

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 2021 Annual Financial Report Special Purpose Long Form

CCIF Copy - 12/8/2021 11:39:31 AM

Unit Name:	North Riverside Public Library District	County:	Cook	Unit Code:	016/063/10
	, to the best of my knowledge, this report represents FEIN status, the Total Appropriations, and the Lega				
		Written signature of go Natalie Starost			
	Please Sign :			Date :	

Unit Code: 0	16/063/10				
	t this section accurately. The information we will list on our website. This section				we supply to external agencies, and
STEP 1: ENTER CON	NTACT INFORMATION				
Is the following informa	ation correct and complete?	Yes	No		
A. Contact Person (el responsible for fillin	lected or appointed official g out this form.)	if you are the elected or a for the EXECUTIVE AD		you are the elected or appo	
Natalie	Starosta	Annette	Corgiat	Kathy	Bonnar
Director	•	President		Treasurer	•
2400 Desplaines Ave		2400 Desplaines Ave		2400 Desplaines Ave	
NORTH RIVERSIDE		NORTH RIVERSIDE		NORTH RIVERSIDE	
II 60546-1520		Il 60546-1520		II 60546-1520	
Phone: (708) 447-0869	Ext.225	Phone: (708) 447-0869 Ext.225		Phone: (708) 447-0869 Ext.225	
Fax: (708) 447-0526		Fax: (708) 447-0526		Fax: (708) 447-0526	
E-Mail: bazann@northriversidelibrary.org		E-Mail: bazann@northriversidelibrary.org		E-Mail: bazann@northriversi	idelibrary.org
there is no Purchasir responsible for overs contracts should be	<u> </u>	FOIA Officer, the name oversight of all FOIA rec	•		
Natalie	Starosta	Natalie	Starosta		

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.

2400 S. Des Plaines Ave.

Phone: (616) 836-2737

North Riverside

Director

Il 60546

Fax:

North Riverside Public Library District

Unit Name:

Director

Fax:

2400 Desplaines Ave NORTH RIVERSIDE

Phone: (708) 447-0869

Ext.

E-Mail: starostan@northriversidelibrary.org

II 60546-1520

Ext.

E-Mail: starostan@northriversidelibrary.org

FY END DATE: 6/30/2021
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 2021 reporting or in previous reporting years? X Yes No
B. Which type of accounting system does North Riverside Public Library District use?
Cash - with no assets (Cash Basis) X Modified Accrual/Accrual
Cash - with assets (Modified Cash Basis) Combination (Explain)
C. Does the government have bonded debt this reporting fiscal year? Yes X 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? X Yes No
If "Yes", indicate the type(s) of debt <u>and</u> complete the Statement of Indebtedness and Debt Limitations and Future Debt pages, located on page F5 and F6.
Contractual Commitments X Other (Explain) Loan
E. Does the government own or operate a public utility company? Yes X No
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? <u>X</u> Yes <u>No</u>
If Yes, indicate the type(s) of pension funds or other retirement benefits and complete the Pension Funds/Retirement Benefits section.
X Illinois Municipal Retirement Fund (IMRF) Police Pension Fire Pension Sheriff's Law Enforcement Personnel Plan (SLE
Other Pension Other Post Employment Benefits (OPEB)
Calci Tension Calci Tost Employment Deficits (Of ED)
2

Unit Name:

Unit Code:

North Riverside Public Library District

016/063/10 STEP 2: VERIFY FISCAL YEAR END Unit Name: North Riverside Public Library District

Unit Code: 016/063/10

STEP 4: POPULATION, EAV AND EMPLOYEES

What is the total population of North Riverside Public Library District?^	6,672
What is the total EAV of North Riverside Public Library District?	\$278,938,974
How many full time employees are paid?*	5
How many part time employees are paid?*	20
What is the total salary paid to all employees?	\$525,708

[^] Or provide estimated population.

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 FUNDS SHOULD NOT BE LISTED HERE*	Appropriation^	Type of Component Unit (Blended or Discretely Presented)		Enterprise Fund Type or Governmental Fund Type
North Riverside Public Library District	\$1,244,063	•	06/30	
Total Appropriations	\$1,244,063			

^{*} 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.

^{*} Do not include contractual employees.

