally accepted accounting principles.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Butler Metropolitan Housing Authority as of June 30, 1999, and the results of its operations and the cash flows for the year then ended on the basis of accounting prescribed above

In accordance with *Government Auditing Standards*, we have also issued a report dated October 27, 1999, on our consideration of Butler Metropolitan Housing Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants

Our audit was performed for the purpose of forming an opinion on the financial statements of Butler Metropolitan Housing Authority, taken as a whole The accompanying schedule of expenditures of federal awards, as required by US Office of Management and Budget Circular A-133, Audits of States. Local Governments and Non-Profit Organizations, and the supplemental exhibits, listed in the Table of Contents, are presented for the purposes of additional analysis, and are not a required part of the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements, and in our opinion, is stated fairly, in all material respects, in relation to the financial statements taken as a whole

J.E. Slaybaugh & Associates, Inc.

Lexington, Ohio October 27, 1999

EXHIBIT A

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

BALANCE SHEET AT JUNE 30, 1999

		Annual Contribution Contract			
			<u>C-383</u>	<u>(</u>	C-5063
<u>ASSETS</u>					
Cash		\$	241,141	\$	243,072
Accounts Receiv	vable				
	nants		182,889		
Oth			10,778		528,715
Notes Receivabl			127,000		
Investments			4,441,710		
Amortization Fi	unds		654,398		
Deferred Charge			150,970		
	s and Equipment		63,328,760		9,720
Undistibuted De			150,542		
Tot	tal Assets	\$	69,288,188	\$	781,507
LIABILITIES A	AND SURPLUS				
Accounts Payab	ale				
	ndor	\$	66,551		
	nant Security Deposit		169,995		
HU			,	\$	298,954
Otl			534,713		10,778
Notes Payable			442,328		
Accrued Liabili	ities		7,504,775		
Deferred Credit			2,313		
Fixed Liabilitie		_	29,065,190		
То	tal Liabilities		37,785,865		309,732
Surplus - Ex	hibit C		31,502,323		471,775
То	tal Liabilities and Surplus	<u>\$</u>	69,288,188	\$	781,507

The accompanying notes are an integral part of these financial statements

EXHIBIT B(1)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

STATEMENT OF INCOME AND EXPENSE - PHA OWNED HOUSING

Twelve Months Ended June 30, 1999

Annual Contributions Contract C-383

Project OH 15-001 ET AL

Operating Income	# 1 040 000
Dwelling Rental	\$ 1,840,082
Excess Utilities	31,942
Nondwelling Rental	9.000
Total Rental Income	1,881,024
Interest on General Fund Investments	175,433
Other Income	8,842
Total Operating Income - Exhibit D(1)	2,065,299
Operating Expenses	
Administrative	824,241
Utilities	914,384
Ordinary Maintenance & Operation	909,182
Protective Services	4,300
General Expense	695,598
Nonroutine Maintenance	9.058
Total Operating Expense - Exhibit D(1)	3,356.763
Net Operating Income (Loss)	(1,291,464)
Other Income Prior Year Adjustments Affecting Residual Receipts	1,075
Other Charges	(207.915)
Interest on Notes and Bonds Payable Loss from Disposition of Nonexpendable Equipment	(307,815) (12,758)
2033 Holli Disposition of Professpendable Equipment	(12,738)
Net Income (Loss)	\$ (1,610,962)

The accompanying notes are an integral part of these financial statements

EXHIBIT B(2)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

STATEMENT OF INCOME AND EXPENSE HOUSING ASSISTANCE PAYMENTS PROGRAM SECTION 8 - EXISTING

Twelve Months Ended June 30, 1999

Annual Contributions Contract C-5063

Project OH10-E015-001/022

Operating Income

Interest Earned on Operating Reserve Investments Interest Earned on General Fund Investments	\$ 8,695 6,945
Total Operating Income - Exhibit D(2)	15,640
Operating Expenses	
Administrative Expense Audit Cost Housing Assistance Payments	211,763 4,500 2,198,867
Total Operating Expense - Exhibit D(2)	2,415,130
Net Operating Income (Loss)	\$ (2,399,490)

EXHIBIT B(3)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

STATEMENT OF INCOME AND EXPENSE HOUSING ASSISTANCE PAYMENTS PROGRAM SECTION 8 - VOUCHERS

Twelve Months Ended June 30, 1999

Annual Contributions Contract C-5063

Project OH10-V015-005/010

Operating Income

Interest Earned on Operating Reserve Investments Interest Earned on General Fund Investments	\$ 8.359 4.111
Total Operating Income - Exhibit D(3)	12,470
Operating Expenses	
Administrative Expense Audit Cost Housing Assistance Payments	72,296 5,000 728,449
Total Operating Expense - Exhibit D(3)	805,745
Net Operating Income (Loss)	\$ (793,275)

EXHIBIT B(3)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

STATEMENT OF CASH FLOWS

Twelve Months Ended June 30, 1999

	Annual Contribution Contracts			
		<u>C-383</u>		<u>C-5063</u>
CASH FLOWS FROM OPERATING ACTIVITIES Net Loss Adjustments to reconcile net loss to net cash provided by operating activities:	\$	(1,291,464)	\$	(3,192,765)
(Increase) Decrease In [*] Accounts Receivable Investments Deferred Charges Increase (Decrease) In.		(14,159) (709,694) (40,078)		(354,809)
Accounts Payable Accrued Expenses Deferred Credits		173,147 (5,702) 831		271,040
Net Cash Used By Operating Activities		(1,887,119)		(3,276,534)
CASH FLOWS FROM INVESTING ACTIVITIES Project Costs Equipment Purchased		(2,019,822) (39,258)		(4,616)
Net Cash Used By Investing Activities		(2,059,080)	_	(4,616)
CASH FLOWS FROM FINANCING ACTIVITIES HUD Grants Operating Subsidy		2,005,145 2,046,126		3,318,370
Net Cash Provided By Financing Activities		4,051,271		3,318,370
Net Increase (Decrease) In Cash		105,072		37,220
Cash At The Beginning Of Year		136,069		205,852
Cash At End Of Year	\$	241,141	\$	243,072

