

STATE OF ILLINOIS COMPTROLLER

SUSANA A. MENDOZA

DO NOT SEND THIS PAPER COPY - THIS IS YOUR COPY.

MAKE SURE YOU HAVE CLICKED THE SUBMIT BUTTON IN THE COMPTROLLER CONNECT PROGRAM. THIS WILL PROVIDE THE COMPTROLLER'S OFFICE WITH A COPY OF YOUR ANNUAL FINANCIAL REPORT.

FY 2023 Annual Financial Report Special Purpose Long Form

CCIF Copy - 1/13/2024 11:31:21 AM

| Un | it Name : | Schmaling Memorial Public Library Distr | rict | County : | Whiteside | | Unit Code : | 098/020/10 |
|----|-----------|--|------|-----------------------------------|--------------------------------------|--------|-------------|------------|
| | | | | | | | | |
| | | o the best of my knowledge, this report re IN status, the Total Appropriations, and t | | | | | | |
| | | | | signature of gov rah Brubaker, | ernment official Treasurer | | | |
| | | Please Sign : | | | | Date : | | |

Unit Code : 098/020/10

Please be sure to fill out this section accurately. The information you provide below is (1) our primary way of contacting your government, (2) the information we supply to external agencies, and (3) is the name and title we will list on our website. This section should NOT contain ANY of your Accounting Professional's information.

STEP 1: ENTER CONTACT INFORMATION

Is the following information correct and complete? _____ Yes _____ No

| A. Contact Person (elected o responsible for filling out th | | if you are the elected or a for the EXECUTIVE AD | ppointed official <u>responsible</u> MINISTRATION, i.e. mayor, Your name will be listed with | C. Chief Financial Officer (Enter your name here ONLY if you are the elected or appointed official <u>responsible</u> for MAINTAINING THE GOVERNMENT'S FINANCIAL RECORDS. Your name will be listed with this responsibility on our website.) | | | |
|--|---------------------------|---|--|--|----------|--|--|
| Sarah | Brubaker | Amber | Turner | Sarah | Brubaker | | |
| Treasurer | | President | | Treasurer | | | |
| 501 10th Ave, PO Box 125 | | 501 10th Ave, PO Box 125 | | 501 10th Ave, PO Box 125 | | | |
| Fulton | | Fulton | | Fulton | | | |
| IL 61252 | | IL 61252 | | IL 61252 | | | |
| Phone: (815) 589-2045 Ext. | | Phone: (815) 589-2045 E | xt. | Phone: (815) 589-2045 Ext. | | | |
| Fax: | | Fax: | | Fax: | | | |
| E-Mail: 2sarahbrubaker@gmai | l.com | E-Mail: amberjo_1984@yal | 100.com | E-Mail: 2sarahbrubaker@gmail.com | | | |
| D. Purchasing Agent (Enter t there is no Purchasing Agen responsible for oversight of contracts should be listed.) | t, the name of the person | E. FOIA Officer (Enter the FOIA Officer or if there is no FOIA Officer, the name of the person responsible for oversight of all FOIA requests should be listed.) | | | | | |
| Britni | Hartman | Britni Hartman | | | | | |
| Director | | Director | | | | | |
| 501 10th Ave, PO Box 125 | | 501 10th Ave, PO Box 125 | | | | | |
| Fulton | | Fulton | | | | | |
| IL 61252 | | IL 61252 | | | | | |
| Phone: (815) 589-2045 Ext. | | Phone: (815) 589-2045 E | xt. | | | | |
| Fax: | | Fax: | | | | | |
| E-Mail: fulpublib@mchsi.com | | E-Mail: fulpublib@mchsi.co | om | | | | |

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.

Unit Code : 098/020/10

STEP 2: VERIFY FISCAL YEAR END

FY END DATE: 6/30/2023

If the fiscal year end date listed above is incorrect, follow the steps outlined in the Comptroller Connect application to provide your official documentation that confirms your fiscal year end date. Upon receipt and approval of this documentation, your fiscal year end date can be officially amended.

