



STATE OF ILLINOIS
COMPTROLLER

JUDY BAAR TOPINKA

FY 2013 Annual Financial Report

Special Purpose Long Form

CC Copy - 9/24/2013 12:50:29PM

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.

Unit Name: Lost Nation New Landing River Conservancy District

County: Ogle

Unit Code: 071/010/14

I attest that, to the best of my knowledge, this report represents a complete and accurate statement of the financial position of Lost Nation New Landing River Conservancy District as of the end of this fiscal year.

Written signature of government official
Becky Breckenfelder, Clerk
Please Sign

Date

Office of the Comptroller, Judy Baar Topinka
FY 2013 AFR
Special Purpose Form

Unit Name: Lost Nation New Landing River Conservancy District

Unit Code Number: 071/010/14

PLEASE CROSS OUT ALL INCORRECT INFORMATION AND PROVIDE CORRECTIONS

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 responsible 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 responsible for MAINTAINING THE GOVERNMENT'S FINANCIAL RECORDS. Your name will be listed with this responsibility on our website.)		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)	
Becky	Breckenfelder	Glenn	Baldwin	Rebecca	Breckenfelder	Rebecca	Breckenfelder
Clerk		President		Treasurer		Purchasing Agent	
404 Lake Ct		404 Lake Ct		404 Lake Ct		404 Lake Ct	
Dixon		Dixon		Dixon		Dixon	
IL	61021	IL	61021	IL	61021	IL	61021
Phone: (815) 652-2006		Phone: 815 652-2006		Phone: 815 652-2006		Phone: 815-652-2006	
Fax:		Fax:		Fax:		Fax:	
E-Mail: becky.breckenfelder@lostlakercd.org		E-Mail: glenn.baldwin@lostlakercd.org		E-Mail: becky.breckenfelder@lostlakercd.org		E-Mail: becky.breckenfelder@lostlakercd.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. If not, please do not leave columns B and C blank.

STEP 2: VERIFY FISCAL YEAR END

FY END DATE: 04/30/2013

If the fiscal year end date listed above is incorrect, cross out the incorrect date and provide the correct date. Official documentation of this change must be sent to the Chicago office before the fiscal year end date is officially amended.

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

A. Has your government implemented GASB 34 in FY 2013 reporting or in previous reporting years? X Yes No

If Yes:

Governments who have implemented GASB 34 and are using "Other Comprehensive Basis of Accounting" (OCBOA) such as "Cash Basis" and "Modified Cash Basis" as their accounting system will now be able to select these types as their accounting system

Please fill out the Alternative Assets & Liabilities page, located on page F1(b)

B. Which type of accounting system does Lost Nation New Landing River Conservancy 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?

If "Yes", indicate the type(s) of debt and complete the Statement of Indebtedness page, located on page F5.

G.O. Bonds Revenue Bonds Alternate Revenue Bonds
Does the government have debt, other than bonded debt this reporting fiscal year? Yes X No

If "Yes", indicate the type(s) of debt and complete the Statement of Indebtedness page, located on page F5.

Contractual Commitments Other (Explain)

E. Does Lost Nation New Landing River Conservancy District own or operate a public utility company?

Water/Sewer Electric/Gas/Transit 911 Telephone/Telecommunications Other

F. Does the government have pension funds or other retirement benefits this reporting fiscal year?

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 Sheriffs Law Enforcement Personnel Plan (SLEP)
Other Pension (Explain) Other Post Employment Benefit (OPEB)

STEP 4: POPULATION, EAV AND EMPLOYEES

^What is the total population of Lost Nation New Landing River Conservancy District?		1,000
What is the total EAV of Lost Nation New Landing River Conservancy District?	\$	17,700,799
*How many full time employees are paid?		0
*How many part time employees are paid?		2
What is the total salary paid to all employees?	\$	22,961

^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, their fiscal year end dates, and if the component units are 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
Lost Nation New Landing River Conservancy District	\$376,131			
Total Appropriations	\$376,131			

*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.