EXHIBIT C

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

STATEMENT OF CHANGES IN SURPLUS

Twelve Months Ended June 30, 1999

	Annual Contribution Contract		
		<u>C-383</u>	<u>C-5063</u>
SURPLUS at July 1, 1998	\$	28,688,561	\$ 346,169
Increase (Decrease) In:			
Unreserved Surplus		(2,612,119)	(1,444,628)
Operating Reserve		716,480	120,990
Project Account - Unfunded			(1,869,126)
Cumulative HUD Contributions		2,629,547	3,318,370
Replacement Reserve - Sales of Home Ownership Units		74,709	
Cumulative HUD Grants		2,005,145	
SURPLUS at June 30, 1999 Exhibit A	\$	31,502,323	\$ 471,775

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

NOTES TO FINANCIAL STATEMENTS

June 30, 1999

NOTE 1 - Summary of Significant Accounting Policies

A. Organization

The Butler Metropolitan Housing Authority is a political subdivision of the State of Ohio, created under Section 3735 27 of the Ohio Revised Code. The Authority contracts with the United States Department of Housing and Urban Development (HUD) to provide low and moderate income persons with safe and sanitary housing through rent subsidies. Based on the criteria established by GASB codification 2300, there are no component units to be included with the reporting entity

B Basis of Accounting

The Authority's policy is to maintain its accounting records on the modified cash basis in accordance with accounting practices prescribed by the Department of Housing and Urban Development. The Authority does not depreciate its structures and equipment. Accordingly, the accompanying financial statements are not intended to present financial position and the results of operations in conformity with generally accepted accounting principles

C Land, Structures and Equipment

Land, Structures and Equipment are recorded at cost. No depreciation is provided according to HUD accounting practices

D Cash and Investments

At year-end, the Book Value of the PHA's cash and investments, consisting of Demand Deposits, Certificates of Deposit and U. S. Treasury Notes, was \$4,925,923 and the Bank Balance was \$5,055,346. Of the Bank balance

- 1) \$ 100,000 was covered by Federal Depository Insurance
- 2) \$ 126,117 was covered by collateral held by a third party in the name of the PHA
- 3) \$4,829,229 is self-collateralizing U S Treasury Notes

HUD Handbook 7475 1, Chapter 4, Section 1, authorizes the PHA to make investments in

Direct Obligations of the Federal Government; Obligations of Federal Government Agencies, Securities of Government-Sponsored Agencies, Demand and Savings Deposits and Certificates of Deposit

The PHA's cash, which are demand deposits, at June 30, 1999, are as follows

Annual Contribution Contract	Book Amount	Bank Amount
C-383	\$ 4,682,851	\$ 4,807,419
C-5063	<u>243,072</u>	<u>247,927</u>
TOTAL	<u>\$ 4,925,923</u>	\$ 5,055,34 <u>6</u>

Butler Metropolitan Housing Authority Notes to Financial Statements Page 2

E. Financial Statements Format and Content

The format and content of the financial statements included in this report conform to the format and content of annual report forms submitted to HUD.

NOTE 2 - DEFINED BENEFIT PENSION PLAN

A. Public Employees Retirement System Pension Plan

All Butler Metropolitan Housing Authority's full-time employees participate in the Public Employees Retirement System (PERS), a cost-sharing multiple-employer public employees retirement system operated by the State

All public employees in Ohio, except for certain specific exclusions and exemptions, are required to become contributing member of PERS. Employees may retire at or after age 60 with 5 years of credited service. They are entitled to a retirement benefit, payable monthly for life, equal to 2.1% of their final average salary for the first 30 years of credited service and 2.5% for years of service in excess of 30 years. Final average salary is the employee's average salary over the highest 3 years of earnings. Benefits fully vest upon reaching 5 years of service. Employees may retire at any age with 30 years of service, at age 60 with a minimum of 25 years of service. Those individuals retiring with less than 30 years of service or less than age 65, receive reduced retirement benefits Benefits are established by the state statute.

Covered employees are required by state statute to contribute 8 5% of their salary to the plan. The total 1999 employer contribution rate for local government employees units is 13 55%, of which 8 44% is used to fund pension obligations. The difference between the total employer rate and the portion used to fund pension obligations is the amount used to fund the health care program for retirants. For the year ended June 30, 1999, the employer portion of the retirement contribution amounted to \$ 143,862 on covered payroll of \$1,061,721 which met the contribution rate stated above. The employer contributions and contribution rates for the prior years are as follows.

	Contribution	Contribution Rate
June 30, 1998	\$ 134,590	13 55 %
June 30, 1997	\$ 141,049	13 55 %

NOTE 3 - DEBT:

Notes Payable - HUD.

As a result of the "Forgiveness" legislation, Public Law 99-272, HUD no longer applies annual contributions on HUD held notes, and provides that HUD will forgive all HUD notes which were held to be repaid using fixed annual contributions HUD will also forgive the accrued interest on these notes. The forgiven debt will be treated as HUD contributions on the Authority's books. The Authority will reduce this contribution by the amount that it has booked as contributions due from HUD but not received.

As of June 30, 1999 the Authority had not received final approval to reclassify the forgiven debt The unforgiven balances at June 30, 1999 are \$23,654,105 notes payable and \$7,345,363 accrued interest

Butler Metropolitan Housing Authority Notes to Financial Statements Page 3

Fixed Liabilities

All notes and bonds payable are guaranteed by Hud and collateralized by real and personal property acquired in connection with the project for which it was obtained Housing Authority bonds are issued by the Department of Housing and Urban Development. A fixed annual contribution is paid by Hud for principal and interest on this debt. A detail amortization of these bonds was not available at June 30, 1999

NOTE 4 - YEAR 2000 ISSUE

The Year 2000 Issue is the result of shortcomings in many electronic data processing systems and other equipment that may adversely affect the government's operations as early as fiscal 1999

Butler Metropolitan Housing Authority has completed an inventory of computer systems and other equipment necessary to conducting the Authority's mission-critical operations, the results of which are as follows.

