Steven L. Beshear
Governor

Commonwealth of Kentucky
FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER
Room 484, Capitol Annex
702 Capital Avenue
Frankfort, Kentucky 40601
(502) 564-2210
(502) 564-6597 Facsimile

Lori H. Flanery
Secretary

Ed Ross
Controller

TO: Agency Heads and Fiscal Officers

FROM: Edgar C. Ross, Controller

DATE: May 10, 2013

SUBJECT: Fiscal Year 2013 Closing Financial Data Solicitations

Through the attached materials, we request that you provide certain financial information to the Finance and Administration Cabinet by August 28, 2013. This information will be used in the preparation of financial reports for the fiscal year ended June 30, 2013 in accordance with generally accepted accounting principles.

Since the closing package has not changed from the prior year, training sessions will be provided upon request and are scheduled for Tuesday, June 4th and Wednesday, June 5th. However, due to the importance of the information provided in the closing package we recommend that all agencies receive training. Please contact Ellen Toles at (502) 564-7753 to schedule training and/or participation in the workshop for your agency. In light of the importance of the Commonwealth's Comprehensive Annual Financial Report, we look forward to your cooperation, assistance, and prompt response to the tasks at hand.

Attachment

Commonwealth of Kentucky

General Comments

Please read the enclosed material and instructions carefully.

The solicitation of the information contained in this package is for the purpose of preparing the Commonwealth's Comprehensive Annual Financial Report (CAFR) in compliance with Generally Accepted Accounting Principles (GAAP) as mandated by the General Assembly. The information submitted by the various departments, in conformity with the instructions contained herein, will enable the Finance and Administration Cabinet to determine assets, liabilities, and fund balances of its various funds as of June 30, 2013.

The information obtained by this closing package, when combined with additional information gathered for fiscal year 2013, will enable the Finance and Administration Cabinet to determine revenues and expenditures/expenses for the Commonwealth's various funds for the fiscal year ended June 30, 2013, on a basis consistent with the provisions of generally accepted accounting principles applicable to governmental entities. It is imperative that the information requested be returned in a timely and concise manner to assure the accuracy of information presented in the Comprehensive Annual Financial Report.

General Instructions for Completion and Remittance of the Completed Packages

A. A matrix (Form AFR 1) is included as part of this package. A separate AFR 1 form is to be completed for each department. Instructions for form AFR 1 are as follows:
   1. Enter the date the form is completed.
   2. Enter the official department name.
   3. Enter the cabinet and department number.
   4. Enter the four-digit fund type number(s) in which the department has authorized account numbers established.
   5. If a form is submitted, indicate the number of each form submitted for that fund type (i.e. some funds might have multiple submissions of certain AFR forms). Enter an "N" if a form is not submitted for that department and fund type.
   6. Enter the name of the person who prepared this form.
   7. Enter the phone number of the person who prepared this form.

Applicable forms should be completed by fund type for each department as in previous years. The implementation of GASB 54, "Fund Balance Reporting and Governmental Fund Type Definitions" requires **additional information for fund types 1300, 1400, 2400, 6300 and 6350. For these fund types, a form for each fund making up the fund type total should also be included.**

NOTE: The following chart shows the first characters of the eMARS funds in the left column and the related fund type in the right column.

| Fund | Fund Type Name | Fund Type |
|---|---|---|
| 01 | General | 0100 |
| C | Capital Projects | 0200 |
| 03 | Debt Service | 0300 |
| 11 | Transportation | 1100 |
| 12 | Federal | 1200 |
| 13 | Agency Revenue | 1300 |
| 14 or W | Other Special Revenue | 1400 |
| 21 | State Parks | 2100 |
| 22 | State Fair Board | 2200 |
| 24 | Insurance Administration | 2400 |
| 25 | Health Self-Insurance | 2500 |
| 28 | Agricultural Finance | 2800 |
| 29 | KY Horse Park | 2900 |
| 31 | Fleet | 3100 |
| 32 | Computer Services | 3200 |
| 35 | Prison Industries | 3500 |
| 36 | Central Printing | 3600 |
| 37 | Property Management | 3700 |
| 38 | Risk Management | 3800 |
| 62 | Unemployment Benefit | 6200, 6210 |
| 63 | Other Expendable Trust | 6300, 6310 |
| 65 | Tobacco Settlement | 6350 |
| 72 | Special Deposit Trust | 7200 |
| 75 | County Fees | 7250 |

B. Retain one copy of the completed forms for audit purposes and submit the originals. Work papers used in the completion of the forms should be retained with the department's copy.

C. The certification letter should be typed on department letterhead and signed by the Cabinet Secretary for those cabinets with centralized accounting, by the Department Commissioners for those cabinets with decentralized accounting, or by the department head or executive director for other departments as appropriate.

**D. All information requested in this package must be returned by August 28, 2013, to the Office of Statewide Accounting Services, Financial Reporting Branch.**

**E. In addition, please also email us a copy of the same information. Please send to Ellen.Toles@ky.gov.**

Special Notes

A. Only "old year" bills paid with "new year" allotments should be listed as accounts payable in the proper expenditure/expense object classification as defined per enclosed instructions. Do not include as accounts payable those "old year" bills which are paid during the closing period with "old year" allotments. Since "old year" bills processed during the closing period do not need to be included as accounts payable, every effort should be made to submit, for automated processing, financial transactions applicable to fiscal year 2012-2013 prior to closing. This could result in making the gathering of data relative to this solicitation less burdensome for your fiscal personnel.

B. AFR forms 70A & B have to match the attorney letter for judgments and contingencies. The attorneys have a deadline of August 14, 2013, to have their letters to the fiscal officers and the Office of Statewide Accounting Services. If you have not received your letter by this time, please call our office.

C. Accounts Receivable for fiscal year 2013 will not be listed for those documents that post to "old year" during the closing period. Receivables will be listed only for those documents that post to "new year" receipts.

D. Amounts receivable from or payable to universities and other component units of the Commonwealth, should be included as accounts receivable and/or accounts payable on the appropriate schedules (i.e. AFR-30 and AFR-32 or AFR-70).

