

**ORDINANCE NO. 25-004**

**ORDINANCE LEVYING AND ASSESSING TAXES OF  
PINGREE GROVE & COUNTRYSIDE FIRE PROTECTION DISTRICT  
KANE COUNTY, ILLINOIS FOR 2025**

**BE IT ORDAINED** by the Board of Trustees of the Pingree Grove & Countryside Fire Protection District, Kane County, Illinois, as follows:

**Section One:** That the sum of **FOUR MILLION EIGHT HUNDRED SIXTY SEVEN THOUSAND FIVE HUNDRED AND NO CENTS (\$4,867,500.00)** assessed and levied from and against all taxable property within the limits of the said Pingree Grove & Countryside Fire Protection District as the same is assessed and equalized for State and County purposes for the current year, 2025, and duly appropriated for the necessary purposes detailed in the Budget and Appropriations Ordinance adopted on August 19, 2025 and the specific amounts hereby levied are set forth under the column entitled "Amount To Be Raised By Tax Levy," as follows:

**AMOUNTS TO BE RAISED  
BY TAX LEVY:**

**CORPORATE FUND**

Corporate Fund Levy \$ 2,317,500.00

The foregoing amount is hereby levied for general corporate purposes pursuant to the provisions of 70 ILCS 705/14.

**AMBULANCE FUND**

Ambulance Fund Levy \$ 1,900,000.00

The foregoing amount is hereby levied for ambulance expense purposes pursuant to the provisions of 70 ILCS 705/22.

**PENSION FUND**

Pension Fund Levy \$640,000.00

The foregoing amount is hereby levied for firefighter pension expense purposes pursuant to the provisions of 40 ILCS 5/4-118. The amount of \$215,000.00 should be exempt from PTELL due to the provisions of Public Act 93-0689.

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**KANE COUNTY CLERK**

**SOCIAL SECURITY FUND**

Social Security Fund Levy \$ 10,000.00

The foregoing amount is hereby levied for social security purposes pursuant to the provisions of 40 ILCS 5/21-110.

**LEVY SUMMARY**

<b>TOTAL CORPORATE FUND</b>	<b>\$ 2,317,500.00</b>
<b>TOTAL AMBULANCE FUND</b>	<b>\$ 1,900,000.00</b>
<b>TOTAL PENSION FUND</b>	<b>\$ 640,000.00</b>
<b>Includes Uncapped Sum of \$215,000.00</b>	
<b>TOTAL SOCIAL SECURITY FUND</b>	<b>\$ <u>10,000.00</u></b>
<b>GRAND TOTAL</b>	<b>\$ <u>4,867,500.00</u></b>

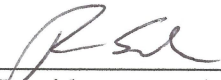
**Section Two:** That the Secretary is hereby directed to file a certified copy of this Ordinance with the Clerk of Kane County within the time specified by law.

**Section Three:** If any item or portion of this Ordinance is for any reason held invalid, such decision shall not affect the validity of remaining portions of the Ordinance.

**Section Four:** That this Ordinance shall be in full force and effect from and after its passage and approval as required by law.

**ADOPTED** this 17th day of November 2025, pursuant to a roll call vote as follows:

AYES:        5    NAYS:        0    ABSENT:    0

  
\_\_\_\_\_  
President, Board of Trustees  
Pingree Grove & Countryside Fire Protection District

ATTEST:  
  
  
\_\_\_\_\_  
Secretary, Board of Trustees  
Pingree Grove & Countryside Fire Protection District

**PINGREE GROVE & COUNTRYSIDE FIRE PROTECTION DISTRICT**  
**TRUTH IN TAXATION CERTIFICATION**

I, **the undersigned**, hereby certify that I am the presiding officer of the Pingree Grove & Countryside Fire Protection District, Kane County, Illinois, and as such, I hereby certify that the levy ordinance, a copy of which is appended hereto, was adopted pursuant to, and in all respects in compliance with, the provisions of Section 18-60 through 18-85 of the Truth in Taxation Law, 35 ILCS 200/18-55 et seq.