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

Unit Name: North Riverside Public Library Dist	rict
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Unit Code: 016/063/10

STEP 7: OTHER GOVERNMENTS

Indicate any payments North Riverside 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 2021 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
Audit	\$10,000	General Fund	06/30
Building Reserve & Site Maint.	\$115,047	Special Revenue Fund	06/30
General	\$876,036	General Fund	06/30
Liability Insurance	\$17,590	Special Revenue Fund	06/30
Pension	\$39,172	Special Revenue Fund	06/30
Social Security	\$39,808	Special Revenue Fund	06/30
Unemployment Insurance	\$421	Special Revenue Fund	06/30
Total Expenditures	\$1,098,074		

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

Yes	X	No
 105		110

Unit Name :	North Riverside Public Library District
Unit Code:	016/063/10

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 STATE OR LOCAL OFFICES	
X - Illinois Comptroller	Secretary of State
- General Assembly - House	General Assembly - Senate
X - County Clerk	Circuit Clerk
Governor's Office	Other -

5 Office of the Comptroller, Susana A. Mendoza FY 2021 AFR Special Purpose Form

Assets

Enter All Amounts in Whole Numbers Governmental Activity Business-Like Activity Fiduciary Universal Content Assets
Code Whole Numbers Governmental Activity Business-Like Activity Fiduciary U Current Assets 101t Cash and Cash Equivalent \$557,931 \$0 \$0 102t Investments \$813,853 \$0 \$0 115t Receivables \$506,555 \$0 \$0 109t Inventories \$0 \$0 \$0
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109t Inventories \$0 \$0 \$0
112t Other Accets (Evaluin) \$12,220
112t Other Assets (Explain) \$13,339 \$0
Non-Current Assets
116tCapital Assets/Net of Accumulated Depreciation\$2,480,712\$0\$0
117t Other Capital Assets (Explain) \$0 \$0
120t Total Assets \$4,372,390 \$0 \$0
150t Deferred Outflow of Resources \$247,037 \$0 \$0
Liabilities
Dis
Enter All Amounts in Pre
Enter All Amounts in Code Whole Numbers Governmental Activity Business-Like Activity Fiduciary
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Code Enter All Amounts in Whole Numbers Governmental Activity Business-Like Activity Fiduciary Pre Commendation Current Liabilities 122t All Payables \$46,790 \$0 \$0 \$0
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Enter All Amounts in Whole Numbers
Code Enter All Amounts in Whole Numbers
Code Enter All Amounts in Whole Numbers

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	\$802,264	\$212,038	\$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	\$0	\$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)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
225t	Federal Sources	\$43,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0
226t	Other Intergovernmental Sources (Explain)	\$0	\$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	\$11,530	\$0	\$0	\$0	\$0	\$0	\$0	\$0
234t	Charges for Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
235t	Interest	\$28,767	\$0	\$0	\$0	\$0	\$0	\$0	\$0
236t	Miscellaneous (Explain)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
						_			
240t	Total Receipts and Revenue	\$886,036	\$212,038	\$0	\$0	\$0	\$0	\$0	\$0

F2

Disbursements, Expenditures and Expenses

Code	Enter All Amounts in Whole Numbers	General	Special Revenue	Capital Projects	Debt Service	Enterprise	Internal Service	Fiduciary	Discretely Presented Component Units
	T				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	\$1,232,406	\$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	\$11,657	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
260t	Other Expenditures/Expenses (Explain)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
270t	Total Expenditures/Expense	\$1,244,063	\$0	\$0	\$0	\$0	\$0	\$0	\$0

F3

Fund Balances and Other Financing Sources (Uses)

Code	Enter All Amounts in Whole Numbers	General	Special Revenue	Capital Projects	Debt Service Rep	Enterprise ort In Whole Num	Internal Service bers	Fiduciary	Discretely Presented Component Units
301t	Excess of receipts/revenues over (under) expenditures/expenses (240t-270t)	(\$358,027)	\$212,038	\$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)	(\$358,027)	\$212,038	\$0	\$0	\$0	\$0	\$0	\$0
307t	Previous year fund balance	\$1,363,740	\$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)	\$1,005,713	\$212,038	\$0	\$0	\$0	\$0	\$0	\$0

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 umbers	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				

