

Single Audit Summary For Fiscal Year Ended June 30, 2015

A. GENERAL INFORMATION

District/Charter School/Renaissance School Project Name: Beverly City Board of Education
District/Charter School/Renaissance School Project Code: 0380
County: Burlington
Audit Firm: Jump, Perry and Company, LLP

B. AUDIT ITEMS SUBMITTED

Items 1 through 8 are hard copies mailed to the NJDOE and electronically submitted

- | | | |
|---|------------------|-----------------------|
| 1. The School District is required to use a school-based budget | Yes _____ | No <u> x </u> |
| 2. Comprehensive Annual Financial Report (2 bound copies) - (3 copies when a school-based budget is required) | Copies | <u> 2 </u> |
| 3. Auditor's Management Report | | <u> 2 </u> |
| 4. Audit Questionnaire (when a school-based budget is required) | | <u> N/A </u> |
| 5. Cover Letter (on firm letterhead) | | <u> 1 </u> |
| 6. Peer Review | | <u> 1 </u> |
| 7. Single Audit Summary | | <u> 1 </u> |
| 8. Data Collection Form (when federal expenditures exceed \$500,000) | | <u> N/A </u> |
| 9. Audit performed and signed and dated by a CPA/PSA/RMA | Yes <u> X </u> | |
| 10. Type of Auditor's Report: Financial Statements | | <u> Unmodified </u> |

C. SINGLE AUDIT SECTION

- | | | | |
|---|-------------------------|---------------------------|-------------------|
| 1. Single Audits required according to the Federal and State Expenditures | Federal _____ | State <u> X </u> | N/A _____ |
| K-1 Independent Auditor's Report in Accordance with GAS | | | |
| 2. Material weaknesses and/or significant deficiencies noted | Yes _____ | No <u> X </u> | |
| K-2 Independent Auditor's Report of Federal and State Programs | | | |
| 3. Material weaknesses and/or significant deficiencies noted | Yes _____ | No <u> X </u> | N/A _____ |
| 4. Type of Auditor's Report: Federal | _____ | | |
| 5. Type of Auditor's Report: State | _____ | | |
| K-3 Schedule of Expenditures of Federal Awards | | | |
| 6. Total Federal Expenditures | <u> \$484,888.00 </u> | | |
| 7. Type A/B Threshold | N/A | | |
| 8. DOE Calculated Threshold | N/A | | |
| 9. Difference | N/A | | |
| | | As of June 30, 2014 | |
| | | 10. Due to Grantor | <u> \$0.00 </u> |
| | | 11. Less: Adjustment | <u> \$0.00 </u> |
| | | 12. Refund Amount | <u> \$0.00 </u> |
| | | 13. Repayment | <u> \$0.00 </u> |
| | | 14. Remaining Balance Due | <u> \$0.00 </u> |

Single Audit Summary For Fiscal Year Ended June 30, 2015

C. SINGLE AUDIT SECTION (contd)

District/Charter School/Renaissance School Name: Beverly City Board of Education County: Burlington

K-4 Schedule of Expenditures of State Financial Assistance

| | | | |
|------------------------------|----------------|---------------------------|---------------------|
| 15. Total State Expenditures | \$4,221,107.00 | | As of June 30, 2014 |
| 16. Type A/B Threshold | \$300,000.00 | 19. Due to Grantor | \$0.00 |
| 17. DOE Calculated Threshold | \$300,000.00 | 20. Less: Adjustment | \$0.00 |
| 18. Difference | \$0.00 | 21. Refund Amount | \$0.00 |
| | | 22. Repayment | \$0.00 |
| | | 23. Remaining Balance Due | \$0.00 |

K-5 Notes to the Schedule of Expenditures of Awards and Financial Assistance

24. Notes included Yes

**K-6 Schedule of Findings and Questioned Costs
Financial Statements**

25. Audit Findings contain the required reporting elements Yes (number of findings) _____ N/A

Federal Awards

26. List all Federal Programs or clusters exceeding the Type A Threshold and all Type B Programs determined to be major programs and audited in the current year. Include the applicable CFDA Numbers, classify the Programs as Type A or B and denote the last period(s) audited with an "X" in the specific column(s).

| <u>CFDA Number</u> | <u>Name of Federal Major Program or Cluster</u> | <u>Type A or B</u> | <u>Year 3 - 2015</u> | <u>Year 2 - 2014</u> | <u>Year 1 - 2013</u> |
|------------------------|---|------------------------|----------------------|----------------------|----------------------|
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27. K-6 agrees with Data Collection Form Yes _____ N/A

28. Audit Findings contain the required reporting elements Yes (number of findings) _____ N/A

29. Questioned Costs Yes (amount) _____ N/A

Single Audit Summary

For Fiscal Year Ended June 30, 2015

C. SINGLE AUDIT SECTION (contd)

District/Charter School/Renaissance School Name: Beverly City Board of Education County: Burlington

State Awards

30. List all State Programs or clusters exceeding the Type A Threshold and all Type B Programs determined to be major programs and audited in the current year. Include the applicable GMIS Numbers, classify the Programs as Type A or B and denote the last period(s) audited with an "X" in the specific column(s).

| <u>GMIS Number</u> | <u>Name of State Program</u> | <u>Type A or B</u> | <u>Year 3 - 2015</u> | <u>Year 2 - 2014</u> | <u>Year 1 - 2013</u> |
|--------------------|------------------------------|--------------------|----------------------|----------------------|----------------------|
| | State Aid Public Cluster: | | | | |
| 495-034-5120-089 | Special Education Aid | A | X | X | X |
| 495-034-5120-078 | Equalization Aid | A | X | X | X |
| 495-034-5120-085 | Adjustment Aid | A | X | X | X |
| 495-034-5120-084 | Security Aid | A | X | X | X |
| 495-034-5120-098 | PAARCC Readiness | A | X | | |
| 495-034-5120-097 | Per Pupil Growth Aid | A | X | | |
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31. Audit Findings contain the required reporting elements Yes (number of findings) _____ N/A X
 32. Questioned Costs Yes (amount) _____ N/A X

K-7 Schedule of Prior Year Findings and Questioned Costs

33. Prior Period Findings Number _____
 Fully Corrected Number _____
 Not Corrected Number _____
 Partially Corrected Number _____

D. Comments (optional)

E. Preparer's Information

Print Name Kathryn Perry
 Signature and Date _____
 Email Address kathryn.perry@jumppca.com

F. Audit Firm Information

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