



# FY 2005 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 the government as of the end of this fiscal year.

\_\_\_\_\_

Written signature of government official Date

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

➤ **STEP 1: ENTER CONTACT INFORMATION**

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

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.

<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:	

UNIT NAME:  
Unit Code Number:

➤ **STEP 2: VERIFY FISCAL YEAR END**

<b>FY END DATE:</b> /    /2005
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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 the AFR before the fiscal year end date can be changed.

➤ **STEP 3: GASB 34, ACCOUNTING METHOD, AND DEBT**

**A. Has your government implemented GASB 34 in FY 2005 or in previous reporting years?**    \_\_\_ Yes    \_\_\_ No

*If “Yes”, please fill out a **Special Purpose Long Form** and the **Alternative Assets & Liabilities** page, located on page F1 (b).*

**B. Which type of accounting system does the government use:**

Cash - without assets

*If the government uses an accounting method other than Cash – without assets, please complete the **Special Purpose Long Form**.*

**C. Does the government have debt this reporting fiscal year?**    \_\_\_ Yes    \_\_\_ No

**D. If “Yes”, indicate the type(s) of debt and complete the **Statement of Indebtedness** page, located on page F6.**

___ G.O. Bonds	___ Revenue Bonds
___ Alternate Revenue Bonds	___ Contractual
___ Other (explain) _____	

UNIT NAME:  
Unit Code Number:

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

^What is the total <b>population</b> of the government?	
What is the total <b>EAV</b> of the 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: APPROPRIATION**

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

**FUNDS SHOULD NOT BE LISTED HERE**

Total Appropriation	\$
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UNIT NAME:  
Unit Code Number:

➤ **STEP 7: AUDITS**

**Provide CPA's information if the 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 the government has made to other governments for services or programs (include programs performed on a reimbursement, cost-sharing basis or federal payroll taxes).**

Intergovernmental agreements	\$
Federal government payroll taxes	\$
All other intergovernmental payments	\$

UNIT NAME:  
Unit Code Number:

➤ **STEP 9: FUND LISTING**

**A. List all funds, indicate the amount spent in FY 2005 for each fund and indicate the Fund Type.** 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>
			/ / 2005
			/ / 2005
			/ / 2005
			/ / 2005
			/ / 2005
			/ / 2005

➤ **STEP 10: GOVERNMENTAL ENTITIES**

List the governmental entities that are part of or related to the primary government. Exclude component units detailed in Step 5 & 6. 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.

<b>STATE AGENCIES</b>	
<input type="checkbox"/> - Board of Education	<input type="checkbox"/> - Board of Higher Education
<input type="checkbox"/> - DCEO	<input type="checkbox"/> - Department of Insurance
<b>OTHER STATE OR LOCAL OFFICES</b>	
<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			
234	Charges for Services			
235	Interest			
236	Misc. / Other Local Sources			
<b>240</b>	<b>TOTAL RECEIPTS AND 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			
280	Capital Outlay			
260	Other Expenditures or Expenses			
<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 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>