



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

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FY 2024 Annual Financial Report Special Purpose Long Form

CCIF Copy - 9/25/2024 5:27:32 PM

Unit Name : Milan-Blackhawk Public Library District

County : Rock Island

Unit Code : 081/008/10

I attest that, to the best of my knowledge, this report represents a complete and accurate statement of the financial position, the Contact Information, the TIF status, the FEIN status, the Total Appropriations, and the Legal Debt Limitation of Milan-Blackhawk Public Library District as of the end of this fiscal year.

Written signature of government official
Angela Campbell, Director

Please Sign:

Angela Campbell

Date:

9/27/2024

Unit Name : Milan-Blackhawk Public Library District

Unit Code : 081/008/10

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 or appointed official responsible for filling out this form.)		B. Chief Executive Officer (Enter your name here ONLY if you are the elected or appointed official <u>responsible</u> for the EXECUTIVE ADMINISTRATION, i.e. mayor, supervisor, or chairman. Your name will be listed with this responsibility on our website.)		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.)	
Angela	Campbell	Elizabeth	Bouslough	Donna	Abolt
Director		President		Treasurer	
401 19th St		1414 Big Island Road		523 Blackhawk Avenue	
Rock Island		Milan		Milan	
IL 61201		IL 61264		IL 61264	
Phone: (309) 732-7300 Ext.		Phone: (309) 787-1269 Ext.		Phone: (309) 787-5047 Ext.	
Fax: (309) 732-7309		Fax:		Fax:	
E-Mail: campbell.angela@rigov.org		E-Mail: enikjs1@gmail.com		E-Mail: tuffy37@mchsi.com	
D. Purchasing Agent (Enter the Purchasing Agent or if there is no Purchasing Agent, the name of the person responsible for oversight of all competitively bid contracts should be listed.)		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.)			
Angela	Campbell	Angela	Campbell		
Purchasing Agent		Director			
401 19th St		401 19th St			
Rock Island		Rock Island			
IL 61201		IL 61201			
Phone: (309) 732-7305 Ext.		Phone: (309) 732-7305 Ext.			
Fax: (309) 732-7309		Fax: (309) 732-7309			
E-Mail: campbell.angela@rigov.org		E-Mail: campbell.angela@rigov.org			

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 Name : Milan-Blackhawk Public Library District

Unit Code : 081/008/10

STEP 4: POPULATION, EAV AND EMPLOYEES

What is the total population of Milan-Blackhawk Public Library District?^	9,820
What is the total EAV of Milan-Blackhawk Public Library District?	\$269,359,064
How many full time employees are paid?*	0
How many part time employees are paid?*	0
What is the total salary paid to all employees?	\$0

^ 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 FUNDS SHOULD NOT BE LISTED HERE*	Appropriation^	Type of Component Unit (Blended or Discretely Presented)	Fiscal Year End	Enterprise Fund Type or Governmental Fund Type
Milan-Blackhawk Public Library District	\$326,384		06/30	
Total Appropriations	\$326,384			

* 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 Name : Milan-Blackhawk Public Library District

Unit Code : 081/008/10

STEP 7: OTHER GOVERNMENTS

Indicate any payments Milan-Blackhawk 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	\$329,705
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 2024 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
Library Fund	\$331,643	General Fund	06/30
Total Expenditures	\$331,643		

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

Yes No

Unit Name : Milan-Blackhawk Public Library District

Unit Code : 081/008/10

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	
<input type="checkbox"/> - Board of Education	<input type="checkbox"/> - Board of Higher Education
<input type="checkbox"/> - DCEO	<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 - _____

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		Report In Whole Numbers								
101t	Cash and Cash Equivalent	\$278,358	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
102t	Investments	\$0	\$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	\$278,358	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Liabilities										
122t	All Payables	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
132t	Deferred Revenues	\$143,661	\$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	\$143,661	\$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	\$134,697	\$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	\$134,697	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
145t	Total Liability and Equity	\$278,358	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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 Whole Numbers							
201t	Property Tax	\$306,342	\$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	\$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)	\$14,393	\$0	\$0	\$0	\$0	\$0	\$0	\$0
225t	Federal Sources	\$0	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
234t	Charges for Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
235t	Interest	\$2,554	\$0	\$0	\$0	\$0	\$0	\$0	\$0
236t	Miscellaneous (Explain)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
240t	Total Receipts and Revenue	\$323,289	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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
Report In Whole 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	\$331,643	\$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	\$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	\$331,643	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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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
301t	Excess of receipts/revenues over (under) expenditures/expenses (240t-270t)	(\$8,354)	\$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)	(\$8,354)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
307t	Previous year fund balance	\$143,051	\$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)	\$134,697	\$0	\$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	Outstanding End of Year	Original Issue Amount	Final Maturity Date	Interest Rate Ranges-Lowest	Interest Rate Ranges-Highest
Report In Whole Numbers												
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				

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 FY 2024 AFR
 Special Purpose Form

Debt Limitations and Future Debt

___ I certify that Milan-Blackhawk Public Library District does not have Legal Debt Limitation

___ Based on Statute

___ Based on Other

Total Legal Debt Limitation: \$0

Total Debt Applicable to the limit: \$0

Legal Debt Margin: \$0

Legal Debt Margin (%): 0.00%

Future Debt Service Requirements for Bonded Debt listed above			
Year Ending	Principal	Interest	Total
2025	\$0	\$0	\$0
2026	\$0	\$0	\$0
2027	\$0	\$0	\$0
2028	\$0	\$0	\$0
2029	\$0	\$0	\$0
2030-2034	\$0	\$0	\$0
2035-2039	\$0	\$0	\$0
2039-2044	\$0	\$0	\$0
TOTAL	\$ 0	\$ 0	\$ 0

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)									
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

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*

Code	Function	These are not funds	
		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

Type

Explanation

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Special Purpose Form

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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 working as an individual licensed in Illinois, or are they working in association with a Public Accounting Firm or a Professional Service Corporation licensed in Illinois, or are they licensed in another state? Please use a checkmark to select one choice:

Individual Licensed Certified Public Accountant
 Public Accounting Firm (IL License)
 Professional Service Corporation (IL License)

Out-of-State (Individual / Public Accounting Firm / Professional 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.

Enter the complete active Licensee #: _____ State License is Issued: _____

License Status: _____

License Type (Please select one. If 'Other', enter type information)

Individual Licensed Certified Public Accountant
 Public Accounting Firm
 Professional Service Corporation

Out-of-State (Individual / Public Accounting Firm / Professional 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 Accountant 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: _____

Non-Critical

Expenditures Exceed Appropriations