Systems and Equipment- Software. the update provided by Management Computer Systems (MCS) PHA Software will make Financial Accounting and related programs totally Year 2000 ready. The Authority has completed the process through the remediation stage and must yet complete testing and Validation procedures to be Year 2000 compliant

Systems and Equipment- External Entity-HUD. The Department of Housing and Urban Development issued a letter that states that HUD is well on its way to ensuring that all of its automated systems will be Year 2000 compliant. As of October 25, 1999, the Authority has not received from HUD final implementation compliance. The Authority is monitoring the status of the planned system conversion

Because of the unprecedented nature of the Year 2000 Issue, its effects and the success of related remediation efforts will not be fully determinable until the Year 2000 and thereafter Management cannot assure that the Authority is or will be Year 2000 raedy, that the Authority's remediation efforts will be successful in whole or in part, or that parties with whom the Authority does business will be Year 2000 ready

EXHIBIT D(1)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

COMPUTATION OF RESIDUAL RECEIPTS AND ACCRUING ANNUAL CONTRIBUTIONS PHA OWNED HOUSING

Twelve Months Ended June 30, 1999

Annual Contribution Contract C-383

Project OH 15-001, ET AL

Computation of Residual Receipts Operating Receipts	
Operating Income - Exhibit B(1) HUD Operating Subsidy	\$ 2,065,299 2,046,126
Total Operating Receipts	4,111,425
Operating Expenditures	
Operating Expenses - Exhibit B(1) Capital Expenditures Prior Year Adjustments Affecting Residual Receipts	3,356,763 39,258 (1,075)
Total Operating Expenditures	3,394,946
Residual Receipts (Deficit)	716,479
Provision for (Reduction of) Operating Reserve	716,479
Residual Receipts	<u>\$</u> -
Computation of Accruing Annual Contribution	
Fixed Annual Contribution after Adjustments	\$ 714,981

EXHIBIT D(2)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

COMPUTATION OF ANNUAL CONTRIBUTION EARNED AND PROJECT ACCOUNT OPERATING RESERVE CHANGES HOUSING ASSISTANCE PAYMENTS PROGRAM SECTION 8 - EXISTING

Twelve Months Ended June 30, 1999

Annual Contribution Contract C-5063

Project OH10-E015-001/022

Maximum Contribution Available

Maximum Annual Contribution Authorized Pro Rata Maximum Annual Contribution Applicable	\$ 935,485
to a period of less than twelve months	1,873,649
Maximum Contribution For Period	2,809,134
Project Account Balance at Beginning of Year	1,994,158
Total Annual Contribution Available	4,803,292
Annual Contribution Required	
Administrative Fee	286,394
Housing Assistance Payments	2,198,866
Hard - to - House Fee	990
Audit Cost	4,500
Total Funds Required	2,490,750
Project Receipts Other Than Annual Contribution	(6,945)
Total Annual Contributions Required	2,483,805
Project Account Change	
Provision for Project Account	\$ 325,329
Annual Contribution Earned - Lesser of Contribution Available or Contribution Required	<u>\$ 2,483,805</u>

EXHIBIT D(2) Continued

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

COMPUTATION OF ANNUAL CONTRIBUTION EARNED AND PROJECT ACCOUNT OPERATING RESERVE CHANGES HOUSING ASSISTANCE PAYMENTS PROGRAM SECTION 8 - EXISTING

Twelve Months Ended June 30, 1999

Annual Contributions Contract - C-5063

Operating Reserve Changes

Operating Income - Exhibit B(2) Annual Contribution Earned	\$ 15,640 2,483,805
Total Operating Receipts	2,499,445
Operating Expenditures	
Operating Expenses - Exhibit B(2) Capital Expenditures	2,415,130 3,388
Total Operating Expenditures	2,418,518
Net Operating Receipts Available	80,927
Provision for (Reduction of) Operating Reserve	80,927
Deficit Carry-Over	\$ -0-

EXHIBIT D(3)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

COMPUTATION OF ANNUAL CONTRIBUTION EARNED AND PROJECT ACCOUNT OPERATING RESERVE CHANGES HOUSING ASSISTANCE PAYMENTS PROGRAM SECTION 8 - VOUCHERS

Twelve Months Ended June 30, 1999

Annual Contribution Contract C-5063

Project OH10-V015-005/010

Maximum Contribution Available

Maximum Annual Contribution Authorized Pro Rata Maximum Annual Contribution Applicable to a period of less than twelve months	\$ 1,156,080
Maximum Contribution For Period Project Account Balance at Beginning of Year	1,156,080 736,423
Troject Account Balance at Beginning of Tea	130,423
Total Annual Contribution Available	1,892,503
Annual Contribution Required	
Administrative Fee	104,237
Housing Assistance Payments	728,449
Hard - to - House Fee	990
Audit Cost	5,000
Total Funds Required	838,676
Project Receipts Other Than Annual Contribution	(4,111)
Total Annual Contributions Required	834,565
Project Account Change	
Provision for Project Account	\$ 321,515
Annual Contribution Earned - Lesser of Contribution Available or Contribution Required	\$ 834,56 <u>5</u>

EXHIBIT D(3) Continued

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

COMPUTATION OF ANNUAL CONTRIBUTION EARNED AND PROJECT ACCOUNT OPERATING RESERVE CHANGES HOUSING ASSISTANCE PAYMENTS PROGRAM SECTION 8 - VOUCHERS

Twelve Months Ended June 30, 1999

Annual Contributions Contract - C-5063

Operating Reserve Changes

Operating Income - Exhibit B(3) Annual Contribution Earned	\$ 12,470 834,565
Total Operating Receipts	847,035
Operating Expenditures	
Operating Expenses - Exhibit B(3) Capital Expenditures	805,745 1,228
Total Operating Expenditures	806,973
Net Operating Receipts Available	40,062
Provision for (Reduction of) Operating Reserve	40,062
Deficit Carry-Over	\$ -0-

EXHIBIT D(4)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO STATEMENT OF PH DEP GRANTS

Twelve Months Ended June 30, 1999 Annual Contribution Contract C-383

Project OH10 DEP-015 95/96	Phase V	Phase VI	1	Phase VII	VII
Income					
Funds Received	274,955		105,625		*
Total Funds Available					
Expenses Admin Salaries					
Law Enforcement	264,553	2	282,013		122,302
Employee Benefits					
Physical Improvement					
Drug Prevention	10,402		5,336		21,781
Miscellaneous Supplies			1		1
Total Expenses	274,955	7	287,349		144,083
Excess (Deficit) at June 30, 1999	\$	\$	(181,724) \$		(144,083)
TOTAL EXCESS (DEFICIT)					
TOTAL GRANT	\$ 326,000	\$	375,000	∽	338,520
Cumulative Receipts	\$ 274,555	€	105,625	∨ 9	•
Cumulative Expenses	274,555		287,349		144,083
TOTAL EXCESS (DEFICIT)	\$	\$	(181,724)	∽	(144,083)

