# STATE OF ILLINOIS ROSELAND COMMUNITY MEDICAL DISTRICT COMMISSION STATE COMPLIANCE EXAMINATION

For the Two Years Ended December 31, 2022

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#### **COMMISSION OFFICIALS**

President (07/24/2023 – Present) President (07/01/2022 – 07/23/2023) President (01/01/2021 – 06/30/2022)

Vice President (07/24/2023 – Present) Vice President (07/01/2022 – 07/23/2023) Vice President (01/01/2021 – 06/30/2022)

Treasurer (06/12/2023 – Present) Treasurer (01/01/2021 – 06/11/2023)

Secretary (06/12/2023 – Present) Secretary (11/03/2022 – 06/11/2023) Secretary (01/01/2021 – 11/02/2022) Joseph Harrington Vacant William Towns

Tiffany Hightower Vacant Leon Walker

Dennis O'Malley Vacant

Tim Egan Vacant Tiffany Hightower

#### **COMMISSION MEMBERS**

Appointed by the Governor of the State of Illinois

Member (01/27/2023 – Present) Member (01/01/2021 – 01/26/2023)

Member (01/20/2023 – Present) Member (07/01/2022 – 01/19/2023) Member (01/01/2021 – 06/30/2022)

Member (01/20/2023 – Present) Member (01/01/2021 – 01/19/2023)

Appointed by the President of Cook County

Member (06/16/2022 – Present) Member (01/01/2021 – 06/15/2022) Joseph Harrington Vacant

Dennis O'Malley Vacant Leon Walker

Tiffany Hightower Tim Egan

Dr. Harry Wilkins Vacant

### **COMMISSION MEMBERS (Continued)**

Member (11/20/2023 – Present) Member (07/01/2022 – 11/19/2023) Member (01/01/2021 – 06/30/2022)

Member (01/26/2023 – Present) Member (01/01/2021 – 01/25/2023)

Appointed by the Mayor of the City of Chicago

Member (11/03/2022 – Present) Member (01/01/2022 – 11/02/2022) Member (01/01/2021 – 12/31/2021)

Member (11/20/2023 – Present) Member (01/01/2021 – 11/19/2023)

Member

Tim Egan Vacant William Towns

Darrell Hill Vacant

Robbie "Tina" Sanders Vacant Tiffany Hightower

Vacant Ciere Boatright

Sacella Smith

Vacant

Vacant

# **COMMISSION MEMBERS – EX-OFFICIO REPRESENTATIVES**

Representing the Director of Commerce and Economic Opportunity

Ex-Officio Member (10/18/2023 – Present) Ex-Officio Member (04/29/2022 – 10/17/2023) Ex-Officio Member (01/01/2021 – 04/28/2022)

Representing the Director of Public Health

Ex-Officio Member (07/01/2023 – Present) Ex-Officio Member (02/03/2023 – 06/30/2023) Ex-Officio Member (01/01/2021 – 02/02/2023)

Representing the Secretary of Human Services

**Ex-Officio Member** 

Dr. Janice Phillips Amaal Tokars Justin DeWitt

Johnathan McGee

Sharron Matthews

#### **COMMISSION OFFICE**

The Commission's office is located at:

### Main Office – Headquarters:

Roseland Community Hospital 45 West 111<sup>th</sup> Street Chicago, IL 60628

# Forwarding Address (Satellite Office):

Far South Community Development Corporation 853 West 115<sup>th</sup> Street Chicago, IL 60643



# MANAGEMENT ASSERTION LETTER

March 14, 2024

Honorable Frank J. Mautino Auditor General State of Illinois 400 West Monroe, Suite 306 Springfield, Illinois 62704

Auditor General Mautino:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the Roseland Community Medical District Commission (Commission). We are responsible for and we have established and maintained an effective system of internal controls over compliance requirements. We have performed an evaluation of the Commission's compliance with the following specified requirements during the two-year period ended December 31, 2022. Based on this evaluation, we assert that during the years ended December 31, 2021, and December 31, 2022, the Commission has materially complied with the specified requirements listed below.