Debt Limitations and Future Debt

I certify that North Rive	erside Public Library Dist	trict does not have Legal	Debt Limitation			
Based	on Statute					
X Based	on Other			Explanation	Board decision	
Fotal Legal Debt Limita	ation: \$0	Total Debt Appl	icable to the limit: \$0		Legal Debt Margin: \$0	Legal Debt Margin (%): 0.00%
		nded Debt listed above			Please provide a summary of the statutory references.	authorized debt limitations, including a
Year Ending	Principal	Interest	Total			
2022	\$0	\$0	\$0			
2023	\$0	\$0	\$0			
2024	\$0	\$0	\$0			
2025	\$0	\$0	\$0			
2026	\$0	\$0	\$0			
2027-2031	\$0	\$0	\$0			
2032-2036	\$0	\$0	\$0			
2037-2041	\$0	\$0	\$0			
TOTAL	9.0	0.2	0.2			

Pension Funds / Retirement Benefits

Code	Enter All Amounts in Whole Numbers		IMRF			Police Pension			Fire Pension	
		2018	2019	2020	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
500	Actuarial Valuation Date (VD)	12/31/2018	12/31/2019	12/31/2020						
500a	Reporting Date (RD)	12/31/2018	12/31/2019	12/31/2020						
500b	Measurement Date (MD)	12/31/2018	12/31/2019	12/31/2020						
501	Total Pension Liability (TPL)	\$290,042	\$386,425	\$451,131	\$0	\$0	\$0	\$0	\$0	\$0
502	Plan Fiduciary Net Position (FNP)	\$98,177	\$152,666	\$216,253	\$0	\$0	\$0	\$0	\$0	\$0
503	Net Pension Liability (NPL)	\$191,865	\$233,759	\$234,878	\$0	\$0	\$0	\$0	\$0	\$0
504	Plan Fiduciary Net Position as a Percentage of Total Pension Liability	33.84%	39.50%	47.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
505	Net Pension Obligation/ Net OPEB Obligation	\$98,177	\$54,489	\$63,587	\$0	\$0	\$0	\$0	\$0	\$0

Enter All Amounts in Whole Numbers

	Enter All Amounts in Whole Numbers									
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)									
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

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.

Explanation or Comments

<u>Type</u> <u>Explanation</u>

GEN

Office of the Comptroller, Susana A. Mendoza FY 2021 AFR Special Purpose Form F7

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 licensed in Illinois, or are they licensed in another state? Please use	working as an individual licensed in Illinois, or are they we a checkmark to select one choice:	orking in association with a Public Acc	ounting Firm or a Professional Service Corporation						
Individual Licensed Certified Public Accountant	Public Accounting Firm (IL License)	counting Firm (IL License) Professional Service Corporation (IL License)							
Out-of-State (Individual / Public Accounting Firm / Profe	essional Service Corporation)								
If you selected Out of State / Individual Licensed Certified Pub following information for the entity performing the Annual Audit f	olic Accountant / Public Accounting Firm / Professional for your government.	Service Corp, please complete the lic	ensee information below. Please provide the						
Enter the complete active Licensee #:		State License is Issued:							
License Status:									
License Type (Please select one. If 'Other', ener type information	on)								
Individual Licensed Certified Public Accountant	Public Accounting Firm	Professional Serv	ice Corporation						
Out-of-State (Individual / Public Accounting Firm / Pro	fessional Service Corporation)	Other							
Provide information for the business entity performing the	audit for your government.								
Business Name:									
Address:		Address 2:							
City:		State:	ZIP:						
Phone:	Ext	Fax:	E-Mail:						
Last Name:	First Name:	Title:							
Phone:	Ext	E-Mail:							
Provide information for the Licensed Certified Public Acco	untant performing the audit for your government.								
Enter the active 9-digit License#:		License Status:							
Last Name:	First Name:		Title:						
Address:		Address 2:							
City:		State:	ZIP:						
Phone:	Ext	Fax:	E-Mail:						

List of Error(s) still needing to be resolved

Non-Critical

Verify Your Auditor Is Properly Licensed
Record your Indebtedness, other than Bonded
Amount in 259t, but not in 417t
Check Net Position Calculation
Record Explanation for OTHER amounts

F11

Office of the Comptroller, Susana A. Mendoza FY 2021 AFR Special Purpose Form