

Due to ROE on Friday, October 14th  
 Due to ISBE on Tuesday, November 15th  
 SD/JA16

ILLINOIS STATE BOARD OF EDUCATION  
 School Business Services Division  
 100 North First Street, Springfield, Illinois 62777-0001  
 217/785-8779

**Illinois School District/Joint Agreement  
 Annual Financial Report \***  
**June 30, 2016**

School District  
 Joint Agreement

<p align="center"><b><u>School District/Joint Agreement Information</u></b>  <i>(See instructions on inside of this page.)</i></p> <p>School District/Joint Agreement Number: <b>31-045-3010-26</b></p> <p>County Name: <b>KANE</b></p> <p>Name of School District/Joint Agreement: <b>CENTRAL COMMUNITY UNIT SCHOOL DISTRICT NO. 301</b></p> <p>Address: <b>275 SOUTH STREET</b></p> <p>City: <b>BURLINGTON</b></p> <p>Email Address: <a href="mailto:RCOPE@CENTRAL301.NET">RCOPE@CENTRAL301.NET</a></p> <p>Zip Code: <b>60109</b></p>	<p align="center"><b><u>Accounting Basis:</u></b></p> <p><input checked="" type="checkbox"/> CASH  <input type="checkbox"/> ACCRUAL</p> <p align="center"><b><u>Filing Status:</u></b>  <b><u>Submit electronic AFR directly to ISBE</u></b></p> <p align="center"><b>Click on the Link to Submit:</b>  <a href="#">Send ISBE a File</a></p> <p align="center"><b>0</b></p>	<p align="center"><b><u>Certified Public Accountant Information</u></b></p> <p>Name of Auditing Firm: <b>EDER, CASELLA &amp; CO.</b></p> <p>Name of Audit Manager: <b>CHERYDEN JUERGENSEN</b></p> <p>Address: <b>5400 WEST ELM STREET, SUITE 203</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>City: <b>MCHENRY</b></td> <td>State: <b>IL</b></td> <td>Zip Code: <b>60050</b></td> </tr> <tr> <td>Phone Number: <b>815-344-1300</b></td> <td colspan="2">Fax Number: <b>815-344-1320</b></td> </tr> <tr> <td>IL License Number (9 digit): <b>060-004991</b></td> <td colspan="2">Expiration Date: <b>1/1/2017</b></td> </tr> </table> <p>Email Address: <a href="mailto:CPAS@EDERCASELLA.COM">CPAS@EDERCASELLA.COM</a></p>	City: <b>MCHENRY</b>	State: <b>IL</b>	Zip Code: <b>60050</b>	Phone Number: <b>815-344-1300</b>	Fax Number: <b>815-344-1320</b>		IL License Number (9 digit): <b>060-004991</b>	Expiration Date: <b>1/1/2017</b>							
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<p align="center"><b><u>Annual Financial Report</u></b>          Type of Auditor's Report Issued:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Qualified</td> <td><input type="checkbox"/> Unqualified</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adverse</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Disclaimer</td> <td></td> </tr> </table> <p><input type="checkbox"/> Reviewed by District Superintendent/Administrator</p>	<input type="checkbox"/> Qualified	<input type="checkbox"/> Unqualified	<input checked="" type="checkbox"/> Adverse		<input type="checkbox"/> Disclaimer		<p align="center"><b><u>Single Audit Status:</u></b></p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td>Are Federal expenditures greater than \$750,000?</td> </tr> <tr> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td>Is all Single Audit Information completed and attached?</td> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td>Were any financial statement or federal awards findings issued?</td> </tr> </table> <p><input type="checkbox"/> Reviewed by Township Treasurer (Cook County only)          Name of Township: _____</p>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Are Federal expenditures greater than \$750,000?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Is all Single Audit Information completed and attached?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Were any financial statement or federal awards findings issued?	<p align="center">ISBE Use Only</p> <p><input type="checkbox"/> Reviewed by Regional Superintendent/Cook ISC</p>
<input type="checkbox"/> Qualified	<input type="checkbox"/> Unqualified																
<input checked="" type="checkbox"/> Adverse																	
<input type="checkbox"/> Disclaimer																	
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District Superintendent/Administrator Name (Type or Print):	Township Treasurer Name (type or print)	Regional Superintendent/Cook ISC Name (Type or Print):															
Email Address:	Email Address:	Email Address:															
Telephone:      Fax Number:	Telephone:      Fax Number:	Telephone:      Fax Number:															
Signature & Date:	Signature & Date:	Signature & Date:															

\* This form is based on 23 Illinois Administrative Code 100, Subtitle A, Chapter I, Subchapter C (Part 100).  
**ISBE Form SD50-35/JA50-60 (05/16)**

This form is based on 23 Illinois Administrative Code, Subtitle A, Chapter I, Subchapter C, Part 100.  
 In some instances, use of open account codes (cells) may not be authorized by statute or administrative rule.  
 Each school district or joint agreement is responsible for obtaining the concurring legal opinion and/or other supporting authorization/documentation, as necessary, to use the applicable account code (cell).