- A. Other than what has been previously disclosed and reported in the Schedule of Findings, the Commission has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- B. Other than what has been previously disclosed and reported in the Schedule of Findings, money or negotiable securities or similar assets handled by the Commission on behalf of the State or held in trust by the Commission have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Yours truly,

Roseland Community Medical District Commission

SIGNED ORIGINAL ON FILE

Joseph Harrington, President

SIGNED ORIGINAL ON FILE

Abraham Lacy, Interim Executive Director

853 West 115th Street | Chicago, IL 60643 | O: (773) 831-7107 | W: www.roselandmedicaldistrict.org

### **STATE COMPLIANCE REPORT**

### **SUMMARY**

The State compliance testing performed during this examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the *Audit Guide*.

### ACCOUNTANT'S REPORT

The Independent Accountant's Report on State Compliance and on Internal Control Over Compliance does not contain scope limitations or disclaimers, but does contain an adverse opinion on compliance and identifies material weaknesses in internal control over compliance.

### SUMMARY OF FINDINGS

| Number of   | <b>Current Report</b> | Prior Report |
|---|-----------------------|--------------|
| Findings  | 4                     | 4            |
| Repeated Findings                                 | 4                     | 4            |
| Prior Recommendations Implemented or Not Repeated | 0                     | 0            |

### **SCHEDULE OF FINDINGS**

| Item No.         | Page | Last/First<br><u>Reported</u> | Description   | Finding Type                                    |  |  |  |
|------------------|------|-------------------------------|---|---|--|--|--|
| Current Findings |      |                               |   |   |  |  |  |
| 2022-001         | 10   | 2020/2016                     | Failure to Establish a Control<br>Environment                     | Material Weakness and<br>Material Noncompliance |  |  |  |
| 2022-002         | 13   | 2020/2016                     | Noncompliance with the Roseland<br>Community Medical District Act | Material Weakness and<br>Material Noncompliance |  |  |  |
| 2022-003         | 16   | 2020/2020                     | Commission Member Vacancies                                       | Material Weakness and<br>Material Noncompliance |  |  |  |
| 2022-004         | 18   | 2020/2016                     | Failure to File Statements of Economic Interests                  | Material Weakness and<br>Material Noncompliance |  |  |  |

### EXIT CONFERENCE

The findings and recommendations appearing in this report were discussed with Commission personnel at an exit conference on March 7, 2024.

Attending were:

### **Roseland Community Medical District Commission**

Joseph Harrington, Commission President Abraham Lacy, Interim Executive Director Patricia Ballay, Executive Administrator (Far South Development Corporation)

### **Office of the Auditor General**

Quentin Kuntzman, Audit Manager Evan Johnson, Audit Supervisor Kallie Matthews, State Auditor

The responses to the recommendations were provided by Mr. Abraham Lacy, Interim Executive Director, in a correspondence dated March 13, 2024.



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#### OFFICE OF THE AUDITOR GENERAL FRANK J. MAUTINO

# INDEPENDENT ACCOUNTANT'S REPORT ON STATE COMPLIANCE AND ON INTERNAL CONTROL OVER COMPLIANCE

Honorable Frank J. Mautino Auditor General State of Illinois

and

Board of Directors Roseland Community Medical District Commission

### **Report on State Compliance**

We have examined compliance by the State of Illinois, Roseland Community Medical District Commission (Commission) with the specified requirements listed below, as more fully described in the *Audit Guide for Financial Audits and Compliance Attestation Engagements of Illinois State Agencies* (*Audit Guide*) as adopted by the Auditor General, during the two years ended December 31, 2022. Management of the Commission is responsible for compliance with the specified requirements. Our responsibility is to express an opinion on the Commission's compliance with the specified requirements based on our examination.