E. Documents remaining in the suspense file that have not reached final status as of the close of fiscal year 2013 should be included on the appropriate AFR form.

F. Intrafund transactions are those for which both the accounts to be charged and credited are in the same fund type (i.e. both fund type 1300).

G. Interfund transactions are those for which the accounts to be charged and credited are different fund types (i.e. fund type 0100 and fund type 1300).

H. Within the instructions for the AFR forms, references are made to fund reporting categories and associated fund types. The following is a listing of reporting categories and associated funds:

1. Governmental funds: 0100, 0200, 0300, 1100, 1200, 1300, 1400, 1500, 6300, 6310, 6350
2. Proprietary funds include:
   a. Enterprise: 2100, 2200, 2400, 2500, 2900, 6200, 6210
   b. Internal Service: 3100, 3200, 3500, 3600, 3700, 3800
3. Fiduciary funds include:
   a. Pension trust funds: 5000, 5051, 5056, 5100, 5200, 5300, 5320, 5400, 5500, 5600, 5751, 5752, 5756, 5758, 5759, 5800, 5900
   b. Agency trust funds: 7200, 7250

Closing Package Assistance

A. Forms and instructions may be obtained online at:
http://finance.ky.gov/services/statewideacct/Pages/AnnualCloseoutInformation.aspx

B. For general closing package questions, contact one of the following:
   1. Kim Moore, 564-5120
   2. Ellen Toles, 564-7753

**C. Upon completion, mail the forms and signed letters (1) the Closing Package cover letter and (2) the Accounts Receivable cover letter to:**

Office of Statewide Accounting Services
Financial Reporting Branch
702 Capital Avenue, Room 484
Frankfort, Kentucky 40601

**In addition, please also email us a copy of the same information. Please send to Ellen.Toles@ky.gov.**

Thank you for your assistance in completing this year's Comprehensive Annual Financial Report.

(Certification Transmittal)

July/August 2013

Edgar C. Ross, Controller
Finance and Administration Cabinet
702 Capital Avenue, Room 484
Frankfort, Kentucky 40601

Attention: Division of Statewide Accounting Services

Dear Mr. Ross:

I do hereby certify that to the best of my knowledge the enclosed information which was requested for preparing the Commonwealth's Annual Financial Report is accurate in all material respects and there are no material omissions.

Signed_____ Date Signed_____

Typed Name_____ Title_____

Cabinet or Department_____

Note: Please type on your agency letterhead.

**Please also email letter and forms to Ellen.Toles@ky.gov**

Form AFR-1
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

**Date** 1

# SCHEDULE OF APPLICABLE AFR FORMS

**DEPARTMENT NAME:** 2

**CABINET/DEPT. NUMBER:** 3

| | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE | FUND TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 4 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| AFR 10 | 5 | | | | | | | | | | | |
| AFR 10A | | | | | | | | | | | | |
| AFR 20 | | | | | | | | | | | | |
| AFR 20A | | | | | | | | | | | | |
| AFR 30 | | | | | | | | | | | | |
| AFR 31 | | | | | | | | | | | | |
| AFR 32 | | | | | | | | | | | | |
| AFR 33 | | | | | | | | | | | | |
| AFR 34A | | | | | | | | | | | | |
| AFR 34B | | | | | | | | | | | | |
| AFR 34C | | | | | | | | | | | | |
| AFR 35 | | | | | | | | | | | | |
| AFR 40 | | | | | | | | | | | | |
| AFR 55 | | | | | | | | | | | | |
| AFR 55A | | | | | | | | | | | | |
| AFR 60 | | | | | | | | | | | | |
| AFR 70 | | | | | | | | | | | | |
| AFR 70A | | | | | | | | | | | | |
| AFR 70B | | | | | | | | | | | | |
| AFR 71 | | | | | | | | | | | | |
| AFR 72 | | | | | | | | | | | | |
| AFR 72A | | | | | | | | | | | | |
| AFR 73 | | | | | | | | | | | | |
| AFR 74 | | | | | | | | | | | | |
| AFR 75 | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | |

**# = Indicate the number of forms submitted for Fund Type and Dept.**

**"N" = Form is NOT submitted for Fund Type and Dept.**

PREPARER'S NAME: 6 PHONE NUMBER: 7

Commonwealth of Kentucky
Cash

General

At June 30, departments may have cash on hand or cash in transit that has not been recorded in the accounting system. Each department having cash on hand or cash in transit is responsible for reporting that amount to the Financial Reporting Branch.

Cash on Hand

Form AFR 10 is used to record all monies in the hands of departments or in local bank accounts for which a Cash Receipt Document was not submitted as of June 30. This form is also used to record monies for which a Cash Receipt Document was submitted to the Treasury but not recorded in the eMARS system until after June 30.

Departments are to report this cash according to the fiscal year in which the monies are deposited. The breakdown of revenue is needed only for cash remitted on **new** year CR documents. Statewide Accounting Services needs the total amount of cash remitted on **old** year CR documents broken down into total revenues and total expenditures only. Detailed instructions for AFR 10 follow.

If an entry is made to "Deferred Revenue", please include an explanation in the space at the bottom of the form. Deferred revenues are those for which cash has been received, as of June 30, in exchange for promises to perform services or to furnish goods at some future date.

Submit form AFR 10A for any amounts held by the department that will never be deposited in the central system. Separate instructions for form AFR 10A follow the instructions for AFR 10.

This process is not to be confused or combined with receivables, which are revenues due the Commonwealth, but not received prior to June 30.

Detailed Instructions
AFR 10
Cash on Hand/Cash In-Transit

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Of the cash on hand at June 30, enter the amount that will be sent to Treasury on an "old year" CR document to be processed during the closing period. This will match the total amounts listed in item 15 below.

7. Determine the amount that will be sent to Treasury on a "new year" CR document. This amount will equal the total of amounts in item 14 below.

8. Of the amount to be remitted to Treasury on "new year" CRs only, determine the type of revenue the cash represents and record the amount on the applicable line in Column 1. If an entry is made to Deferred Revenue, please include an explanation.