STEP 3: GASB 34, ACCOUNTING SYSTEM, DEBT, UTILITY, HOME RULE, TIF, AND PENSION / RETIREMENT BENEFITS

| P1. Has your government commenced dissolution proceedings? Yes _X No Dissolution Filing Date |
|--|
| A. Has your government implemented GASB 34 in FY 2023 reporting or in previous reporting years? Yes X No |
| B. Which type of accounting system does Schmaling Memorial Public Library District use? |
| X Cash - with no assets (Cash Basis) Modified Accrual/Accrual |
| Cash - with assets (Modified Cash Basis) Combination (Explain) |
| C. Does the government have bonded debt this reporting fiscal year?Yes No |
| If "Yes", indicate the type(s) of debt and complete the Statement of Indebtednessand Debt Limitations and Future Debt pages, located on page F5 and F6. |
| G.O.Bonds Revenue Bonds Alternative Revenue Bonds |
| D. Does the government have debt, other than bonded debt this reporting fiscal year?Yes _XNo |
| If "Yes", indicate the type(s) of debt and complete the Statement of Indebtedness and Debt Limitations and Future Debt pages, located on page F5 and F6. |
| Contractual Commitments Other (Explain) |
| E. Does the government own or operate a public utility company? |
| If "Yes", indicate the type(s) of utilities and enter the expenditures in Code 271. |
| Water/Sewer _ Electric/Gas/Transit _ 911 Telephone/Telecommunications _ Other |
| F. Does the government have a pension funds or other retirement benefits this reporting fiscal year?YesNo |
| If Yes, indicate the type(s) of pension funds or other retirement benefits and complete the Pension Funds/Retirement Benefits section. |
| Illinois Municipal Retirement Fund (IMRF) Police Pension Fire Pension Sheriff's Law Enforcement Personnel Plan (SLEP) |
| Other Pension Other Post Employment Benefits (OPEB) |
| 2 |
| Office of the Comptroller, Susana A. Mendoza |

Unit Code : 098/020/10

STEP 4: POPULATION, EAV AND EMPLOYEES

| What is the total population of Schmaling Memorial Public Library District? [^] | 3,647 |
|---|--------------|
| What is the total EAV of Schmaling Memorial Public Library District? | \$59,684,651 |
| How many full time employees are paid?* | 0 |
| How many part time employees are paid?* | 11 |
| What is the total salary paid to all employees? | \$77,528 |

^ Or provide estimated population.

* Do not include contractual employees.

STEPS 5 AND 6: COMPONENT UNITS AND APPROPRIATIONS

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

In the remaining rows, provide the names of all component units along with their appropriations. Indicate if the component units are blended or discretely presented, its fiscal year end date and if the component unit was funded with governmental fund types or enterprise fund types. If the component units are already indicated, that data is based on forms submitted last year. If you have more component units than the rows provided below, please indicate them on an attachment.

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.

| Name of Unit/Component | | Type of Component Unit (Blended or | Fiscal Year | Enterprise Fund Type or Governmental Fund |
|--|----------------------------|--|-------------|--|
| FUNDS SHOULD NOT BE LISTED HERE* | Appropriation [^] | Discretely Presented) | End | Туре |
| Schmaling Memorial Public Library District | \$181,013 | | 06/30 | |
| Total Appropriations | \$181,013 | | | |

* Do not enter funds such as Joint Bridge, Permanent Road, Town Fund, Equipment, Water & Sewer, General Assistance, etc. These funds should be included in Step 8.

^ If the Primary Government or Component Unit does NOT budget or levy taxes, please enter the unit's TOTAL EXPENDITURES.

Unit Code : 098/020/10

STEP 7: OTHER GOVERNMENTS

Indicate any payments Schmaling Memorial Public Library District 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 | \$0 |
|---|-----|
| Federal government payroll taxes | \$0 |
| All other intergovernmental payments | \$0 |

STEP 8: FUND LISTING & ACCOUNT GROUPS

A. List all funds and how much was spent in FY 2023 for each fund. Also, indicate the Fund Type (Fund Types are at the top of each column beginning on page F1). If any fund names appear below, the data 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.

| Fund Name | Expenditure | Fund Type | FY End |
|--------------------|-------------|--------------|--------|
| General Fund | \$155,036 | General Fund | 06/30 |
| Total Expenditures | \$155,036 | | |

B. Does Schmaling Memorial Public Library District have assets or liabilities that should be recorded as a part of Account Groups? See <u>Chart of Acounts and Definitions</u> and the <u>How to Fill Out An AFR</u> documents for more information about Account Groups.