The specified requirements are:

- A. The Commission has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- B. Money or negotiable securities or similar assets handled by the Commission on behalf of the State or held in trust by the Commission have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants, the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the Illinois State Auditing Act (Act), and the *Audit Guide*. Those standards, the Act, and the *Audit Guide* require that we plan and perform the examination to obtain reasonable assurance about whether the Commission complied with the specified requirements in all material respects. An examination involves performing procedures

to obtain evidence about whether the Commission complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risks of material noncompliance with the specified requirements, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our modified opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Our examination does not provide a legal determination on the Commission's compliance with the specified requirements.

Our examination disclosed material noncompliance with the specified requirements during the two years ended December 31, 2022. As described in items 2022-001 through 2022-004 in the accompanying Schedule of Findings, the Commission did not comply with the specified requirements. Items 2022-001 through 2022-004 are each considered to represent material noncompliance with the specified requirements. As described in the accompanying Schedule of Findings as items 2022-002 through 2022-004, the Commission had not complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations. As described in the accompanying Schedule of Findings as item 2022-001, money or negotiable securities or similar assets handled by the Commission on behalf of the State or held in trust by the Commission had not been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

In our opinion, because of the significance and pervasiveness of the material noncompliance with the specified requirements described in the preceding paragraph, the Commission did not comply with the specified requirements during the two years ended December 31, 2022, in all material respects.

The Commission's responses to the compliance findings identified in our examination are described in the accompanying Schedule of Findings. The Commission's responses were not subjected to the procedures applied in the examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing and the results of that testing in accordance with the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

# **Report on Internal Control Over Compliance**

Management of the Commission is responsible for establishing and maintaining effective internal control over compliance with the specified requirements (internal control). In planning and performing our examination, we considered the Commission's internal control to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the Commission's compliance with the specified requirements and to test and report on the Commission's internal control in accordance with the *Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we do not express an opinion on the effectiveness of the Commission's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying Schedule of Findings, we did identify certain deficiencies in internal control that we consider to be material weaknesses.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with the specified requirements on a timely basis. A material weakness in internal control is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material noncompliance with the specified requirements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings as items 2022-001 through 2022-004 to be material weaknesses.

A significant deficiency in internal control 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. We did not identify any deficiencies in internal control that we consider to be significant deficiencies.

There were no immaterial findings that have been excluded from this report.

The Commission's responses to the internal control findings identified in our examination are described in the accompanying Schedule of Findings. The Commission's responses were not subjected to the procedures applied in the examination and, accordingly, we express no opinion on the responses.

The purpose of this report is solely to describe the scope of our testing of internal control and the results of that testing based on the requirements of the *Audit Guide*. Accordingly, this report is not suitable for any other purpose.

# SIGNED ORIGINAL ON FILE

JANE CLARK, CPA Director of Financial and Compliance Audits

Springfield, Illinois March 14, 2024

2022-001. **<u>FINDING</u>** (Failure to Establish a Control Environment)

The Roseland Community Medical District Commission (Commission) failed to establish a control environment.

During testing, we noted the following:

- The Commission was unable to provide complete and proper supporting documentation for one of one (100%) disbursements during the examination period, totaling \$25. Therefore, we were unable to determine whether the disbursement was for the correct amount, the documentation was complete, properly approved, and in accordance with applicable policies.
- The Commission has a memorandum of understanding in effect with a not-for-profit corporation. Related party transactions between the Commission and the not-for-profit corporation are not being accounted for in the Commission's financial records. Further, there is risk of a conflict of interest as the Interim Executive Director of the Commission is also the Executive Director of the not-for-profit corporation.
- The Commission did not approve a contractual agreement, totaling \$1,575, entered into and funded on behalf of the Commission by the not-for-profit corporation the Commission has a memorandum of understanding with.
- The Commission failed to revoke bank signature authority for two Commissioners who are no longer active. The Commissioners have been inactive since June 5, 2017, and June 20, 2022, respectively. As of December 31, 2022, the Commission had not established bank signature authority for any of its active Commissioners.
- The Commission failed to maintain a general ledger, trial balance, or a summary schedule to account for and log its transactions internally.
- The Commission's bank charges a monthly bank fee. During Calendar Years 2021 and 2022, the Commission paid \$176.40 in bank fees, or \$7.35 monthly. The Commission should consider moving its account to a different bank that does not charge fees in order to avoid wasting its limited funding.
- The Commission did not establish policies and procedures to identify new laws and regulations or monitor existing laws and regulations applicable to the Commission.