▲ STEP 7: OTHER GOVERNMENTS

Indicate any payments Lost Nation New Landing River Conservancy District has 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	\$	2,926
All other intergovernmental payments	\$	93

STEP 8: FUND LISTING & ACCOUNT GROUPS

A. List all funds and how much was spent in FY 2013 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	\$134,586	General Fund	04/30
Total Expenditures	\$134,586		

B. Does Lost Nation New Landing River Conservancy 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

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	
<input checked="" type="checkbox"/> - Illinois Comptroller	___ - Secretary of State
___ - General Assembly - House	___ - General Assembly - Senate
<input checked="" type="checkbox"/> - County Clerk	___ - Circuit Clerk
___ - Governor's Office	___ - Other - _____

Assets

Code	Enter all Amounts in Whole Numbers	Governmental Activity	Business-Like Activity	Fiduciary	Discretely Presented Component Units
Current Assets					
101t	Cash and Cash Equivalent	239,340	0	0	0
102t	Investments	0	0	0	0
115t	Receivables	0	0	0	0
109t	Inventories	0	0	0	0
112t	Other Assets (Explain)	0	0	0	0
Non-Current Assets					
116t	Capital Assets/Net of Accumulated Depreciation	1,600,042	0	0	0
117t	Other Capital Assets (Explain)	0	0	0	0
120t	TOTAL ASSETS	1,839,382	0	0	0

Liabilities

Code	Enter all Amounts in Whole Numbers	Governmental Activity	Business-Like Activity	Fiduciary	Discretely Presented Component Units
Current Liabilities					
122t	All Payables	0	0	0	0
132t	Deferred Revenues	0	0	0	0
128t	Other Liabilities (Explain)	0	0	0	0
Non-Current/Long-Term Liabilities					
129t	Due Within One Year	0	0	0	0
130t	Due Beyond One Year	0	0	0	0
131t	Other Non-Current/Long Term Liabilities (Explain)	0	0	0	0
135t	TOTAL LIABILITIES	0	0	0	0

Net Assets

Code	Enter all Amounts in Whole Numbers	Governmental Activity	Business-Like Activity	Fiduciary	Discretely Presented Component Units
143t	Investments in Capital Assets/Net of Related Debt	1,600,042	0	0	0
148t	Net Assets - Restricted	0	0	0	0
149t	Net Assets - Unrestricted	239,340	0	0	0
146t	TOTAL NET ASSETS	1,839,382	0	0	0
147t	TOTAL LIABILITIES & NET ASSETS	1,839,382	0	0	0

F1b

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									
201t	Property Tax	146,404	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

Report In Whole Numbers

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)	56,727	0	0	0	0	0	0	0
225t	Other Intergovernmental Sources	0	0	0	0	0	0	0	0
226t	Other Intergovernmental (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	451	0	0	0	0	0	0	0
236t	Miscellaneous (Explain)	5,103	0	0	0	0	0	0	0
240t	Total Receipts and Revenue	208,685	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	69,566	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	65,020	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	134,586	0	0	0	0	0	0	0

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
Report in Whole Numbers									
301t	Excess of receipts/revenues over (under) expenditures/expenses (240t-270t)	74,099	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)	74,099	0	0	0	0	0	0	0
307t	Previous year fund balance	165,240	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)	239,339	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		406		412		418					
Revenue Bonds	401		407		413		419					
Alternate Revenue Bonds	402		408		414		420					
Contractual Commitments	403		409		415		421					
Other (Explain)	404		410		416		422					
Total Debt	405		411		417		423					

Total Legal Debt Limitation	0
Total Debt Applicable to the limit	0
Legal Debt Margin	\$0
Legal Debt Margin (%)	0 %

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

Future Debt Service Requirements for Bonded Debt listed above

Years Ending	Principal	Interest	Total
2014	0	0	0
2015	0	0	0
2016	0	0	0
2017	0	0	0
2018	0	0	0
2019-2023	0	0	0
2024-2028	0	0	0
2028-2033	0	0	0
	0	0	0

Pension Funds / Retirement Benefits

Code	IMRF			Police Pension			Fire Pension		
500	Actuarial Valuation Date								
501	Total Pension Liability / Actuarial Accrued Liability	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	\$0	\$0	\$0
502	Total Funded Pension / Actuarial Value of Assets	0	\$0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$
503	Total Unfunded Pension Liability	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$
504	Funded Ratio	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
505	Net Pension Obligation / Net OPEB Obligation	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$

Code	SLEP			Other Pension			OPEB (Net)		
500	Actuarial Valuation Date								
501	Total Pension Liability / Actuarial Accrued Liability	\$ 0 \$	0 \$	0 \$	\$0.00 \$	0 \$	0 \$	0 \$	\$0
502	Total Funded Pension / Actuarial Value of Assets	0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$
503	Total Unfunded Pension Liability	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$
504	Funded Ratio	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
505	Net Pension Obligation / Net OPEB Obligation	\$ 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	\$ 3,345	\$ 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	\$ 49,263	\$ 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:

Gen 215t- IL EPA Grant 3191003

236t-Misc. Rentals, pop machine, hay field rental, per diem donations

275t - bank stabilization & upstream non-point source pollution, maintenance of beaches, docks, & dam, fish stocking, invasive fish species and animal control.

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 License#: _____ 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)

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: _____