<u>Yes X</u> No

Unit Code : 098/020/10

STEP 9: GOVERNMENTAL ENTITIES

List of governmental entities that are part of or related to the primary government. Exclude component units detailed in Steps 5 & 6. Most small governments do not have governmental entities.

| Entity Name | Relationship |
|-------------|--------------|
| | |

STEP 10: REPORTING

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

| STATE AGENCIES | | | | | | | |
|----------------|----------------------------|---|-----------------------------|--|--|--|--|
| | - Board of Education | | - Board of Higher Education | | | | |
| | - DCEO | | - Department of Insurance | | | | |
| OTHER STA | ATE OR LOCAL OFFICES | | | | | | |
| <u>X</u> | - Illinois Comptroller | | - Secretary of State | | | | |
| | - General Assembly - House | | - General Assembly - Senate | | | | |
| <u>X</u> | - County Clerk | | - Circuit Clerk | | | | |
| | - Governor's Office | X | - Other - <u>N</u> | | | | |

| Statement | of | Financial | Position |
|-----------|----|-----------|----------|
|-----------|----|-----------|----------|

| | All Funds and Discretely Presented Component Units | | | | | | | | | | |
|------|---|-----------|--------------------|---------------------|-----------------|------------|---------------------|-----------|-------------------|---|--|
| Code | Enter All Amounts in Whole Numbers | General | Special Revenue | Capital Projects | Debt Service | Enterprise | Internal Service | Fiduciary | Account Groups | Discretely Presented Component Units | |
| | Assets | | | | | e Numbers | | | | | |
| 101t | Cash and Cash Equivalent | \$166,452 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 102t | Investments | \$80,484 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 115t | Receivables | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 109t | Inventories | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 111t | Fixed Assets | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 112t | Other Assets (Explain) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 113t | Amount available for retirement of long-term debt | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 114t | Amount to be provided for payment of long-term debt | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 120t | Total Assets | \$246,936 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| | | | | | | | | | | | |
| 122t | All Payables | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 132t | Deferred Revenues | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 133t | Debt Service Payable - Principal | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 134t | Debt Service Payable - Interest | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 128t | Other Liabilities (Explain) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 135t | Total Liabilities | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| | Equity | | | | | | | | | | |
| 136t | Fund Balance - Reserved | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 137t | Fund Balance - Unreserved | \$246,936 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 138t | Retained Earnings - Reserved | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 139t | Retained Earnings - Unreserved | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 140t | Contributed Capital | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 141t | Investment in General Fixed Assets | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 142t | Total Equity | \$246,936 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 145t | Total Liability and Equity | \$246,936 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR Special Purpose Form F1a

Revenues and Receipts

| | | | | - | | | | | |
|------|---|-----------|--------------------|---------------------|-----------------|-------------|---------------------|-----------|---|
| Code | Enter All Amounts in Whole Numbers | General | Special Revenue | Capital Projects | Debt Service | Enterprise | Internal Service | Fiduciary | Discretely Presented Component Units |
| | Local Taxes | | | | Report In Wh | ole Numbers | | | |
| 201t | Property Tax | \$113,232 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 203t | Utilities Tax | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 204t | Other Taxes (Explain) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Intergovernmental Receipts & Grants | | | | | | | | |
| 212t | State Sales Tax | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 213t | State Motor Fuel Tax | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 214t | State Replacement Tax | \$25,675 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 205t | State Gaming Tax(es) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 215t | Other State Sources (Explain) | \$5,379 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 225t | Federal Sources | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 226t | Other Intergovernmental Sources (Explain) | \$476 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Other Local Sources | | | | | | | | |
| 231t | Licenses and Permits | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 233t | Fines and Forfeitures | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 234t | Charges for Services | \$3,183 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 235t | Interest | \$685 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 236t | Miscellaneous (Explain) | \$15,601 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | | | | |
| | | | | | | | | | |

| 240t Total Receipts and Revenue \$164,231 \$0 | 1 240f | Total Receipts and Revenue | \$164,231 | | \$0 | \$0 | \$0 | \$0 | \$0 | \$ | 50 |
|---|--------|----------------------------|-----------|--|-----|-----|-----|-----|-----|----|----|
|---|--------|----------------------------|-----------|--|-----|-----|-----|-----|-----|----|----|

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR Special Purpose Form

Disbursements, Expenditures and Expenses

| | • | | , | Experiantities and | • | | | | |
|------|---------------------------------------|-----------|--------------------|---------------------|-----------------|-------------|---------------------|-----------|---|
| Code | Enter All Amounts in Whole Numbers | General | Special Revenue | Capital Projects | Debt Service | Enterprise | Internal Service | Fiduciary | Discretely Presented Component Units |
| | | | | | Report In Wh | ole Numbers | | | |
| 251t | General Government | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 252t | Public Safety | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 254t | Judiciary and Legal | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 255t | Transportation and Public Works | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 256t | Social Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 257t | Culture and Recreation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 258t | Housing | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 275t | Environment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 259t | Debt | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 271t | Public Utility Company | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 272t | Depreciation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 280t | Capital Outlay | \$3,572 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 260t | Other Expenditures/Expenses (Explain) | \$151,464 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 270t | Total Expenditures/Expense | \$155,036 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR Special Purpose Form