The provisions of Section 18-60 through 18-85 of the Truth in Taxation Law are not applicable to the District's 2025 levy.

**IN WITNESS WHEREOF**, I have placed my signature this 17th day of November 2025.

  
\_\_\_\_\_  
President, Board of Trustees  
Pingree Grove & Countryside Fire Protection District

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NOV 25 2025

KANE COUNTY CLERK

STATE OF ILLINOIS     )  
  )  
COUNTY OF KANE     )     SS

**SECRETARY'S CERTIFICATE**

I, **the undersigned**, the duly qualified and acting Secretary of the Board of Trustees of the Pingree Grove & Countryside Fire Protection District, Kane County, Illinois, do hereby certify that attached hereto is a true and correct copy of an Ordinance entitled:

**ORDINANCE NO. 25-004**

**ORDINANCE LEVYING AND ASSESSING TAXES OF  
PINGREE GROVE & COUNTRYSIDE FIRE PROTECTION DISTRICT  
KANE COUNTY, ILLINOIS FOR 2025**

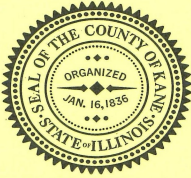
which Ordinance was duly adopted by said Board of Trustees at a regular meeting held on the 17th day of November 2025.

I do further certify that a quorum of said Board of Trustees was present at said meeting, and that the Board of Trustees complied with all the requirements of the Illinois Open Meetings Act.

**IN WITNESS WHEREOF**, I have hereunto set my hand this 17th day of November 2025.

  
\_\_\_\_\_  
**Secretary, Board of Trustees**  
Pingree Grove & Countryside Fire Protection District

**RECEIVED**  
**NOV 25 2025**  
KANE COUNTY CLERK



KANE COUNTY CLERK  
TAX EXTENSION DEPARTMENT  
FILING RECEIPT  
630/232/5964

UNIT CODE

UNIT OF GOVERNMENT: Pingree Grove Countryside Fire DATE: 11/25/25  
PERSON FILING: Kieran Stout

<input type="checkbox"/>	BUDGET/APPROPRIATION ORDINANCE	_____	_____
		Ordinance Number	Date Approved
<input type="checkbox"/>	CERTIFICATE OF BUDGET (Original Signature & Seal)		
<input type="checkbox"/>	ESTIMATED REVENUES (original signature & Seal)		
<input checked="" type="checkbox"/>	TAX LEVY	<u>25-004</u>	<u>11/17/25</u>
		Ordinance Number	Date Approved
<input checked="" type="checkbox"/>	CERTIFICATE OF TAX LEVY (Original Signature & Seal)		
<input checked="" type="checkbox"/>	TRUTH IN TAXATION CERTIFICATE (Original Signature & Seal)		
<input checked="" type="checkbox"/>	TRUTH IN TAXATION PUBLICATION CERTIFICATE		
<input type="checkbox"/>	2% LEVY INCREASE ORDINANCE (Libraries ONLY)	_____	_____
		Ordinance Number	Date Approved
<input checked="" type="checkbox"/>	TAX LEVY SUMMARY SHEET		
<input type="checkbox"/>	ANNUAL AUDIT		
<input type="checkbox"/>	FINANCIAL REPORT		
<input type="checkbox"/>	FINANCIAL REPORT PUBLICATION CERTIFICATE		
<input type="checkbox"/>	TREASURER'S REPORT/PUBLICATION		
<input type="checkbox"/>	ANNEXATION/DISCONNECTION UNIT ORGANIZATION/DISOLUTION	_____	_____
		Ordinance Number	Date Approved
<input type="checkbox"/>	TAXING DISTRICT BOND/ABATEMENT	_____	_____
		Ordinance Number	Date Approved
<input type="checkbox"/>			

Kane County Deputy Clerk

CC