

**FY 2006**

**ANNUAL FINANCIAL REPORT**

Special Purpose Abbreviated Form

**FILED**

JUL 14 2006

Please return completed form to:  
Office of the Comptroller  
Local Government Division  
100 W. Randolph St., Suite 15-500  
Chicago, IL 60601-3252  
Tel: (877) 304-3899

*Mark A. Baker*  
CHAMPAIGN COUNTY CLERK

Unit Name: Condit-East Bend-Hensley-Newcomb Multi Township Tax Assessment District Code: 010/030/24

County: CHAMPAIGN

I attest that, to the best of my knowledge, this report represents a complete and accurate statement of the financial position of Condit-East Bend-Hensley-Newcomb Multi Township Tax Assessment District as of the end of this fiscal year.

*Barbara Corby*

Written signature of government official

Barbara Corby, Assessor

7-9-06

Date

**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.

A. CONTACT PERSON (elected or appointed official responsible for filling out this form):	B. CHIEF EXECUTIVE OFFICER (elected or appointed official responsible for the executive administration, i.e. mayor, supervisor, or chairman):	C. CHIEF FINANCIAL OFFICER (elected or appointed official responsible for maintaining the government's financial records):
Name: Barbara Corby	Barbara Corby	Sue Coffin
Title: Assessor	Assessor	Treasurer
Address: 3045 CO RD 1200 EAST	3045 CO RD 1200 EAST	1079 CR 2500 N
City: RANTOUL	RANTOUL	Rantoul
State: IL	IL	IL
Zip: 61866	61866	61866
Phone: (217) 892-9209 Ext:	(217) 892-9209 Ext:	(217) 892-8180 Ext:
Fax: (217) 892-9337		
E-mail: Bcorby@aol.com		



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

What is the total POPULATION of Condit-East Bend-Hensley-Newcomb Multi Township Tax Assessment District?	3607
What is the total EAV of Condit-East Bend-Hensley-Newcomb Multi Township Tax Assessment District?	\$98,547,430
*How many FULL TIME EMPLOYEES are paid?	1
*How many PART TIME EMPLOYEES are paid?	8
*What is the TOTAL SALARY paid to all employees?	\$ 17,735,400

^Or provide estimated population

\*Do not include contractual employees

**STEP 5 AND 6: APPROPRIATIONS**

Provide the appropriation for the primary government.

Total Appropriations \$28,897,777

**STEP 7: AUDITS**

Provide CPA Information if Condit-East Bend-Hensley-Newcomb Multi Township Tax Assessment District 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 Condit-East Bend-Hensley-Newcomb Multi Township Tax Assessment District made to other government 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 9: FUND LISTING AND ACCOUNT GROUPS**

A. List all funds and how much was spent in FY 2006 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.

Fund Name	Expenditure	Fund Type	FY End
General Fund	\$ 26,227.94	GN	03/31
	\$		
	\$		
	\$		
	\$		
	\$		
Total Expenditures	\$		

B. Does this government have assets or liabilities that should be recorded as a part of Account Groups?

If your government's Accounting Method is 'Cash No Assets' or your government has implemented GASB 34, you must select 'No' for Account Groups.

Yes  No

**STEP 10: GOVERNMENTAL ENTITIES**

List the governmental entities that are part of or related to the primary government.

Exclude component units detailed in Steps 5 and 6. Most small governments do not have governmental entities.

Entity Name	Relationship
<del> </del>	<del> </del>

**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

## REVENUES

Code	Description	General	Special Revenue	Other Funds
201	Property Taxes	28,897.77		
204	Other Local Taxes			
214	State Replacement			
215	Other State Sources			
225	Federal			
234	Charges for Services			
235	Interest	1078.86		
236	Misc. / Other Local Sources	275.00		
240	<b>TOTAL RECEIPTS AND REVENUES</b>	<b>30,251.63</b>		