#### 2022-001. **<u>FINDING</u>** (Failure to Establish a Control Environment) – Continued

Finally, this finding was first noted during the Commission's Calendar Year 2016 State compliance examination, six years ago. As such, Commission management has been unsuccessful in implementing a corrective action plan to remedy this deficiency.

The State Records Act (5 ILCS 160/8) requires the Commission to make and preserve records containing adequate and proper documentation of the organization, functions, and essential transactions of the Commission to furnish information to protect the legal and financial rights of the State.

The Fiscal Control and Internal Auditing Act (30 ILCS 10/3001) requires the Commission to establish and maintain a system of internal fiscal and administrative controls to provide assurance that funds applicable to operations are properly recorded and accounted for to permit the preparation of accounts and reliable financial and statistical reports and that funds held outside the State Treasury are managed, used, and obtained in strict accordance with the terms of their enabling authorities.

The Commission's management team is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Commission officials indicated, as they did during prior examinations, the errors noted were due to a lack of resources.

Failure to establish a proper control environment to provide assurance the Commission operates in accordance with applicable laws and regulations and maintains proper accounting records hinders accountability, represents noncompliance with State law, and increases the risk of errors or other irregularities not being identified by Commissioners in the performance of their normal functions. (Finding Code No. 2022-001, 2020-001, 2018-001, 2016-001)

#### **RECOMMENDATION**

We recommend the Commission take action to establish a control environment to provide assurance it complies with the State Records Act and the Fiscal Control and Internal Auditing Act. Further, we recommend the Commission ensure its accounting records are prepared, maintained, and reconciled to adequately support its transactions and reporting. Lastly, we recommend the Commission establish policies and procedures to identify and monitor laws and regulations applicable to the Commission.

2022-001. **<u>FINDING</u>** (Failure to Establish a Control Environment) – Continued

### **COMMISSION RESPONSE**

The Commission agrees with Finding 2022-001 and is taking actions to establish a Control Environment that complies with the State Records Act and the Fiscal Control and Internal Auditing Act. During the examination period, the Commission could not establish certain controls due to its inability to establish a quorum as these policies and procedures needed to be reviewed, voted on, and approved by an established Commission. Potential candidates and renewal candidates were awaiting appointments from the governing entities responsible for appointments, including appointments from the Governor's Office, the Chairman of the County Board of Cook County, and the Mayor of the City of Chicago.

In the subsequent examination period CY2023-2024, the Commission is taking actions to establish an Auditing and Finance Committee to establish policies and procedures that adheres to the State's Fiscal Control and Internal Auditing Act. The lack of resources has contributed to the errors made. However, the Commission is working diligently in seeking financial resources to fund administrative operations and compliance.

2022-002. **<u>FINDING</u>** (Noncompliance with the Roseland Community Medical District Act)

The Roseland Community Medical District Commission (Commission) failed to comply with the Roseland Community Medical District Act (Act).

During testing, we noted the following:

• Two of two (100%) Commissioners appointed during the examination period did not take an oath of office.

The Act (70 ILCS 935/10(e)) requires each Commissioner to take an oath of office for the faithful performance of their duties. Further, the Commission's by-laws state an oath of office shall be signed by each appointee prior to or at the first Commission meeting following their appointment and shall be retained by the Commission.

• The Commission did not approve a master comprehensive plan during Calendar Year 2021 and Calendar Year 2022.

The Act (70 ILCS 935/60) requires the Commission to prepare and approve a comprehensive master plan for the orderly development and management of all property within the Roseland Community Medical District Commission.