EXHIBIT E(1)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

STATEMENT OF MODERNIZATION COST UNCOMPLETED

At June 30, 1999

Annual Contribution Contract C-383

	Pro	ject 912
Funds Approved	\$	87,000
Funds Expended		77,824
Excess (Deficiency) of Funds Approved	\$	9,176
Funds Advanced	\$	77,824
Funds Expended		77,824
Excess (Deficiency) of Funds Advanced	\$	-

EXHIBIT E(2)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

RECONCILIATION OF COMPREHENSIVE GRANT FUNDS ADVANCED WITH COSTS

At June 30, 1999

Annual Contribution Contract C-383

Project OH 15-001, ET AL Summary by Account	OHIO	OH10-P015-703	OH10	<u>OH10-P015-704</u>	OH10-F	OH10-P015-705	OH10-1	OH10-P015-706	OH10-P015-707
1408 - Management Improvements 1410 - Administration 1430 - Fees and Costs 1450 - Site Improvement 1460 - Dwelling Structures 1465 1 - Dwelling Equipment-Nonexpendable 1470 - Nondwelling Structures 1475 - Nondwelling Equipment	60	157,073 152,536 159,605 111,115 427,902 44,950 39,174 2,856	↔	165,186 122,026 87,346 27,967 11,373,831 11,442 7,199	€-	133,660 67,582 165,620 924 248,569 19,293	69	161,050 161,415 35,900 10,243 290,341 27,435	12,759 455 4,125 194,071
	↔	1,095,211	8	1,794,997	↔	635,648	↔	686,384	\$ 211,410
Funds Approved	∽	2,141,692	∽	2,055,352	\$ I	1,793,680	~	1,781,771	1,883,947
Funds Expended	j	1,095,211		1,794,997		635,648	}	686,384	211,410
Excess (Deficiency) of Funds Approved	€	1,046,481	\$	260,355	\$	1,158,032	∽	1,095,387	\$ 1,672,537
Funds Advanced	↔	1,095,211	∽	1,790,555	6/9	639,407	<	658,949	\$ 211,410
Funds Expended		1,095,211		1,794,997		635,648		686,384	211,410
Excess (Deficiency) of Funds Advanced	€	4	↔	(4,442)	∽	3,759	~	(27,435)	\$

EXHIBIT E(3)

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

COMPREHENSIVE GRANT COST CERTIFICATION

At June 30, 1999

Annual Contribution Contract C-383

1. The Actual Comprehensive Grant Costs are as follows.

Project OH 15-1, et al	Project OH15-701	Project <u>OH15-702</u>
Funds Approved	\$ 2,047,745	\$ 2,298,866
Funds Expended	2,047,745	2,298,966
Excess (Deficiency) of Funds Approved	\$ -	\$ (100)
Funds Advanced	\$ 2,047,745	\$ 2,298,866
Funds Expended	2,047,745	2,298,966
Excess (Deficiency) of Funds Advanced	\$ -	\$ (100)

- 2 The Distribution of Costs as shown on the Schedule/Report of Comprehensive Grant Expenditures submitted to HUD for approval are in agreement with the Authority's records
- 3 All Comprehensive Grant Costs have been paid and all related liabilities have been discharged through payment

EXHIBIT H

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Twelve Months Ended June 30, 1999

FROM U.S. DEPARTMENT OF HUD DIRECT PROGRAMS	FEDERAL CFDA <u>NUMBER</u>	FUNDS <u>RECEIVED</u>	FUNDS <u>DISBURSED</u>
Annual Contribution Contract C-383:			
PHA Owned Housing Operating Subsidy	14.850	\$2,046,126	\$ 2,046,126
Comprehensive Grant -	14.859		
703-	14.057	12,245	12,245
704-		798,514	798,514
705-		324,027	324,027
706-		658,949	686,384
707-		211,410	211,410
Sub-Total	14.859	2,005,145	2,032,580
DEP Grants -	14.854		284,677
Annual Contribution Contract C-5063: Section 8 Housing Assistance Payments Section 8 Cluster -			
Existing	14.857	2,483,805	2,483,805
Vouchers	14.855	834,565	834,565
Sub-Total		3,318,370	3,318,370
TOTAL - ALL PROGRAMS		\$7,369,641	\$ 7,681,753

Basis of Accounting As discussed in Note 1, Butler Metropolitan Housing Authority prepares its Schedule of Expenditures of Federal Awards on a prescribed basis of accounting that demonstrates compliance with the modified cash basis accounting practices prescribed or permitted by the Department of Housing and Urban Development, which is comprehensive basis of accounting other than generally accepted accounting principles.

J. E. Slaybaugh & Associates, Inc. 12 East Main Street

Member ATCPA Member OSCPA

John E. Slaybaugh 111 Certified Public Accountant

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

Board of Commissioners Butler Metropolitan Housing Authority Hamilton, Ohio

U.S. Dept. of Housing and Urban Development **Public Housing Division** Cincinnati, Ohio

We have audited the financial statements of Butler Metropolitan Housing Authority, Hamilton, Ohio, as of and for the year ended June 30, 1999, and have issued our report thereon dated October 27, 1999 We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether Butler Metropolitan Housing Authority's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, 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 that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Butler Metropolitan Housing Authority's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses However, we noted other matters involving the internal control over financial reporting, which we have reported to management of Butler Metropolitan Housing Authority in a separate letter dated October 27, 1999

This report is intended for the information and use of management and the Department of Housing and Urban Development and is not intended to be and should not be used by anyone other than these specified parties.