9. For amounts listed as "Refund of Expenditure," give the appropriate object code for each new year amount.

10. Total Column 1 (sum of items 8 and 9). This total should equal item 7 above and also new year CR document(s) listed in item 14.

11. Give the total amount of revenues included in total old year cash in item 6. It is unnecessary to list any revenue codes for old year.

12. Give the total amount of refunded expenditures included in total old year cash in item 6. It is unnecessary to list any expenditure codes for old year cash.

13. Total items 11 and 12 to get total cash attributed to old year. This should match item 6 above and the total amounts in item 15 in the box below.

14. List the new year Cash Receipt document number(s) and the total for each Cash Receipt document. The totals for these document number(s) should agree to the total listed in item 10. If additional room is needed to list all document numbers, please attach a separate sheet and write "See Attached" in the box.

15. List the old year Cash Receipt document number(s) and the total amount for each Cash Receipt document. The total for these document number(s) should agree to the total in item 13. If additional room is needed to list all document numbers, please attach a separate sheet and write "See Attached" in the box.

16. Enter the name of the person who prepared this form.

17. Enter the phone number of the person who prepared this form.

Form AFR-10
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

**Date:** 1

# CASH WORKSHEET

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

**FUND/FUND TYPE NAME*:** 4 **FUND/FUND TYPE NUMBER*:** 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| | | Column 1 (New Year) | Column 2 (Old Year) |
|---|---|---|---|
| **Cash on Hand-Old Year CR#** List Below | | | 6 |
| **Cash On Hand-New Year CR#** List Below | | 7 | |
| **ALL FUND TYPES:** | | | |
| Sales and Gross Receipts R101-R136 | | 8 | |
| Individual Income Tax R241-R244 | | | |
| Corporate Income Tax R231-R232 | | | |
| Property Tax R251-R264 | | | |
| Coal Severance Tax R151 | | | |
| License and Privilege Tax R161-R165, R167-168, R196-R202 | | | |
| Inheritance and Estate Tax R271 | | | |
| Miscellaneous Tax R279-R290 | | | |
| License, Fees, Permits R301-R388, R166, R169-195 | | | |
| Contributions R731-R734 | | | |
| Intergovernmental Revenue R601-R697 | | | |
| Charge for Service R401-R429 | | | |
| Fines and Forfeits R701-R711 | | | |
| Interest and Investment Income R771-R772 | | | |
| Other Revenue (Give Source) | R* | | |
| (Give total revenue amount only for Old Year) | | | 11 |
| **DEFERRED REVENUE (Please Explain)** | | | |
| **REFUND OF EXPENDITURE (Give Object)** | E* | 9 | |
| (Give total refunded expenditure amount only for Old Year) | | | 12 |
| **TOTAL New Year CR ONLY** | | 10 | |
| **TOTAL Old Year CR ONLY** | | | 13 |

| NEW YEAR CR# | AMOUNT |
|---|---|
| 14 | 14 |
| TOTAL | 14 |

| OLD YEAR CR# | AMOUNT |
|---|---|
| 15 | 15 |
| TOTAL | 15 |

PREPARER'S NAME: 16 PHONE NUMBER: 17

Detailed Instructions
AFR 10A
Private Cash Accounts

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/ fund type name to which the monies would be deposited if they were entered in the system.

5. Enter the four-digit fund/fund type number.

6. Enter the amount reported as of June 30, 2012.

7. Enter the total revenues received during fiscal year 2013.

8. Enter the total expenditures paid during fiscal year 2013.

9. Enter the amount as of June 30, 2013.

10. Enter the revenue source for the type of revenue received.

11. Enter the amounts for each type of revenue.

12. Enter the total revenue received.

13. Enter the object(s) for the type of expenditure.

14. Enter the amounts for each type of expenditure.

15. Enter the total expenditures paid.

16. Enter the name of the person who prepared this form.

17. Enter the phone number of the person who prepared this form.

Form AFR-10A
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

Date: 1

# CASH WORKSHEET-PRIVATE CASH ACCOUNTS

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

FUND/FUND TYPE NAME*: 4 FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| | |
|---|---|
| **AMOUNT REPORTED AS OF JUNE 30, 2012** | $ 6 |
| **REVENUES** | 7 |
| **EXPENDITURES** | 8 |
| **AMOUNT AS OF JUNE 30, 2013** | $ 9 |

**REVENUES:**

| REVENUE SOURCE | AMOUNT |
|---|---|
| 10 | 11 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | 12 |

**EXPENDITURES:**

| OBJECT | AMOUNT |
|---|---|
| 13 | 14 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | 15 |

PREPARER'S NAME: 16 PHONE NUMBER: 17

Commonwealth of Kentucky
Investments

General

The purpose of the "Analysis of Investments" (Form AFR 20) and "Investments by Type" (Form AFR 20A) is to ensure that all state funds which are represented by investments are reported in the Commonwealth of Kentucky financial statements. Also, AFR 20 provides a method by which each department at year-end can present the cost or market value of investments and information regarding the holders of investments and/or collateral, facilitating the preparation of required footnote disclosures. In addition, AFR 20A provides an approach by which each department at year-end can present their investments by type using the interest rate risk effective weighted duration method.

Complete form AFR 20, disclosing the specific types of investments held and their dollar amounts at cost and market value. "Investments" as used herein represents securities and other assets held for the production of income in the form of interest, dividends, etc. Investments may be acquired by purchase, accepted for payment of taxes or services, or received as a gift. Each fund type should be presented on a separate form. Form AFR 20A is similar, except disclose the specific types of investments held and their dollar amounts using the interest rate risk effective weighted duration method.

Detailed Instructions
AFR 20
Analysis of Investments

NOTE: If your investments are being maintained by the Office of Financial Management, Finance and Administration Cabinet, make a notation to that effect on form AFR 20 and do not complete the form.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the official fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Include all U. S. Treasury and agency obligations. "U. S. Treasury and agency obligations" as used herein includes obligations of the United States Government or its agencies, or of National Mortgage Associations established by or under the National Housing Act.