Fund Balances and Other Financing Sources (Uses)

| Code | Enter All Amounts in Whole Numbers | General | Special Revenue | Capital Projects | Debt Service | Enterprise | Internal Service | Fiduciary | Discretely Presented Component Units |
|------|---|-----------|--------------------|---------------------|-----------------|------------------|---------------------|-----------|---|
| | | | | | Rep | ort In Whole Num | bers | | |
| 301t | Excess of receipts/revenues over (under) expenditures/expenses (240t-270t) | \$9,195 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 302t | Operating transfers in | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 303t | Operating transfers out | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 304t | Bond proceeds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 305t | Other long term debt (Explain) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 306t | Net increase (decrease) in fund balance (301t + 302t - 303t + 304t + 305t) | \$9,195 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 307t | Previous year fund balance | \$157,258 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 308t | Other (Explain) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 310t | Current Year Ending Fund Balance (306t + 307t + 308t) | \$166,453 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR Special Purpose Form

| Statement of Indebtedness | Governmental & | Proprietary | (combined) |
|---------------------------|----------------|-------------|------------|
| | | | |

| Debt Instruments for All Funds | Code | Outstanding Beginning of Year | Code | Issued Current Fiscal Year | Code | Retired Current Fiscal Year | Code Re | Outstanding End of Year port In Whole N | Original Issue Amount Jumbers | Final Maturity Date | Interest Rate Ranges-Lowest | Interest Rate Ranges-Highest |
|--------------------------------|------|-------------------------------------|------|-------------------------------|------|-----------------------------------|------------|---|--|---------------------------|-----------------------------------|------------------------------------|
| General Obligation Bonds | 400 | \$0 | 406 | \$0 | 412 | \$0 | 418 | \$0 | \$0 | | 0.00% | 0.00% |
| Revenue Bonds | 401 | \$0 | 407 | \$0 | 413 | \$0 | 419 | \$0 | \$0 | | 0.00% | 0.00% |
| Alternate Revenue Bonds | 402 | \$0 | 408 | \$0 | 414 | \$0 | 420 | \$0 | \$0 | | 0.00% | 0.00% |
| Contractual Commitments | 403 | \$0 | 409 | \$0 | 415 | \$0 | 421 | \$0 | \$0 | | 0.00% | 0.00% |
| Other (Explain) | 404 | \$0 | 410 | \$0 | 416 | \$0 | 422 | \$0 | \$0 | | 0.00% | 0.00% |
| Total Debt | 405 | \$0 | 411 | \$0 | 417 | \$0 | 423 | \$0 | | | | |

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR

Special Purpose Form

Form

Debt Limitations and Future Debt

X I certify that Schmaling Memorial Public Library District does not have Legal Debt Limitation

Based on Statute

X Based on Other

Explanation: We have zero debt

Total Legal Debt Limitation: \$0

Total Debt Applicable to the limit: \$0

Future Debt Service Requirements for Bonded Debt listed above

| Year Ending | Principal | Interest | Total |
|-------------|-----------|----------|-------|
| 2024 | \$0 | \$0 | \$0 |
| 2025 | \$0 | \$0 | \$0 |
| 2026 | \$0 | \$0 | \$0 |
| 2027 | \$0 | \$0 | \$0 |
| 2028 | \$0 | \$0 | \$0 |
| 2029-2033 | \$0 | \$0 | \$0 |
| 2034-2038 | \$0 | \$0 | \$0 |
| 2039-2043 | \$0 | \$0 | \$0 |
| TOTAL | \$ 0 | \$ 0 | \$ 0 |

Legal Debt Margin: \$0

Legal Debt Margin (%): 0.00%

Please provide a summary of the authorized debt limitations, including any statutory references.

