



**FY 2003**  
**ANNUAL FINANCIAL REPORT**  
**SPECIAL PURPOSE ABBREVIATED FORM**

Please return completed reports to:  
**Office of the Comptroller**  
**Local Government Division**  
**100 W. Randolph Street, Suite 15-500**  
**Chicago, IL 60601-3252**

**Unit Name:**

**County:**

**Unit Code:**

**I attest that, to the best of my knowledge, this report represents a complete and accurate statement of the financial position of [Unitname] [Description] Government as of the end of this fiscal year.**

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Written signature of government official  
**[Fname] [Lname], [Title]**

Date

**PLEASE CROSS OUT ALL INCORRECT INFORMATION AND PROVIDE CORRECTIONS**

➤ **STEP 1: ENTER CONTACT INFORMATION**

**Is the following information correct and complete?**      \_\_\_ Yes    \_\_\_ No

<b>A. Contact person</b> (elected or appointed official responsible for filling out this form):		<b>B. Chief Executive Officer</b> (elected or appointed official responsible for the executive administration, i.e. mayor, supervisor, or chairman):		<b>C. Chief Financial Officer</b> (elected or appointed official responsible for maintaining the government's financial records):	
First:	Last:	First:	Last:	First:	Last:
Title:		Title:		Title:	
Add:		Add:		Add:	
City:		City:		City:	
State:		State:		State:	
Zip:		Zip:		Zip:	
Phone:		Phone:		Phone:	
Fax:		Fax:		Fax:	
E-mail:		E-mail:		E-mail:	

If the Chief Executive Officer and the Chief Financial Officer are the same person as the Contact Person, please check this box and skip to Step 2. If not, please do not leave columns B and C blank.

UNIT NAME:  
Unit Code Number:

➤ **STEP 2: VERIFY FISCAL YEAR END**

<b>FY END DATE: / /2003</b>
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If the fiscal year end date, listed above, is incorrect, cross out the incorrect date and provide the correct date. Official documentation of this change must be sent with this Report before the fiscal year end date is officially changed.

➤ **STEP 3: ACCOUNTING METHOD & DEBT**

**A. Which type of accounting system does [unit name] [description] Government use:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cash - with no assets | <input type="checkbox"/> Modified Accrual      |
| <input type="checkbox"/> Cash - with assets    | <input type="checkbox"/> Combination - explain |

**B. Does the government have debt this reporting fiscal year?**  Yes  No

**C. If “Yes”, indicate the type(s) of debt.**

- |  |  |
|--|--|
| <input type="checkbox"/> G.O. Bonds              | <input type="checkbox"/> Revenue Bonds           |
| <input type="checkbox"/> Alternate Revenue Bonds | <input type="checkbox"/> Contractual Commitments |
| <input type="checkbox"/> Other                   |  |

UNIT NAME:  
Unit Code Number:

➤ **STEP 4: POPULATION, EAV AND EMPLOYEES**

^What is the total <b>population</b> of [unit name] [description] Government?	
What is the total <b>EAV</b> of [unit name] [description] Government?	\$
*How many <b>full time employees</b> are paid?	
* How many <b>part time employees</b> are paid?	
What is the <b>total salary</b> paid to all employees?	\$

^Or provide estimated population

\*Do not include contractual employees.

➤ **STEPS 5 AND 6: APPROPRIATIONS**

**Provide the appropriation for the primary government listed in the first row of the table below.**

If you need assistance with the terms indicated below, refer to the *Chart of Accounts and Definitions* and the *How To Fill Out An AFR* documents.