• The Commission did not hold any meetings during Calendar Year 2021 or Calendar Year 2022 due to a lack of quorum. See Finding 2022-003 for details regarding Commissioner vacancies, which resulted in the lack of quorum.

The Act (70 ILCS 935/10(e)) requires the Commission to hold regular meetings annually for the election of Commission Officers, the adoption of a budget, and for other business that comes before the Commission. The Commission may not transact business at a meeting unless there is present at the meeting a quorum consisting of at least seven Commissioners.

Finally, this finding was first noted during the Commission's Calendar Year 2016 State compliance examination, six years ago. As such, Commission management has been unsuccessful in implementing a corrective action plan to remedy this deficiency.

The Commission's management team is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Commission officials indicated, as they did during prior examinations, the errors noted were due to a lack of resources.

2022-002. **<u>FINDING</u>** (Noncompliance with the Roseland Community Medical District Act) – Continued

Failure to hold meetings at least annually, to ensure Commissioners take an oath of office upon appointment, and to approve a master comprehensive plan represents noncompliance with the Act and limits the Commission's ability to conduct business and carry out the Commission's purposes and objectives set forth in the Act. (Finding Code No. 2022-002, 2020-002, 2018-001, and 2016-001)

### **RECOMMENDATION**

We recommend the Commission ensure each Commissioner takes an oath of office upon appointment. We also recommend the Commission prepare and approve a master comprehensive plan for the orderly development and management of all property within the Roseland Community Medical District. Lastly, we recommend the Commission hold meetings in order to conduct official Commission business.

### **COMMISSION RESPONSE**

The Commission agrees with Finding 2022-002 and has implemented the Auditor's recommendations in the subsequent examination period CY2023-2024. Upon appointment, each Commissioner has taken the Oath of Office and the records preserved and secured digitally on Roseland Community Medical District's cloud storage and physical copy in a file room at the Roseland Community Medical District's office.

During the examination period, the Commission prepared a comprehensive master plan with the support from the City of Chicago's Department of Planning and Development and the Far South Community Development Corporation. The master plan was completed in November 2022 and adopted by the City of Chicago's Plan Commission. However, the Commission could not adopt the master plan due to its inability to establish a quorum as the potential new candidates and renewal candidates were awaiting appointments from the three governing entities responsible for appointments (Governor's Office, the Chairman of the County Board of Cook County, and the Mayor of the City of Chicago.). In the upcoming examination period CY2023-2024, the appointed Commissioners established a quorum and adopted the comprehensive master plan.

2022-002. **<u>FINDING</u>** (Noncompliance with the Roseland Community Medical District Act) – Continued

#### **<u>COMMISSION RESPONSE</u>** - Continued

Lastly, the Commission could not hold meetings to conduct official Commission business due to its inability to establish a quorum as potential candidates and renewal candidates were awaiting appointments from the responsible governing entities during the examination period of CY2021-2022. In the upcoming examination period CY2023-2024, the Commission was able to establish a quorum to conduct official Commission business with the newly appointed members and hold regular Commission meetings.

#### 2022-003. **FINDING** (Commission Member Vacancies)

The Roseland Community Medical District Commission (Commission) did not consist of the required number of Commission members throughout Calendar Year 2021 and Calendar Year 2022.

During testing, we noted the following:

- The Commission consisted of five vacancies as of December 31, 2022. Of these vacancies, two vacancies were to be filled by the Governor of the State of Illinois, two vacancies were to be filled by the Chairman (President) of the County Board of Cook County, and the final vacancy was to be filled by the Mayor of the City of Chicago.
- Three members serving on the Commission as of December 31, 2022, were serving expired appointment terms. Expired terms for these members ranged from 365 to 2,191 days as of December 31, 2022. Of those three members, one was to be appointed by the Governor of the State of Illinois, and the remaining two were to be appointed by the Mayor of the City of Chicago.