Pension Funds / Retirement Benefits

| Code | Enter All Amounts in Whole Numbers | IMRF | | | Police Pension | | | Fire Pension | | | |
|------|---|--------|--------|--------|----------------|--------|--------|--------------|--------|--------|--|
| | | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 | |
| 500 | Actuarial Valuation Date (VD) | | | | | | | | | | |
| 500a | Reporting Date (RD) | | | | | | | | | | |
| 500ь | Measurement Date (MD) | | | | | | | | | | |
| 501 | Total Pension Liability (TPL) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 502 | Plan Fiduciary Net Position (FNP) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 503 | Net Pension Liability (NPL) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 504 | Plan Fiduciary Net Position as a Percentage of Total Pension Liability | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | |
| 505 | Net Pension Obligation/ Net OPEB Obligation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |

Code SLEP **Other Pension OPEB** (Net) Year 1 Year 2 Year 3 Year 1 Year 2 Year 3 Year 1 Year 2 Year 3 500 Actuarial Valuation Date (VD) 500a Reporting Date (RD) 500b Measurement Date (MD) \$0 \$0 \$0 \$0 \$0 \$0 501 Total Pension Liability (TPL) \$0 \$0 \$0 Plan Fiduciary Net Position (FNP) \$0 \$0 \$0 \$0 502 \$0 \$0 \$0 \$0 \$0 503 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Net Pension Liability (NPL) Plan Fiduciary Net Position as a Percentage of Total Pension Liability 504 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% Net Pension Obligation / Net OPEB \$0 \$0 \$0 505 Obligation \$0 \$0 \$0 \$0 \$0 \$0

Enter All Amounts in Whole Numbers

Capital Outlay*

| | | These are | not funds |
|------|------------------------------------|--------------|---------------------------------|
| Code | Function | Construction | Land, Structures, and Equipment |
| 601t | General Government | \$0 | \$0 |
| 602t | Law Enforcement | \$0 | \$0 |
| 603t | Corrections | \$0 | \$0 |
| 604t | Fire | \$0 | \$0 |
| 605t | Sewerage | \$0 | \$0 |
| 606t | Sanitation and Wastewater | \$0 | \$0 |
| 607t | Parks and Recreation | \$0 | \$0 |
| 608t | Housing and Community Development | \$0 | \$0 |
| 609t | Highways, Roads and Bridges | \$0 | \$0 |
| 610t | Parking Facilities | \$0 | \$0 |
| 611t | Welfare | \$0 | \$0 |
| 612t | Hospital | \$0 | \$0 |
| 613t | Water | \$0 | \$0 |
| 614t | Nursing Homes | \$0 | \$0 |
| 615t | Conservation and Natural Resources | \$0 | \$0 |
| 616t | Libraries | \$0 | \$0 |
| 617t | Other | \$0 | \$0 |

*This page should only be filled out if you have spent funds for capital projects or development.

*The Capital Outlay page is requested by the U.S. Census Bureau and is considered optional by the State Comptroller.

*If you complete this page you WILL NOT have to complete the Survey of Government Finances from the U.S. Census Bureau.

*If you do NOT complete this page the U.S. Census Bureau will contact you for further information.

| <u>Type</u> | Explanation |
|-------------|--|
| GENexp | 260t - This amount represents operating expenses that occurred throughout the year. |
| GENrev | 215t - This amount came from the Per Capita Grant received from the state. |
| | 226t - We have an agreement with the Fulton Township in which they pay a portion of the non-resident card fee for people who live outside the boundaries of the library district but within the township boundaries. |
| | 226t This amount is from fundraising grants gifts and momorials |

236t - This amount is from fundraising, grants, gifts, and memorials received throughout the year.

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR Special Purpose Form

CPA Information

According to the Governmental Account Audit Act [50 ILCS 310], an Annual Audit submitted to the IL Office of the Comptroller shall be performed by a licensed public accountant, with a valid certificate as a public accountant under the Illinois Public Accounting Act [225 ILCS 450]. Please access the website of the Illinois General Assembly (www.ilga.gov/legislation/ilcs/ilcs.asp) to view these Acts. If your government is required to submit an Annual Audit, please complete the following:

| Is the Licensed Certified Public Accountant performing your audit workir licensed in Illinois, or are they licensed in another state? Please use a che | | in association with a Public Accounting Firm or a Professional Service Corporation |
|--|-------------------------------------|--|
| Individual Licensed Certified Public Accountant | Public Accounting Firm (IL License) | Professional Service Corporation (IL License) |
| Out-of-State (Individual / Public Accounting Firm / Professiona | ll Service Corporation) | |

If you selected Out of State / Individual Licensed Certified Public Accountant / Public Accounting Firm / Professional Service Corp, please complete the licensee information below. Please provide the following information for the entity performing the Annual Audit for your government.

| _ |
|---|
| |
| |
| - |
| |
| |
| |
| |
| |
| |
| |
| |

Critical

Reminder: Option #2 Selected for FY 2023 ? Certified Copy of Vote document Is Due

Non-Critical

Record Explanation for OTHER amounts

Office of the Comptroller, Susana A. Mendoza FY 2023 AFR Special Purpose Form