Lexington, Ohio October 27, 1999

J. E. Slaybaugh & Associates, Inc. 12 East Main Street

Lexinaton, Ohio 44904

Member ATCPA Member OSCPA

John E. Slaybaugh 111 Certified Public Accountant

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Board of Commissioners Butler Metropolitan Housing Authority Hamilton, Ohio

US Department of Housing and Urban Development Public Housing Division Cincinnati. Ohio

Compliance

We have audited the compliance of Butler Metropolitan Housing Authority with the types of compliance requirements described in the U S Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 1999. Butler Metropolitan Housing Authority's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings Compliance with the requirements of laws, regulations contracts and grants applicable to each of its major federal programs is the responsibility of the Authority's management. Our responsibility is to express an opinion on Butler Metropolitan Housing Authority's compliance based on our audit

We conducted our audit of compliance in accordance with generally accepted auditing standards, the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133; Audits of States, Local Governments, and Non-Profit Organizations and the provisions of the Public and Indian Housing Compliance Supplement, PIH Notice 97-30 Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Butler Metropolitan Housing Authority's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances We believe that our audit provides a reasonable basis for our opinion Our audit does not provide a legal determination on Butler Metropolitan Housing Authority's compliance with those requirements. As described in Part III, item 1, in the accompanying Schedule of Findings and Questioned Costs, Butler Metropolitan Housing Authority did not comply with requirements regarding the management of their Section 8 Program Compliance with such requirements is necessary, in our opinion, for Butler Metropolitan Housing Authority to comply with the requirements applicable to that program

In our opinion, except for the noncompliance described in the preceeding papagraph, Butler Metropolitan Housing Authority complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 1999

Report on Compliance and Internal Control Page 2

Internal Control Over Compliance

The management of Butler Metropolitan Housing Authority is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Authority's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information and use of management and the Department of Housing and Urban Development and is not intended to be and should not be used by anyone other than these specified parties

J. E. Slaybaugh & Associates, Inc.

Lexington, Ohio October 27, 1999

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

SUMMARY OF ACTIVITIES

June 30, 1999

At the close of the fiscal year ended June 30, 1999, the Butler Metropolitan Housing Authority had the following operations in management:

ACTIVITIES OF THE PHA

PHA had 2,036 units in management.

In Management	Units
Owned Housing C-383	
Project No. OH 15-001 ET AL	1,300
Section 8 Program C-5048	
Project No. OH 10-E018 -001/022 -Existing	512
Project No OH 10-E015 -005/010 -Vouchers	
TOTAL	2,036

PREVIOUS AUDIT FINDINGS

There are no prior audit findings.

BUTLER METROPOLITAN HOUSING AUTHORITY HAMILTON, OHIO

SCHEDULE OF FINDINGS

JUNE 30, 1999

PART I - SUMMARY OF AUDITOR'S RESULTS

- 1. The auditor has issued an unqualified opinion on the financial statements of Butler Metropolitan Housing Authority
- 2. There were no reportable conditions in internal control disclosed by the audit of the financial statements
- 3 There was no noncompliance material to the financial statements disclosed by the audit
- 4 There were no reportable conditions in the internal control over major programs disclosed by the audit.
- 5 The auditor has issued a qualified opinion on compliance for major programs for Butler Metropolitan Housing Authority
- 6. Audit findings relative to the major Federal Award Programs for Butler Metropolitan Housing Authority are reported in Part III of this Schedule
- 7 The major programs are:

Public and Indian Housing Program PIH Comprehensive Grant Program Section 8 Programs

- 8 The dollar threshold used to distinguish between Type A and Type B programs was \$ 300,000
- 9 The auditor determined that Butler Metropolitan Housing Authority qualified as a low-risk auditee

PART II - FINDINGS RELATED TO THE FINANCIAL STATEMENTS WHICH ARE REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS

1 None

PART III - FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS INCLUDING AUDIT FINDINGS

99-1 Section 8 Rental Assistance

Condition. The Authority failed to comply with applicable provisions and requirements of 24 CFR Parts 812, 813, 882, 887, and 982, when operating the Section 8 rental certificate and voucher programs

Schedule of Findings and Questioned Costs Butler Metropolitan Housing Authority Page 2

Criteria:

The Authority enters into an Annual Contributions Contract with the Department of Housing and Urban Development to adminster the Section 8 Programs, and to comply with specific requirements as outlined in HUD's PIH Compliance Supplement The Finding's are summarized as follows.

- 1) The Authority's Section 8 Administrative Plan needs updated to reflect the recent changes in practice and policy as required by 24 CFR 982 54.
- 2) The Authority is required to have procedures to compare assisted and unassisted rents charged by owners for comparable units as required by 24 CFR 982 507
- 3) The Authority does not conduct supervisory quality control inspections on recent HQS inspections as reuired by 24 CFR 982.405

Effect:

Failing to comply with the requirements the Authority becomes in danger of being designated troubled, which could affect future funding for the efficient management of the Section 8 Program.

Recommendation We recommend that the Authority adhere to their Section 8 ACC and comply with the

requirements of PIH Compliance Supplement

Response The Authority has developed plans to address the problems identified and have

already intiated changes to be in compliance

FORM **SF-SAC** (8-97)

U.S. DEPARTMENT OF COMMERCE - BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET

Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS

Complete this form, as required by OMB Circular A-133, "Audits
of States, Local Governments, and Non-Profit Organizations "