FUNDS SHOULD NOT BE LISTED HERE

Total Appropriations	\$
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UNIT NAME:  
Unit Code Number:

➤ **STEP 7: AUDITS**

**Provide CPA's information if [unit name] [description] Government is required to submit an audit to the Office of the Comptroller.**

Firm Name:	
CPA's first name:	
CPA's last name:	
CPA's title:	
Address:	
City:	
State:	
Zip:	
Phone:	(____) _____ - _____
Fax:	
Email:	
State Registration Number:	_____ - _____

➤ **STEP 8: OTHER GOVERNMENTS**

**Indicate any payments [unit name] [description] Government made to other governments for services or programs (include programs performed on a reimbursement, cost-sharing basis or federal payroll taxes).**

Intergovernmental agreements – indicate how much was paid	\$
Federal government payroll taxes	\$
All other intergovernmental payments	\$

UNIT NAME:  
Unit Code Number:

➤ **STEP 9: FUND LISTING & ACCOUNT GROUPS**

**A. List all funds and how much was spent in FY 2003 for each fund. Also, indicate the Fund Type (fund types are at the top of each column beginning on page F1).** If Pre-printed data appears it is based on forms submitted last year. Please make all necessary corrections. If you have more fund names than the rows provided below, please indicate them on an attachment.

<b>Fund Name</b>	<b>Expenditure</b>	<b>Fund Type</b>	<b>FY End</b>
			/ / 2003
			/ / 2003
			/ / 2003

**B. Does [unit name] [description] Government have assets or liabilities that should be recorded as a part of Account Groups?**  
See *Chart of Accounts and Definitions* and the *How To Fill Out An AFR* documents for more information about Account Groups.

**This Section Not Applicable For The Special Purpose Abbreviated, Special Purpose Short, and Multi-Purpose Long Forms with an Accounting Method of 'Cash No Assets'.**

UNIT NAME:  
Unit Code Number:

➤ **STEP 10: GOVERNMENTAL ENTITIES**

List the governmental entities that are part of or related to the primary government. Most small governments do not have governmental entities.

Entity Name	Relationship

➤ **STEP 11: REPORTING**

Check any state or local entity where financial reports are filed.

STATE AGENCIES	
<input type="checkbox"/> - Board of Education	<input type="checkbox"/> - Board of Higher Education
<input type="checkbox"/> - DCCA	<input type="checkbox"/> - Department of Insurance
OTHER STATE OR LOCAL OFFICES	
<input checked="" type="checkbox"/> - Illinois Comptroller	<input type="checkbox"/> - Secretary of State
<input type="checkbox"/> - General Assembly – House	<input type="checkbox"/> - General Assembly – Senate
<input checked="" type="checkbox"/> - County Clerk	<input type="checkbox"/> - Circuit Clerk
<input type="checkbox"/> - Governor’s Office	<input type="checkbox"/> - Other - _____

## Annual Financial Report Form

<b>REVENUES</b>				
Code	Description	General	Special Revenue	Other Funds
201	Property Taxes			
204	Other Local Taxes			
214	State Replacement			
215	Other State Sources			
225	Federal			
235	Interest			
234	Charges for Services			
236	Misc. / Other Local Sources			
<b>240</b>	<b>REVENUES</b>			

<b>EXPENDITURES</b>				
Code	Description	General	Special Revenue	Other Funds
251	General Government			
252	Public Safety			
255	Transportation/ Public Works			
256	Social Services			
257	Culture/Recreation			
259	Debt			
260	Other Expenses			
280	Capital Outlay			
<b>270</b>	<b>TOTAL EXPENDITURES</b>			

<b>FUND BALANCE</b>				
Code	Description	General	Special Revenue	Other Funds
301	Revenues - Expenditures (240-270)			
307	Beginning Fund Balance			
308	Other (Explain)			
<b>310</b>	<b>Current Year Ending Fund Balance</b>			

<b>DEBT</b>				
Code	Description	All Funds		Helpful Hints
405	Debt Outstanding at Beginning of Year			<i>Code 405</i>
411	Debt Issued during Current Fiscal Year			<i>+ Code 411</i>
				<i>subtotal</i>
417	Retired/Paid off during current fiscal Year			<i>- Code 417</i>
<b>423</b>	<b>Outstanding End of Year Debt</b>			<b>TOTAL/Code 423</b>