7. Include all commercial paper. "Commercial paper" includes bills of exchange, promissory notes, and other negotiable instruments used for the payment.

8. Include all corporate debt securities. A "corporate debt security" is defined here as a written promise by a corporation under seal to pay a fixed sum of money at some future time named, with stated interest payable at some fixed time or interval, given in return for money or its equivalent received by the corporation.

9. Include all corporate equity securities. "Corporate equity securities" denotes transferable certificates of corporate ownership (e.g., capital stocks).

10. Include other investments not covered in the above categories and indicate the type of investment.

11. For each type of investment owned at June 30, 2012, enter cost.
(Note: If the investment was a gift, the cost is the market value at the time donated.)

12. For each type of investment, enter market value at June 30, 2012.

13. For each type of investment indicate source used to determine market value (name of brokerage firm, Wall Street Journal, etc.).

14. Enter total investments at cost.

15. Enter total investments at market value.

16. Recap investments at cost and at market as to short term or long term maturity.

17. Enter investments purchased but unpaid. Be sure to include in above analyses.

18. Enter those securities which are either fully insured, registered, or which are held by the department or the department's agent in the department's name. (An agent is an organization with which the department has a contractual relationship to hold securities owned by the department.)

19. Enter those securities which are neither insured nor registered, but are held by the department's counterparty in the department's name. (A counterparty is the issuer of a security or the purchasing agent for the department. If an organization is both an agent and counterparty then the organization is considered to be a counterparty.)

20. Enter those uninsured and unregistered securities that are held by the department's agent or counterparty, but <u>not</u> in the department's name.

21. Enter the total of lines 18 - 20. This amount must equal line 14 above.

22. Enter the name of person preparing form.

23. Enter the phone number of person preparing form.

Form AFR-20
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# ANALYSIS OF INVESTMENTS

DATE 1

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

**FUND/FUND TYPE NAME*:** 4 **FUND/FUND TYPE NUMBER*:** 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| | | Cost | Market Value June 30, 2013 | Source of Market Value |
|---|---|---|---|---|
| **U.S. Treasury and Agency Obligations** | 6 | 11 | 12 | 13 |
| **Commercial Paper** | 7 | | | |
| **Corporate Debt Securities** | 8 | | | |
| **Corporate Equity Securities** | 9 | | | |
| **Other (Indicate Type)** | 10 | | | |
| **TOTAL INVESTMENTS** | | 14 | 15 | |

| | | COST | MARKET VALUE |
|---|---|---|---|
| Recap: (Lower of cost or market) | 16 | | |
| Total Short Term (Held less than 90 days) | | | |
| Total Long Term (Held more than 90 days) | | | |
| **TOTAL INVESTMENTS** | | | |

| | |
|---|---|
| Amount of investments Purchased But Unpaid | 17 |
| Insured or registered investments held by the Department or the agent* of the Dept. in the Dept.'s name | 18 |
| Uninsured and unregistered securities which are held by the Dept.'s counterparty* in the Dept.'s name | 19 |
| Uninsured and unregistered securities which are held by the Dept.'s agent* or counterparty* not in the Dept.'s name | 20 |
| **TOTAL INVESTMENTS** | 21 |

***See definition in instructions.**

PREPARER'S NAME: 22 PHONE NUMBER: 23

Detailed Instructions
AFR 20 A
Investments by Type

NOTE: If your investments are being maintained by the Office of Financial Management, Finance and Administration Cabinet, make a notation to that effect on form AFR 20 A and do not complete the form.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the official fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. For each type of investment owned at June 30, 2012, enter its fair value.

7. For each type of investment owned at June 30, 2012, apply the effective weighted duration method for each.

8. Enter the total debt securities at fair value.

9. Enter the portfolio's effective weighted duration total.

10. Include other investments not covered in the above categories and indicate the type of investment and its fair value.

11. Enter Total Investments at fair value.

12. Explain any formal policies used to control interest rate risk of investments.
Note: Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment.

13. Enter the name of person preparing form.

14. Enter the phone number of person preparing form.

AFR 20(A)
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

**DATE:** 1

## Investments by Type

**INTEREST RATE RISK EFFECTIVE DURATION METHOD**

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

**FUND/FUND TYPE NAME*:** 4 **FUND/FUND TYPE NUMBER*:** 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

**Investments:**

| **DEBT SECURITIES** | | **Fair Value** | **Effective Duration** |
|---|---|---|---|
| Commercial Paper | $ | 6 | 7 |
| U.S. Treasuries/GOVERNMENT | | | |
| U.S. Agencies | | | |
| Corporate Debt | | | |
| Negotiable Certificates of Deposit | | | |
| State and Municipal Obligations | | | |
| Bond Mutual Funds | | | |
| Repurchase Agreements | | | |
| CMO | | | |
| **Total Debt Securities** | | 8 | |
| **Portfolio effective weighted duration** | | | 9 |

| **OTHER INVESTMENTS** | | |
|---|---|---|
| Mortgages | | |
| Equity Securities | | |
| Other: | | 10 |
| | | |
| | | |
| (attach sheet if necessary) | | |
| **Total Investments** | $ | 11 |

**Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment.**
**Please explain any formal policies used to control interest rate risk of investments:**
Ex: We have an investment policy which states that bonds must have a maturity of no longer than 7 years.

12

**PREPARER'S NAME:** 13 **PHONE NUMBER:** 14

Commonwealth of Kentucky
Revenue Recognition

General

Tax Revenue

The tax revenue to be recognized are those receipts which are in the hands of a collecting department on June 30, and for which a report is filed with the state department responsible for collection between July 1 and July 31 for revenue earned for the month of June or a prior period. Fines, forfeitures, and license fees will be recognized when received.

Certain tax revenues, which apply to FY14, will have been received as of June 30. These shall be reported as deferred revenue.