RETURN TO

Single Audit Clearinghouse 1201 E. 10th Street Jeffersonville JN 47132

PART GENERAL INFORMATION (To be completed by auditee, except for Item 7)	of States, Local Governments, and Ivon-Profit Organizations	Jeffersonville, IN 47132	
Audit period covered Audit period Audit	PART I GENERAL INFORMATION (To be d	completed by auditee, except for Item 7)	
1 X Single audit 2 Program-specific audit 3 Andit 4 Date received by Federal 4 Date program-specific audit 2 Program-specific audit 4 Date program-specific audit 2 Program-specific audit 4 Date program-specific audit 4 Date program-specific audit 2 Program-specific audit 4 Date program-specific audit 2 Program-specific audit 4 Date program-specific audit 4 Date program-specific audit 2 Program-specific audit 4 Date program-specific 4 Date program-speci		2. Type of Circular A-133 audit	
Annual 3 Other - Months GOVERNMENT USE ONLY Learinghouse GOVERNMENT USE ONLY Learinghouse GOVERNMENT USE ONLY Learinghouse GOVERNMENT USE ONLY Learinghouse GOVERNMENT USE ONLY Learninghouse GOVERNMENT USE ONLY Learninghouse Learinghouse Learninghouse Learningho	•	1 X Single audit 2 Program-specific audit	
a. Auditee EIN 316000286 b. Are multiple EINs covered in this report? 1 Yes 2 X No AUDITEE INFORMATION 7. AUDITOR INFORMATION (To be completed by auditor) a. Auditer name Butter Metropolitan Housing Authority b. Auditer address (Number and street) P O Box 357 City Hamilton State ZIP Code OH 45012- C. Auditee contact Name Ms Ernma Lucas Title Acting Executive Director d. Auditee contact FAX (Optional) (513)896-3481 f. Auditee contact FAX (Optional) (513)896-3881 g. Auditee contact FAX (Optional) (513)896-3881 g. Auditee contact FAX (Optional) Observable in audite a housing an auditor to be earthy that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to be earthy that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to certify that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to certify that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to the certify that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to the certify that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to the certify that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to the certify that, to the best of my knowledge and belef, the auditen has (1) Engaged an auditor to the form, except for Part II, them 5 and 6, was transferred from the auditor's report(s) for the period described in Part I, tiems 1 and 3, (2) the auditor has not performed any auditing procedures since that the foregoing is true and correct. Signature of certifying official Emma I II Cas Acting Executive Director Auditor contact E-mail (Optional) g. Auditor contact E-mail (II (II) the data collection the auditor's report(s) is the mastered from the auditor's report	1 X Annual 3 Other - Months	GOVERNMENT clearinghouse	
AUDITEE INFORMATION a. Auditee name Butter Metropolitan Housing Authority b. Auditee address (Number and street) p. O Box 357 City Hamilton State ZIP Code OH 45012- C. Auditee contact Name Ms. Erma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4411 e. Auditee contact FAX (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit in accordance with the provisions of the Circular, and (3) the information included in Parts I, Iland III of this data collection form is occurate and complete 1 declare that the foregoing is true and correct. Signature of certifying official Signature of certifying official Date Month Day Year All CC Auditor Contact In this form by the auditor based on information included in Parts II and III of this form was entered in this form by the auditor based searched in Parts II and III of this form as required by OMB Circular A-133, which includes the complete auditor's reporting. A completion of this form was entered in this form by the auditor based the auditor's reporting. A completion of this form. Signature of certifying official Ermal Lucas Acting Executive Director The auditor of auditor of perform package The auditor and applications auditing procedures in connection with the completion of this form. Signature of certifying official Ermal Lucas Acting Executive Director The auditor and audit reporting procedures in connection with the completion of this form. Signature of certifying official Ermal Lucas Acting Executive Director The auditor and an audit and the correction of the complete of the auditor's reporting procedures in connection with the completion of this form. Signature of certifying official Ermal Lucas Acting Executive Director The auditor and an audit and the perform package The auditor and an auditor and auditor and auditor and auditor and auditor and auditor and audit			
a. Audite name Butler Metropolitan Housing Authority b. Auditee address (Number and street) P O Box 357 City Hamilton State ZIP Code OH 45012- C. Auditee contact Name Ms Emma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4411 e. Auditee contact E-mail (Optional) f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belef, the audite has (1) Engaged an auditor to perform an audit and recordance with the provisions of OME Circular A-133 for the period described in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signal audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, fland III of this data collection from is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Date Month Day Year 10 12 East Main Street City Lexington State ZIP Code OH 44904 c. Auditor contact Name John E Slaybaugh, CPA Title Certified Public Accountant d. Auditor contact FaX (Optional) (419)884-2250 f. Auditor contact FaX (Optional) (419)884-2250 f. Auditor contact F-mail (Optional) 9. AUDITER CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditor has 133 and in formation included in Parts II and iII of the form, except for Part III, Items 1 and 3, and is not a substitute for such reports The auditor seporties, is available in its entirety from the auditor seporties, is available in its entirety from the auditor has not performed any auditing procedures in connection with the completion of this form by the auditor has not performed any auditing procedures in connection with the completion of this form by the auditor has not performed any auditing procedures in connection with the completion of this form by the auditor has not performed any additional auditing procedures in connection with the completion of th			
Butler Metropolitan Housing Authority b, Auditee address (Number and street) P O Box 357 City Hamilton State ZIP Code OH 45012- c. Auditee contact Name Ms Emma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4911 e. Auditee contact EAX (Optional) (513)896-9381 f. Auditee contact EAX (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit in accordance with the provisions of the Circular, and, (3) the information included in Parts II, land III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Butler Metropolitan Name (Number and street) D. Auditor address (Number and street) 12 Esst Main Street City Lexington State ZIP Code OH 44904 c. Auditor contact Mame John E Slaybaugh, CPA Title Certified Public Accountant d. Auditor contact telephone (419)884-2270 e. Auditor contact FAX (Optional) (419)884-2270 f. Auditor contact E-mail (Optional) g. AUDITOR STATEMENT- The data elements and information included in this form are limited to those prescribed by OMB Circular A-133 for information included in Parts II and III of the form, except for Part III, terms 5 and 6, was transferred from the auditor has not performed any auditing procedures since the date of the auditor has not performed any auditing procedures in connection with the completion of this form. As required by OMB Circular in 1-33, the information in Parts II and III of this form was entered in this form by the auditor has not performed any additional auditing procedures in connection with the completion of this form be auditor has not performed any additional auditing procedures in connection with the completion of this form. Signature of certifying official Figure 1			
P O Box 357 City Hamilton State ZIP Code OH 45012- C. Audite contact Name Ms Emma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4411 e. Auditee contact FAX (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit nan condance with the provisions of OMB Circular A-133 for the period described in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts, I fland III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of Certifying official Signature of certifying official Emma Lucas Acting Executive Director 12 East Main Street Citv Lexington State ZIP Code OH 44904 c. Auditor contact Name John E Slaybaugh, CPA Title Certified Public Accountant d. Auditor contact telephone (419)884-2250 f. Auditor contact E-mail (Optional) g. AUDITOR STATEMENT- The data elements and information included in this form are limited to those prescribed by OMB Circular A-133 The information included in Parts II and III of the complete such audit and presented a signed auditor has one part III, Items 1 and 3, and is not a substitute from except Part III, Items 5 and 6, was transferred from the auditor's report(s), is available in its entirety from the auditor's report(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from	· · · · · · · · · · · · · · · · · ·		