## EXPENDITURES

Code	Description	General	Special Revenue	Other Funds
251	General Government	26,227.94		
252	Public Safety			
255	Transportation/ Public Works			
256	Social Services			
257	Culture/Recreation			
259	Debt			
280	Capital Outlay			
260	Other Expenditures or Expenses			
270	<b>TOTAL EXPENDITURES</b>	<b>26,227.94</b>		

## FUND BALANCE

Code	Description	General	Special Revenue	Other Funds
301	Revenues - Expenditures (240-270)	4023.69		
307	Beginning Fund Balance	42215.69		
308	Other (Explain)			
310	Current Year Ending Fund Balance	46239.38		

## DEBT

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

**MULTI-TOWNSHIP TAXING DISTRICT  
CONDIT, EAST BEND, HENSLEY AND NEWCOMB TOWNSHIP**

**Illinois Fund**

**Starting Balance, January 1, 2005** \$42,215.69

Interest for 2005	\$1,078.86
Receipts for 2005	\$28,897.77
Misc. Receipts (Void Ck re-entere	\$275.00

**Total Receipts for 2005** \$30,251.63

**Total Funds Available** **\$72,467.32**

Expenses for 2005	
Wages	\$16,475.00
Rent	\$1,500.00
Mileage	\$3,771.24
Supplies	\$392.32
Utilities	\$604.73
Equipment	\$0.00
Misc.	\$3,484.65

**Total Expenses for 2005** \$26,227.94

**Ending Balance for December 31, 2005** **\$46,239.38**

Note: Misc. Expenses

FICA	\$1,260.40
Publishing	\$70.40
US Postal Service	\$538.99
Dues	\$45.00
Torima-Insurance	\$500.00
Contract Labor	\$230.00
Continuing Education	\$839.86

**Prepared by Sue Coffin, Treasurer**

**MULTI-TOWNSHIP ASSESSMENT DISTRICT  
CONDIT, EAST BEND, HENSLEY, AND NEWCOMB TOWNSHIP**

**Financial Statement, January 1, 2005 thru December 31, 2005**

**Income**

Beginning Balance	\$42,215.69
Funds Received from Taxes	\$28,897.77
Funds Received from Interest, Refunds	\$1,353.86

Funds Available \$72,467.32

**Expenses**

Personnel Services	\$17,735.40
Contractual Services	\$8,100.22
Commodities	\$392.32
Capital Outlay	\$0.00

Total Expenses \$26,227.94

**Balance of Hand, December 31, 2005** \$46,239.38

Audited and Approved by:

Chairman: *[Signature]*

Clerk: *[Signature]*

Treasurer: *Susan M. Coffin*

Audit Committee: *[Signature]*

*Jammy Collins*

**MULTI-TOWNSHIP ASSESSMENT DISTRICT  
CONDIT, EAST BEND, HENSLEY, AND NEWCOMB TOWNSHIP**

FINANCIAL STATEMENT FOR JANUARY 1, 2005 THRU DECEMBER 31, 2005

**REVENUE SUMMARY**

PROPERTY TAXES	\$28,897.77
MISCELLANEOUS AND INTEREST	<u>\$1,353.86</u>
<b>TOTAL REVENUE</b>	<b><u>\$30,251.63</u></b>

**EXPENDITURES SUMMARY**

S. COFFIN-\$600; B. CORBLY-\$15,000; T. COLLINS-\$175;  
C. HANSEN-\$200; L. OSTERBUR-\$275; A. TRYON-\$225;  
. TOTAL SALARIES: \$16475.00  
RENT-\$1500; MILEAGE-\$3771.24; PAYROLL TAXES-\$1260.40  
ALL OTHER DISBURSEMENTS LESS \$1000.00: \$3221.30

<b>TOTAL EXPENDITURES</b>	<b><u>\$26,227.94</u></b>
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**SUMMARY STATEMENT OF CONDITION**

Beginning Balance	\$42,215.69
Revenue	\$30,251.63
Less Disbursement	<u>\$26,227.94</u>
<b>Ending Balance</b>	<b><u>\$46,239.38</u></b>