Tax receipts to be recognized will be categorized as follows:

A. Sales and Gross Receipts Tax
   1. Alcoholic Beverage Wholesale Tax
   2. Beer Excise Tax
   3. Cigarette Tax
   4. Distilled Spirits and Wine Excise Tax
   5. Distilled Spirits Fair Trade Tax
   6. Insurance Premium Surcharge
   7. Motor Fuels Tax – Gasoline
   8. Motor Fuels Tax - Liquefied Petroleum
   9. Motor Fuels Tax - Special Fuels
   10. Motor Vehicle U-Drive-It Usage Tax
   11. Motor Vehicle Usage Tax
   12. Racing Taxes
   13. Sales and Use Tax
B. License and Privilege Taxes
   1. Minerals and Natural Gas Tax
   2. Motor Vehicle Registration
   3. Oil Production Tax
   4. Racing Taxes

C. Coal Severance Tax

This license and privilege tax is the largest producing General Fund Tax in this category. It is shown separately to present its relative importance to the Commonwealth.

D. Individual Income Tax

This tax will be recognized in the amount of the second calendar quarter withholding and estimated returns that are filed in July. Based on past experience, estimate the percent of withholdings that are refunded and apply this percentage to the first and second quarter withholding. This will be the amount of the "accounts payable" for 2013 income taxes.

There will also be refunds for calendar year 2013, which have not been paid as of June 30. This amount shall include refunds that have been authorized, but have not been processed, as well as an estimate of the amounts that are to be refunded that have not been authorized by June 30.

Charges for Services

Charges for services are revenues from whatever goods or services the fund provides in the normal course of business. Charges for Services do not include intrafund receipts for reporting purposes.

The recognition of this revenue will be based on those goods or services that have been provided, as of June 30, for which monies have not been received. This will include items that have not been billed, as well as those which have been billed but remain unpaid.

Charges for Services need to be separated into charges to the public and charges to state departments. The portion of interfund charges to state departments needs to be identified by the billing department as to the account numbers the department being charged will use. This identification may require some telephone or written requests by the billing departments to gather this information. This information will be reported on form AFR 72. These are the transactions that are handled on a JV2T and/or ITI/ITA where the credit side uses a receipt object code. The amount on AFR 72 must equal the amount on AFR 32. No distinction is necessary for the amount received within 30 days or over 30 days for charges to state departments.

If monies have been received in advance of the goods or service being provided, this amount shall be recorded as deferred revenue on form AFR 30. Amounts already recorded in eMARS as deferred revenue should not be included on form AFR 30.

Intergovernmental Revenues (R601-R697) (AFR 31)

Intergovernmental revenues are generally grants from federal or local governments. Grants can be categorized into two types for revenue recognition purposes:

A. Reimbursement grants are funded after certain allowable expenditures/expenses have been made. Revenue is recognized when the allowable expenditures/expenses have been incurred.
B. Front-end funded grants are those for which funding is received prior to the expenditures/expenses being incurred, or prior to the required function being performed. Of the revenue received in fiscal year 2012, the amount of the grant for which services have not been performed, or for which expenditures/expenses have not been incurred prior to June 30, is deferred revenue.

NOTE: Departments are responsible for reporting receivables applicable to federal grants in the Capital Projects Fund on AFR 33.

Investment Income (R771-R772)

Dividend revenue is generally recognized at the date of declaration. Therefore, dividends declared but not received as of June 30 should be reported.

Accordingly, interest income earned but not received as of June 30 should be reported.

Non-operating Revenues (AFR 72A)

Non-operating revenues are those not earned in the normal course of business, such as the sale of property or equipment, or non-operating grants (private grants). Amounts earned but not received for non-operating revenues at June 30 should be reported.

If this is a refund of expenditure, please give the expenditure object. If this is an Interfund Transfer, list the department number, fund type, and expenditure object the transfer is due from.

Refund of Receipts

Refunds of receipts are those monies collected by the Commonwealth, which, after analysis, are determined to be in excess of the amount due the Commonwealth and are refunded to the payer.

Based on past experience, determine the amount of each receipt type collected for fiscal year 2013 that will be refunded after June 30, in fiscal year 2013. Refunds of receipts should be recorded for all receipts to which they apply.

Allowance for Uncollectibles

Of the receivables due the Commonwealth, there is a portion that will not be collected.

Based on past experience, determine the amount of receivables that are due but not expected to be collected.

NOTE: AFR 32 does not need to be completed for the categories Revenue, Deferred Revenue, or Refund of Receipts if that category does not exceed $1,000.

Detailed Instructions
AFR 30
Revenue Recognition Worksheet

NOTE: Attach AFR 30 to AFR 32 and retain a copy with department workpapers.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the individual revenue source code associated with each amount.

7. Summarize by revenue source code the amount of revenue earned in fiscal year 2013 which was not received as of June 30, 2013, and will process on a new year document.

8. Estimate the date of receipt. If there are significant variances between expected dates of receipt for the same type of revenue, please group the amounts by the expected date of receipt: (1) within 30 days or (2) over 30 days.

9. Of the amount of revenues received and recorded in the accounting system prior to June 30, determine the amount that is unearned as of June 30. This is deferred revenue and may be the only entry for some revenue source codes.

10. Based on past experience, estimate the amount of fiscal year 2013 receipts to be refunded in fiscal year 2014.

11. Based on past experience, estimate the amount of receivables that are due but not expected to be collected. Record for each revenue source code used.

12. Total columns, recap revenue source codes, and transfer amounts to form AFR 32. See Instructions for form AFR 32.

13. Enter the name of the person who prepared the form.

14. Enter the phone number of the person who prepared the form.

Form AFR-30
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# REVENUE RECOGNITION WORKSHEET

**DATE:** 1

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

FUND/FUND TYPE NAME*: 4 FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| REVENUE SOURCE | Revenue Earned Not received As of 6/30 | Estimated Date of Receipt "w/in 30 days" or "over 30 days" | (Deferred Revenue) Amount Received Not Earned As of 6/30 | Estimated Amount of FY 2013 Receipts to Be Refunded in FY 2014 | Allowance For Uncollectible |
|---|---|---|---|---|---|
| 6 | 7 | 8 | 9 | 10 | 11 |
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| **TOTALS** | 12 | 12 | 12 | 12 | 12 |

PREPARER'S NAME: 13 PHONE NUMBER: 14

Detailed Instructions
AFR 31
Grant Revenue Worksheet

NOTE: Attach AFR 31 to AFR 32 and retain a copy with workpapers.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the individual revenue source code for each amount.