Lexington State ZIP Code OH 45012- C. Auditee contact Name Ms Emma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4411 e. Auditee contact telephone (513)896-9381 f. Auditee contact E-mail (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit nacordance with the provisions of OMB Circular A-133 for the period described in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, If and III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Signature of certifying official Date Month Day Year 10 [211 / 1999] Name/Title of certifying official Emma I ucas Acting Executive Director Lexington State ZIP Code OH 44904 C. Auditor contact Name John E Slaybaugh, CPA Title Certified Public Accountant d. Auditor contact telephone (419)884-2250 f. Auditor contact FAX (Optional) (4.19)884-2250 f. Auditor contact FAX (Optional) (4.19)884-2700 g. AUDITOR STATEMENT- The data elements and information included in this form are limited to those prescribed by OMB Circular A-133 The information included in Part I, Items 1 and 3, and is not a substitute for such reports The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditer at the additar A total of this form As required by OMB Circular A-133, which includes the complete auditor is entirely from the auditer at the additar A total of this form As required by OMB Circular A-133, which includes the complete auditor as not performed any additional auditing procedures in connec	b. Auditee address (Number and street) P O Box 357		
C. Auditee contact Name Ms Emma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4411 e. Auditee contact FAX (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged and auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, Itam III of this data collection form is accurate and complete. Signature of certifying official Signature of certifying official Name/Title of certifying official Date Month Day Year 10 [27] 1999 Name/Title of certifying official Final Lucas Acting Executive Director Auditor contact Name Certified Public Accountant d. Auditor contact Elephone (419)884-2700 e. Auditor contact FAX (Optional) (419)884-2700 f. Auditor contact Fax (Optional) (419)884-2700 f. Auditor contact E-mail (Optional) g. AUDITOR STATEMENT- The data elements and information included in Its form are limited to those prescribed by OMB Circular A-133 The information included in Part III, Items 1 and 3, and is not a substitute for such reports The auditor seport(s) for the period described in Part I. Items 1 and 3, and is not a substitute for such reports The auditor seport(s), a variable in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in its entirety from the auditor seport(s), is available in the reporting package The auditor has not performed any audition and auditing procedures in connection with the complete on of this form. Sign			
Name Ms Emma Lucas Title Acting Executive Director d. Auditee contact telephone (513)896-4411 e. Auditee contact FAX (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and bellef, the auditen base (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period desembed in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts II and III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Emma I ucas Acting Executive Director Name/Title of certifying official Emma I ucas Acting Executive Director Name/Title of certifying official Fittle Certified Public Accountant d. Auditor contact telephone (419)884-2700 e. Auditor contact FAX (Optional) (419)884-2250 f. Aud			
Certified Public Accountant d. Audite contact telephone (513)896-4411 e. Auditee contact FAX (Optional) (513)896-9381 f. Auditee contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I Items 1 and 3, (2) the auditor bas completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, If and III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Signature of certifying official Parts II Name/Title of certifying official Signature of auditor Certified Public Accountant d. Auditor contact telephone (419)884-2250 f. Auditor contact telephone (419)884-2250 f. Auditor contact FAX (Optional) (419)884-2250 f. Auditor contact telephone (419)884-2250 f. Auditor contact telephone (419)884-2250 f. Auditor contact FAX (Optional) (419)884-2250 f. Auditor contact telephone (419)884-2700 e. Auditor contact FAX (Optional) (419)884-2250 f. Auditor contact E-mail (Optional) g. AUDITOR STATEMENT- The data elements and information included in this form are limited to those prescribed by OMB Circular A-133 in entormation included in Parts II and III of the form, except to Part III, Items 5 and 6, was transferred from the auditor's report(s) for the period described by OMB Circular A-133, which includes the complete of the auditor's report(s) A copy of the reporting package required by OMB Circul	Name Ms Emma Lucas	Name	
d. Audite contact telephone (513)896-4411 e. Audite contact FAX (Optional) (513)896-9381 f. Audite contact E-mail (Optional) g. AUDITEC CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditen has (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts, I I and I II of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Name/Title of certifying official Firmal Lucas Acting Executive Director. d. Auditor contact telephone (419)884-2700 e. Auditor contact FAX (Optional) (419)884-2250 f. Auditor contact FAX (Optional) (419)884-2250 f. Auditor contact FAX (Optional) (419)884-2700 e. Auditor contact FAX (Optional) (419)884-2250 f. Auditor contact FAX (Optional) (41	ł		
f. Auditec contact E-mail (Optional) g. AUDITEE CERTIFICATION STATEMENT- This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 of the period described in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, If and III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Name/Title of certifying official Name/Title of certifying official Mame/Title of certifying official Mame/Title of certifying official AUDITOR STATEMENT- The data elements and information included in Parts II and III of the form, except for Part III, Items 5 and 6, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditer as the address provided in Part I of this form. As required by OMB Circular A-133, the information in Parts II and III of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form. Signature of certifying official Signature of auditor Date Month Day Year	d. Auditee contact telephone	d. Auditor contact telephone	
g. AUDITEE CERTIFICATION STATEMENT - This is to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133. The information included in Parts II and III of the auditor's report(s) for the period described in Part I, Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, II and III of this data collection form is accurate and complete. Signature of certifying official Name/Title of certifying official Date Month Day Year 10 211 1999 Name/Title of certifying official Month Day Year 10 221 1999 Name/Title of certifying Executive Directors Signature of auditor Date Month Day Year 10 221 1999 Nome A crima Executive Directors Signature of auditor Signature of auditor Date Month Day Year			
information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts I and III of this form the auditor's report(s) for the period described in Part I ltems 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, II and III of this data collection form is accurate and complete. Signature of certifying official Name/Title of certifying official Name/Title of certifying official Date Month Day Year 100 121 1999 Name/Title of certifying official Signature of auditor. Date Month Day Year 100 121 1999 Signature of auditor. Signature of auditor. Date Month Day Year 100 121 1999 Signature of auditor. Signature of auditor. Date Month Day Year 100 121 1999 Signature of auditor. Signature of auditor. Date Month Day Year 100 121 1999 Signature of auditor. Date Month Day Year 100 121 1999 Signature of auditor. Date Month Day Year 100 121 1999 Signature of auditor. Date Month Day Year 100 121 1299 Signature of auditor. Date Month Day Year 100 121 1299 Signature of auditor. Signature of auditor. Date Month Day Year 100 121	f. Auditee contact E-mail (Optional)	f. Auditor contact E-mail (Optional)	
Name/Title of certifying official Figure 1 ucas Acting Executive Director Signature of auditor Date Month Day Year	to certify that, to the best of my knowledge and belief, the auditee has (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I Items 1 and 3, (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular, and, (3) the information included in Parts I, II and III of this data collection form is accurate and complete I declare that the foregoing is true and correct. Signature of certifying official Date	information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 5 and 6, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in Parts II and III of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures.	
Emma Lucas Acting Executive Director			
		Month Day Year	

