

Due to ROE on October 15th  
 Due to ISBE on November 16th  
 SD/JA09

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

**Illinois School District/Joint Agreement  
 Annual Financial Report \***  
**June 30, 2009**

School District  
 Joint Agreement

<p align="center"><b><u>School District/Joint Agreement Information</u></b>          (See instructions on inside of this page.)</p>		<p align="center"><b><u>Accounting Basis:</u></b></p> <p><input checked="" type="checkbox"/> CASH  <input type="checkbox"/> ACCRUAL</p>		<p align="center"><b><u>Certified Public Accountant Information</u></b></p>	
School District/Joint Agreement Number: <b>41-057-0090-26</b>				Name of Auditing Firm: <b>Schwalter &amp; Jabouri, P.C.</b>	
County Name: <b>Madison</b>				Name of Audit Supervisor: <b>James K. Torti, CPA, CFE</b>	
Name of School District/Joint Agreement: <b>Granite City Community Unit No. 9</b>				Address: <b>11878 Gravois Road</b>	
Address: <b>1947 Adams Street</b>				City: <b>St. Louis</b>	State: <b>MO</b>
City: <b>Granite City</b>				Zip Code: <b>63127</b>	
Email Address:				Phone Number: <b>314-849-4999</b>	Fax Number: <b>314-849-3486</b>
Zip Code: <b>62040</b>				IL Registration Number: <b>066-003344</b>	
				Email Address: <a href="mailto:jtorti@sicpa.com">jtorti@sicpa.com</a>	
<p align="center"><b><u>Annual Financial Report</u></b>          Type of Auditor's Report Issued:</p> <p><input type="checkbox"/> Qualified  <input checked="" type="checkbox"/> Adverse  <input type="checkbox"/> Disclaimer</p>		<p align="center"><b><u>A-133 Single Audit Status:</u></b></p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are Federal expenditures greater than \$500,000?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is all A-133 Single Audit Information completed and attached?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were any findings issued?</p>		ISBE Use Only	
<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): <b>Harry Briggs, Ph.D.</b>		Township Treasurer Name (type or print)		Regional Superintendent Name (Type or Print):	
Email Address: <a href="mailto:harry.briggs@gcsd9.net">harry.briggs@gcsd9.net</a>		Email Address:		Email Address:	
Telephone: <b>618-451-5800</b>	Fax Number: <b>618-451-6135</b>	Telephone:	Fax Number:	Telephone:	Fax Number:
Signature & Date:		Signature & Date:		Signature & Date:	

\* This form is based on 23 Illinois Administrative Code 100, Subtitle A, Chapter I, Subchapter C (Part 100).