7. Enter the amount of each type of grant revenue earned but not yet received. For reimbursement grants, determine the amount of the grant that has been earned (expenditure/expense incurred) as of June 30, but has not been received, and will be submitted on a new year document.

8. Estimate the date funds are expected to be received. Use the criteria: (l) within one year, or (2) over one year.

9. Determine for each "front-end" funded grant the amount of monies received in fiscal year 2013 that has <u>not</u> been earned as of June 30. If project is only 60% completed, then 40% of grant monies received are unearned, and 40% will be reported as deferred revenue.

10. Total columns, transfer to form AFR 32 as "Intergovernmental Revenue."

11. Enter the name of the person who prepared the form.

12. Enter the phone number of the person who prepared the form.

Form AFR-31
(3-12)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

**GRANT REVENUE WORKSHEET**

**DATE:**______1____

**DEPT. NAME:**______________2________________________ **CABINET/DEPT. NUMBER:** ________3________

**FUND/FUND TYPE NAME*:**__________4____________ **FUND/FUND TYPE NUMBER*:** ________5________

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| REVENUE SOURCE | Revenue Earned Not received As of 6/30 | Estimated Date of Receipt "within one year" or "over one year" | (Deferred Revenue) Amount Received Not Earned As of 6/30 |
|---|---|---|---|
| 6 | 7 | 8 | 9 |
| | | | |
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| **TOTALS** | 10 | 10 | 10 |

PREPARER'S NAME:_______________11____________________ PHONE NUMBER:__________12__________

Detailed Instructions
AFR 32
Revenue Recognition Recap

NOTE: After AFR 30 and AFR 31 worksheets, or similar worksheets, are completed, the information needs to be summarized by source as shown on Form AFR 32.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter totals as recapped from form AFR 30 or similar revenue recognition worksheet. If any revenue source code has been separated by estimated date of receipt, total all receipts in that category according to estimated date of receipt. Example:

| | | |
|---|---|---|
| R402 | Within 30 days | 20.00 |
| | Over 30 days | 10.00 |
| R403 | Within 30 days | 25.00 |
| | Over 30 days | 5.00 |

CAN BE SUMMARIZED AS

| | | |
|---|---|---|
| Charges to Public | Within 30 days | 45.00 |
| | Over 30 days | 15.00 |

7. Enter totals from form AFR 31 or similar grant worksheet.

8. When an entry is made to Charges for Services to State Departments the billing department must complete Form AFR 72. Do not include any <u>intrafund</u> activity.

9. Any revenue source codes not categorized on this form should be written in the section indicated as "Non-operating and/or Other Revenue."

10. Total columns.

11. Enter the name of the person who prepared the form.

12. Enter the phone number of person who prepared the form.

Form AFR-32
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

DATE: 1

# REVENUE RECOGNITION RECAP

DEPT. NAME: 2

CABINET/DEPT. NUMBER: 3

FUND/FUND TYPE NAME*: 4

FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| ALL FUND TYPES | | Estimated Date Of Receipt | Revenue Earned Not Received as of 6/30 | (Deferred Revenue) Amount Received Not Earned as of 6/30 | Estimated Fiscal 2013 Receipts To Be Refunded Fiscal 2014 | Allowance For Uncollectable Amount |
|---|---|---|---|---|---|---|
| Sales and Gross Receipt Taxes - R101-R136 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| Individual Income Tax - R241-R244 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| Coal Severance Tax - R151 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| License and Privilege Taxes - R161-R168 & R179-R202 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| Intergovernmental Revenues - R601-R643 & R681-R691 | 7 | Within 1 Year | | | | |
| | | Over 1 Year | | | | |
| Intergovernmental Revenues - R651-R654 | 7 | Within 1 Year | | | | |
| | | Over 1 Year | | | | |
| Licenses, Fees, and Permits - R169-R178 & R301-R388 (Do not include R362-R364 or R379. See line below) | 6 | | | | | |
| Licenses, Fees, and Permits - R362-R364 & R379 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| Charges For Services: Charges to Public - R401-R429 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| Charges to State Agencies (Interfund Charges Only) R431-R448 | 8 | | | | | |
| Interest and Investment Income - R771-R772 | 6 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| Non-operating and/or Other Revenues _____ (Please indicate object; If more than one object code is to be reported attach a separate sheet with the detatil information.) | 9 | Within 30 Days | | | | |
| | | Over 30 Days | | | | |
| | | TOTAL | 10 | 10 | 10 | 10 |

PREPARER'S NAME: 11

PHONE NUMBER: 12

Detailed Instructions
AFR 72
Charges to State Departments

NOTES: This form is to be completed by the billing agency.

Central billing departments, such as Central Printing, should already have the necessary information to complete this form. Other departments may have to request the information from the department being charged.

1. Enter the date the form is completed.

2. Enter billing department name.

3. Enter the cabinet and department number for billing department.

4. Enter the billing fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the entire eMARS account number to be charged. If there are multiple billings to a single account, please summarize. Do not include intrafund transactions.

7. Record the amount to be charged.

8. Enter total amount due. Verify that the total amount due equals the amount shown on form AFR 32 "Charges to State Departments."

9. Enter the name of the person who prepared the form.

10. Enter the phone number of the person who prepared the form.

**DO NOT INCLUDE INTRAFUND TRANSACTIONS**

Form AFR-72
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# CHARGES TO STATE DEPARTMENTS

**(Interfund Charges Only)**

**DATE:** ________1________

**DEPT. NAME:** ________2________ **CABINET/DEPT. NUMBER:** ______3______

**FUND/FUND TYPE NAME*:** ________4________ **FUND/FUND TYPE NUMBER*:** ____5____

***PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.**

| Account Number To Be Charged (Fund Type-Department-Object) | | Amount Due |
|---|---|---|
| 6 | $ | 7 |
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| **TOTAL** | $ | 8 |

PREPARER'S NAME: ________9________ PHONE NUMBER: ______10______

Detailed Instructions
AFR 72A
Operating Transfers Out

1. Enter the date the form is completed.

2. Enter billing department name.

3. Enter the cabinet and department number for billing department.

4. Enter the billing fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the entire eMARS account number including object code. Do not include intrafund transfers.