EIN: 316000286

PART I GENERAL INFOR	RMATION - Continued		
	has either a Federal cogniz Oversight agency	zant or oversight agency for audit.	(Mark (X) one box)
		(Mark (X) and hav)	
9. Name of Federal cognizant of the original o			Peace Corps
Foundation	Management Agency	16 Justice 08 1	Small Business
02 Agency for 34	Federal Mediation and Conciliation Service	43 National Aeronautics	Administration
Development 39		and Space 96 [Administration	Social Security Administration
Agriculture	Administration	89 National Archives and	State
11 Commerce 93	Health and Human Services	Records Administration 20	Transportation
National and 14	X Housing and Urban	for the Arts 21	Treasury
Community Service	Development	06 National Endowment 82	United States Information Agency
84 Education	Institute for Museum Services	for the Humanities	Veterans Affairs
81 Energy 04		47 National Science	Other - Specify
66 Environmental	Foundation	07 Office of National Drug	Other - Opeony
Protection Agency		Control Policy	
PART II FINANCIAL	STATEMENTS (To	be completed by auditor)	
· · · · · · · · · · · · · · · · · · ·	k(X) one box)		
1 🗓 Unqualified opinion	2 Qualified opinion	3 Adverse opinion 4 Discla	aimer of opinion
2. Is a "going concern" explanat		2 X No	
paragraph included in the aud			
3. Is a reportable condition disc		2 X No - SKIP to Item 5	
Is any reportable condition re as a material weakness?	· ·	2 No	
5. Is a material noncompliance	disclosed? 1 Yes	2 💢 No	
PART III FEDERAL	PROGRAMS (To be	completed by auditor)	
1. Type of audit report on majo	r program compliance		<u> </u>
1 Unqualified opinion	2 X Qualified opinion 3	Adverse opinion 4 Disclaim	er of opinion
2. What is the dollar threshold t	o distinguish Type A and Ty	pe B programs §520(b))?	
\$ 300,000			
3. Did the auditee qualify as a le	ow-risk auditee (\$.530)?	}	
1 X Yes 2 No	(<u>0</u>).		
4. Are there any audit findings	required to be reported und	er §510(a) ?	<u>, , , , , , , , , , , , , , , , , , , </u>
1 X Yes 2 No			
5. Which Federal Agencies are	required to receive the rep	orting package? (Mark (X) all that	
01 African Development Foundation	83 Federal Emergency	16 Justice	08 Peace Corps
02 Agency for	Management Agency 34 Federal Mediation and	17 Labor	59 Small Business Administration
International Development	Conciliation Service	43 National Aeornautics and Space	96 Social Security
10 Agriculture	39 General Services Administration	Administration	Administration 19 State
11 Commerce	93 Health and Human	89 National Archives and Records Administration	20 Transportation
94 Corporation for National and	Services 14 🙀 Housing and Urban	05 National Endowment	21 Treasury
Community Service	14 X Housing and Urban Development	for the Arts	82 United States
12 Defense 84 Education	03 Institute for Museum Services	06 National Endowment for the Humanities	Information Agency 64 Veterans Affairs
81 Energy	04 Inter-American	47 National Science	00 None
66 Environmental	Foundation	Foundation Of Office of National Drug	Other - Specify
Protection Agency	15 Interior	Control Policy	

FUKM SF-5AC (8/91)

EIN: 3 10000200

	FEDERAL PROGRAMS - Continued						
6. FEDEF	6. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR		7.	AUDIT FINDIN	AUDIT FINDINGS AND QUESTIONED		COSTS
CFDA number ¹ (a)	Name of Federal program (b)	Amount expended (c)	Major program (a)	Type of compliance ₂ requirement (b)	Amount of questioned costs (c)	Internal control findings 3 (d)	Audit finding reference number(s) (e)
14.850	Public and Indian Housing	\$ 2,046,126	1 X Yes (0	8 N/A	1 ☐ A 3ឦ C 2 ☐ B	N/A
14.852	Public Housing_Comprehensive Improvement Assistance Program	\$ 2,032,580	1 X Yes (0	8 N/A	1 ☐ A 3X C 2 ☐ B	N/A
14.857	Section 8 Rental Certificate Program	\$ 2,483,805	1 X Yes P	Z	\$ N/A	1 □ A 3X] C 2 □ B	99-1
14.855	Section 8 Rental Voucher Program	\$ 834,565	1 X Yes 1	Z	\$ N/A	1 □ A 3XC 2 □ B	99-1
14.854	Public and Indian Housing Drug Elimination Program	\$ 284,677	1 Yes 0 2 X No		\$ N/A	1 ☐ A 3XC 2 ☐ B	N/A
		₩	1 Yes 2 No		\$	1 □ A 3 □ C 2 □ B	
		₩.	1 🗌 Yes 2 🗍 No		\$	1 □ A 3□ C 2 □ B	
		\$	1 Yes 2 No		\$	1 □ A 3□ C 2 □ B	
		\$	1 Yes 2 No		&	1 □ A 3 □ C 2 □ B	
		\$	1 Yes 2 No		4 3	1 □ A 3□ C 2 □ B	
TOT	TOTAL FEDERAL AWARDS EXPENDED ->	7,681,753	IF ADDITIOI ATTACH AD	VAL LINES ARE N DITIONAL PAGE	IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS	PHOTOCOPY T AND SEE INSTI	HIS PAGE RUCTIONS
Or o Type	¹ Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. ² Type of compliance requirement. (Enter the letter(s) of all that apply to audit findings and questioned costs reported for each Federal program.)	Domestic Assistance (CFDA) number is not available. If that apply to audit findings and questioned costs repo	umber is not a questioned α	ivailable. osts reported for e	ach Federal progra	ат.)	
	A. Activities allowed or unallowed B. Allowable costs/cost principles C. Cash management I. Procurement	G. Matching, level of effort, earmarking H. Period of availability of funds I. Procurement	narking N	L. Reporting M. Subrecipient monitoring N. Special tests and provisions	onitoring id provisions		
	D. Davis - bacon Act E. Eligibility F. Equipment and real property management	Real property acquisition and relocation assistance					
³ Typ€ A) nditions	C None reported					77,000



88 East Broad Street PO Box 1140 Columbus, Ohio 43216-1140

Telephone 614-466-4514

800-282-0370

Facsimile 614-466-4490

BUTLER METROPOLITAN HOUSING AUTHORITY BUTLER COUNTY

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.

By: Susan Babbitt

Date: JAN 13 2000