

Due to ROE on October 15th  
 Due to ISBE on November 15th  
 SD/JA07

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

**Illinois School District/Joint Agreement  
 Annual Financial Report \*  
 June 30, 2007**

School District  
 Joint Agreement

<u>School District/Joint Agreement Information</u> <i>(See instructions on inside of this page.)</i>	<u>Accounting Basis:</u>	<u>Certified Public Accountant Information</u>
School District/Joint Agreement Number: <b>19-022-0530-02</b>	<input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	Name of Auditing Firm: <b>Virchow, Krause &amp; Co., LLP</b>
County Name: <b>DuPage</b>	<u>Filing Status:</u>	Name of Audit Supervisor: <b>Shelly Whitlow</b>
Name of School District/Joint Agreement: <b>Butler Elementary School District No. 53</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is the AFR filed electronically (Internet)? If no, CD/Disk must be enclosed. <b>Click on the Link to Submit:</b> <a href="http://www.isbe.net/sfms/afr/afr.htm">www.isbe.net/sfms/afr/afr.htm</a>	Signature of Audit Supervisor :
Address: <b>2801 York Road</b>		Address: <b>1301 West 22nd Street, Suite 400</b>
City: <b>Oak Brook</b>	<u>A-133 Single Audit Status:</u>	City: <b>Oak Brook</b> State: <b>IL</b> Zip Code: <b>60523</b>
Email Address:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Are Federal expenditures greater than \$500,000?	Phone Number: <b>(630) 990-3131</b> Fax Number: <b>(630) 990-0039</b>
Zip Code: <b>60523</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is all A-133 Single Audit Information completed and attached?	IL Registration Number: <b>060-002735</b>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were any findings issued?	Email Address: <a href="mailto:swhitlow@virchowkrause.com">swhitlow@virchowkrause.com</a>

<input type="checkbox"/> Reviewed by District Superintendent/Administrator	<input type="checkbox"/> Reviewed by Township Treasurer (Cook County only) Name of Township: _____	<input type="checkbox"/> Reviewed by Regional Superintendent
District Superintendent/Administrator Name (Type or Print):	Township Treasurer Name (type or print):	Regional Superintendent 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:

\* Based upon the Illinois Program Accounting Manual for Local Education Agencies.  
 ISBE Form SD50-35/JA50-60 (5/1/07)