7. Record the amount of the transfer.

8. Enter total amount due.

9. Enter the name of the person who prepared the form.

10. Enter the phone number of the person who prepared the form.

**DO NOT INCLUDE INTRAFUND TRANSFERS**

Form AFR-72A
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# OPERATING TRANSFERS OUT

**(Interfund Charges Only)**

**DATE:** ________1______

**DEPT. NAME:** ____________2______________________________

**CABINET/DEPT.NUMBER:** _______3________

**FUND/FUND TYPE NAME*:** ________4__________

**FUND/FUND TYPE NUMBER*:** ________5______

***PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.**

| Account Number To Be Charged (Fund Type-Department-Object) | Amount Due |
|---|---|
| 6 | $ 7 |
| | |
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| **TOTAL** | $ 8 |

PREPARER'S NAME: ____________9____________________

PHONE NUMBER: ________10________

Detailed Instructions

AFR 33

Schedule of Accounts Receivable for Capital Projects

NOTE: Complete this schedule for Capital Projects Fund (0200) projects due reimbursement from federal or local grants as of June 30. Include reimbursements requested and deposited in July to fiscal 2014 (new year).

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Column 1: Enter the eMARS account number.

   Column 2: Enter the source of funds and grant number.

   Column 3: Enter the RESULTS of the following computation: TOTAL EXPENDITURES (which posted through June 30) (-) TOTAL FUNDS RECEIVED AND DEPOSITED (through June 30). The result should be total expenditures eligible for reimbursement.

   Column 4: Enter the amount of all unpaid invoices and invoices paid July (new year) for goods and services provided through June 30.

   Column 5: Enter the reimbursement rate for this grant (100%, 75%, etc.).

   Column 6: Enter the results of the following computation: (Column 3 + Column 4) x Column 5.

5. Enter the total of column 6. (This represents monies due your department from the grantor at close of business June 30, and is an accounts receivable).

6. Enter the name of the person who prepared the form.

7. Enter the phone number of the person who prepared the form.

Form AFR 33
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# ACCOUNTS RECEIVABLE

(Capital Projects Fund Only)

**DATE** 1

**DEPT. NAME:** 2

**CABINET/DEPT. NUMBER:** 3

| Column 1 | Column 2 | Column 3 | + | Column 4 | x | Column 5 | = | Column 6 |
|---|---|---|---|---|---|---|---|---|
| **ACCOUNT NUMBER** | **FUNDING SOURCE** | **UNREIMBURSED EXPENDITURES THROUGH 6/30** | | **ACCOUNTS PAYABLE AT 6/30** | | **REIMBURSEMENT RATE (%)** | | **RECEIVABLE** |
| 4 | 4 | 4 | | 4 | | 4 | | 4 |
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| | | | | | | **TOTAL** | | 5 |

PREPARER'S NAME: 6

PHONE NUMBER: 7

Commonwealth of Kentucky
Distribution of Revenues - Interfund

General

Certain revenue items collected through the Department of Revenue are initially receipted into a clearing account and from there are distributed to the appropriate account (fund type, department, revenue source, etc). Amounts remaining in the clearing accounts after closing period should be distributed to the appropriate account on the form AFR 35.

Detailed Instructions
AFR 35
Distribution of Revenue - Interfund

1. Enter the date the form is completed.

2. Enter the official name of the billing department.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name (fund containing the clearing account).

5. Enter the four-digit fund/fund type number.

6. Enter the account number to be charged (clearing account).

7. Enter the amount to be charged to that account number.

8. Enter the account number to be credited (account into which the revenues should be receipted.)

9. Enter the amount to be credited.

10. Enter the total amount to be charged.

11. Enter the total amount to be credited.

12. Enter the name of the person preparing the form.

13. Enter the phone number of the person preparing the form.

Form AFR-35
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# DISTRIBUTION OF REVENUES - INTERFUND

**DATE:** 1

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

**FUND/FUND TYPE NAME*:** 4 **FUND/FUND TYPE NUMBER*:** 5

***PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.**

| Account Number To Be Charged | Amount | Account Number To Be Credited | Amount |
|---|---|---|---|
| 6 | $ 7 | 8 | $ 9 |
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| **TOTAL** | $ 10 | **TOTAL** | $ 11 |

PREPARER'S NAME: 12

PHONE NUMBER: 13

Commonwealth of Kentucky
Accounts Receivable

The attached materials request that you provide certain information to the Finance and Administration Cabinet regarding accounts receivable. This information is needed to enable the Finance and Administration Cabinet and the Department of Revenue to fulfill the reporting requirements of KRS 45.241 (10) and KRS 45.237 (6). **Please read the information below and see the sample letter on page III.10, a response (i.e. letter) is needed from everyone even if you do not have any accounts receivable.**

In accordance with KRS 45.241 (10) and KRS 45.237 (6), each department must provide information regarding both liquidated and unliquidated debts and improper payments due the Commonwealth as of June 30, 2013. According to KRS 45.241, "Liquidated debt means *a legal debt for a sum certain which has been certified by an agency as final due and owing, all appeals and legal actions having been exhausted; and for the Court of Justice means a legal debt including any fine, fee, court costs, or restitution due the Commonwealth, which have been imposed by a final sentence of a trial court of the Commonwealth and for which the time permitted for payment pursuant to the provisions of KRS 23A.205(3) or KRS 24A.175(4) has expired."* While the legislation does not provide a definition of unliquidated debt, it is reasonable to believe that any debt that is not liquidated constitutes unliquidated debt. Unliquidated debt includes *a legal debt which has been billed by an agency but is under administrative appeal.* According to KRS 45.237, "Improper Payments means *a payment made to a vendor, provider, or recipient due to error, fraud, or abuse."* All organizational units or administrative bodies in the executive branch of state government as defined by KRS 12.010 must provide the requested information as of June 30, 2013.

