

Audit Certification
Annual Financial Report:
For Fiscal Year Ending 6/30/2016
(Pursuant to PA School Code Section 218(b))

LEA Name : Canon-McMillan SD
AUN Number : 101631703
County : Washington

Audit Certification Due:
12/31/2016

This certification is applicable to:

☐ Orig. Annual Financial Report submitted to
Comptroller Operations: _____

Date

☒ Annual Financial Report revisions submitted on: 5/2/17
Date

Auditing Firm: Cypher & Cypher

Auditor Contact Name: Stephen Cypher
Auditor Phone: (724) 745-3543
Auditor E-mail: scypher@cyphercpa.com
*Revisions needed to Indirect Cost Schedule -
(Subcontract/Award)*

CERTIFICATION: By signing this page I agree that the financial statements of the school have been properly audited as noted above pursuant to Article XXIV, and in the auditor's professional opinion, the Annual Financial Report (PDE-2057) submitted on the date referenced is materially consistent with the audited financial statements.

Chief School Administrator

Michael Danks
Signature

5-2-2017
Date

Board Secretary

Joni Mansmann
Signature

5/2/17
Date

Joni B Mansmann

Contact Person

mansmannj@cmsd.k12.pa.us

Contact Person E-mail Address

(724)746-2940

Ext :9109

Contact Person Telephone Number

(724)746-9184

Contact Person Fax Number

LEA Name : Canon-McMillan SD
Address : 1 N Jefferson Ave
Canonsburg , PA 15317

County : Washington
AUN Number : 101631703
LEA Type : SD

Annual Financial Report
Accuracy Certification Statement

For Fiscal Year Ending

6/30/2016

Pennsylvania Department of Education

&

Office of Comptroller Operations

PDE-2056: Intermediate Unit

PDE-2057: School District, AVTS/CTC, Charter School,
and Special Program Jointure

CERTIFICATION: By signing this page I agree that the electronic data submitted is a complete and accurate statement of the financial operations and status of the local education agency for the fiscal year. It has been prepared in accordance with generally accepted accounting principles and established Commonwealth of PA reporting guidelines.



Chief School Administrator Signature

5-2-2017

Date



Board Secretary Signature

5/2/17

Date

Joni B Mansmann

Contact Person

mansmannj@cmsd.k12.pa.us

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Schedule of Subcontracts/Subawards for each Department

Fiscal Year: 2015-2016

Fund Code	Account Code	Object Code	Organization Name	Contract Identifier	Original Subgrant/Subaward Amount	Fiscal Year Expenditure	\$25,000 Fiscal Year Contract Expenditures in Base	Fiscal Year Contract Expenditures in excess of \$25,000 Total Exclusions
10	1100	322	IU #1	1	\$286,636.95	\$241,340.00	\$25,000.00	\$216,340.00
			Total 1100 Regular Programs – Elementary / Secondary		\$286,636.95	\$241,340.00	\$25,000.00	\$216,340.00
10	1200	322	IU #1 IDEA	2	\$517,696.00	\$714,409.00	\$25,000.00	\$689,409.00
			Total 1200 Special Programs – Elementary / Secondary		\$517,696.00	\$714,409.00	\$25,000.00	\$689,409.00
			TOTAL		\$804,332.95	\$955,749.00	\$50,000.00	\$905,749.00