The Roseland Community Medical District Act (Act) (70 ILCS 935/10(c)) requires the Commission to consist of nine appointed members and three ex-officio members. Three members are to be appointed by the Governor of the State of Illinois, three members are to be appointed by the Mayor of the City of Chicago, and three members are to be appointed by the Chairman (President) of the County Board of Cook County. All members are to hold office for a term of 3 years ending on December 31, and until their successors are appointed.

Commission officials indicated, as they did in the prior examination, the membership vacancies and expired terms were not filled by the responsible appointing parties.

Failure to have the required number of Commission members may affect the full and transparent exercise of the Commission's appointed powers and responsibilities and represents noncompliance with the Act. (Finding Code No. 2022-003, 2020-003)

### **RECOMMENDATION**

We recommend the Commission continue to work with the Governor, Chairman of the County Board of Cook County, and Mayor of the City of Chicago to ensure the Commission's vacancies are filled timely.

2022-003. **FINDING** (Commission Member Vacancies) – Continued

#### **COMMISSION RESPONSE**

The Commission agrees with Finding 2022-003 and has implemented the Auditor's recommendations in the subsequent examination period CY2023-2024. The Commission collaborated with the Governor's Office, the Chairman of the County Board of Cook County, and the Mayor of the City of Chicago, which resulted in seven new Commission appointments. The Commission will continue working with the newly elected Mayor of the City of Chicago's administration to fill the remaining two vacancies before year-end 2024.

The Commission worked with the three State agencies responsible for designating a representative to fill the Ex-Officio Commissioner member positions as required in the Roseland Community Medical District Act 70 ILCS 935/10(c). During the upcoming examination period CY2023-2024, the three State agencies designated one individual each to fill the Ex-Officio member positions, including the Illinois Department of Commerce and Economic Opportunity, the Illinois Department of Public Health, and the Illinois Department of Human Services.

2022-004. **<u>FINDING</u>** (Failure to File Statements of Economic Interests)

The Roseland Community Medical District Commission (Commission) did not require its Commissioners to file statements of economic interests in Calendar Year 2021 and Calendar Year 2022.

During testing, we noted the following:

• The Commission did not submit a listing of Commissioners required to file statements of economic interests to the Cook County Clerk by February 1, 2021, and February 1, 2022.

The Illinois Governmental Ethics Act (Act) (5 ILCS 420/4A-106.5) requires the Commission to file on, or before, February 1 each year, the names and addresses of persons required to file a statement of economic interests with the Cook County Clerk.

• All serving, appointed Commissioners failed to file their statements of economic interests with the Cook County Clerk during Calendar Year 2021 and Calendar Year 2022.

The Act (5 ILCS 420/4A-105) requires the Commission's Commissioners to file, by May 1 annually, verified written statements of economic interests with the Cook County Clerk.

Finally, this finding was first noted during the Commission's Calendar Year 2016 State compliance examination, six years ago. As such, Commission management has been unsuccessful in implementing a corrective action plan to remedy this deficiency.

The Commission's management team is responsible for implementing timely corrective action on all of the findings identified during a State compliance examination.

Commission officials indicated, as they did during prior examination, the errors noted were due to a lack of resources.

Failure to file statements of economic interests with the Cook County Clerk can inhibit the Commission's ability to determine if a Commissioner has any conflicts of interest and is in noncompliance with the Illinois Governmental Ethics Act. (Finding Code No. 2022-004, 2020-004, 2018-001, 2016-001)

2022-004. **<u>FINDING</u>** (Failure to File Statements of Economic Interests) – Continued

### **RECOMMENDATION**

We recommend the Commission file a list of those required to file statements of economic interests with the Cook County Clerk. In addition, we recommend the Commission ensure those required to file statements of economic interests do so as required.

### **COMMISSION RESPONSE**

The Commission agrees with Finding 2022-004 and will implement the Auditor's recommendation, which requires all appointed Commissioners to file statements of economic interests with the Cook County Clerk offices by the required due date. During the examination period, the appointed Commissioners were on expired terms. Potential candidates and renewal appointments were delayed by governing entities responsible for appointments.