The following summarizes the information that must be reported to the Interim Joint Committee on Appropriations and Revenue and/or The Legislative Research Commission on October 1, 2013 for the amounts due as of June 30, 2013:

> The **Finance and Administration Cabinet** must report the following for the General Government Cabinet's unliquidated debt: amount by department, fund type, and age categorized as less than one (1) year, less than five (5) years, less than ten (10) years, and over ten (10) years.
>
> The **Department of Revenue** must report the following for liquidated debts referred to them for collection: amount by department, fund type, and age, categorized as ninety (90) to one hundred seventy-nine (179) days old, one hundred eighty (180) to three hundred sixty-four (364) days old, over one (1) year but less than three (3) years old and over three (3) years.
>
> Each **Cabinet** must report the following for both unliquidated and liquidated debts and improper payments: amount by department, fund type, and age categorized as less than one (1) year, less than five (5) years, less than ten (10) years, and over ten (10) years.

In an effort to satisfy these reporting requirements and ensure that the information reported is uniform for all departments, we are requesting that each department complete the attached forms. The definitions included in this text and on the AFR instructions correspond to the appropriate statutes. Remember to include items outstanding as of June 30, 2013.

Do not include:

- Amounts due from the Federal government
- Amounts due from other states
- Amounts due from other state departments

Completion of the reports will not only assist your department in complying with the mandated reporting requirements but will also allow the Department of Revenue to determine where to focus their resources when determining which departments need assistance with their collection efforts and will provide Finance with the information they are required to report. **The Finance and Administration Cabinet will compile the data provided by all state departments and will submit the report to the appropriate committees; however, each department must be prepared to address any questions that may arise as a result of the reports.**

If your department's total accounts receivable are **less than $10,000** it is not necessary to complete these forms. However, it should be noted that you may receive a request for additional information for amounts less than $10,000, at a later date. In the event you are reporting less than $10,000 in receivables, complete a transmittal certification letter on your department's letterhead and choose the appropriate response. Attached is the list of responses to choose from (see page III.10). Please feel free to add any additional comments or explanations that may help us to understand your accounts receivable.

**NOTE:**

Total liquidated debt (34B)
+ unliquidated debt (34A)
+ The above exceptions:
  - Amounts due from the Federal government
  - Amounts due from other states
  - Amounts due from other state departments
= Total receivables for your department

AFR Form 34C shows receivables as a result of improper payments recorded under either liquidated or unliquidated debt.

**AFR 34 A – Detailed Instructions**

**Unliquidated Debt Due the Commonwealth** *defined as a legal debt which has been billed by an agency but is under administrative appeal. (Any debt that is not liquidated)*

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name.

5. Enter the four-digit fund type number.

6. Enter the number of debtors.(The number of vendors from whom amounts are due)*

7. Total the number of debtors.

8. Enter the revenue source code or expenditure object code under which the receipt will be reported.

9. Enter the amounts outstanding in the appropriate columns by age:
   Under 1 year
   1 to 5 years
   5 to 10 years
   Over 10 years

10. Total amounts by revenue source code/(expenditure object code).

11. Total each column.

12. Enter the percentage of unliquidated debt expected to be collected within the time periods indicated.*

13. Enter the percentage of unliquidated debt that is expected to be uncollectible.

14. Total the percentages to ensure that they equal 100%.

15. Enter the name of the person who prepared this form.

16. Enter the phone number of the person who prepared this form.

*** This information is not mandated by the legislation but is needed for review purposes.**

AFR 34A
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# REPORT OF ALL UNLIQUIDATED DEBT
## AS OF JUNE 30, 2013

DATE: 1

DEPT. NAME: 2
FUND TYPE NAME: 4

CABINET/
DEPT. NUMBER: 3
FUND TYPE NUMBER: 5

Length of Time Outstanding

| | UNDER 1 YEAR | 1 to 5 Years | 5 to 10 Years | Over 10 Years | TOTAL |
|---|---|---|---|---|---|
| NUMBER OF DEBTORS* | 6 | 6 | 6 | 6 | 7 |
| REV SOURCE/(OBJECT) | | | | | |
| 8 | $ 9 | $ 9 | $ 9 | $ 9 | $ 10 |
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| **TOTALS** | $ 11 | $ 11 | $ 11 | $ 11 | $ 11 |
| Percentage expected to be collected:* | 12 % | 12 % | 12 % | 12 % | |
| Percentage Uncollectible | 13 % | 13 % | 13 % | 13 % | |
| Total Percentage | 14 % | 14 % | 14 % | 14 % | |

PREPARER'S NAME: 15

PHONE NUMBER: 16

**AFR 34 B – Detailed Instructions**

**Liquidated Debt Due the Commonwealth** *defined as a legal debt for a sum certain which has been certified by an agency as final due and owing, all appeals and legal actions have been exhausted; and for the Court of Justice means a legal debt including any fine, fee, court costs, or restitution due the Commonwealth, which have been imposed by a final sentence of a trial court of the Commonwealth and for which the time permitted for payment pursuant to the provisions of KRS 23A.205(3) or KRS 24A.175(4) has expired.*

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name.

5. Enter the four-digit fund type number.

6. Enter the number of debtors.(The number of vendors from whom amounts are due)*

7. Total the number of debtors.

8. Enter the revenue source code or expenditure object code under which the receipt will be reported.

9. Enter the amounts outstanding in the appropriate columns by age:
   1-89 days
   90-179 days
   180-364 days
   1 to 3 years
   3 to 5 years
   5 to 10 years
   Over 10 years

10. Total amounts by revenue source code/(expenditure object code).

11. Total each column.

12. Enter the amount of receivables that is under payment agreement for each column.*

13. Enter the amount of receivables that is prohibited from active collection for each column.*

14. Enter the amount of receivables in bankruptcy for each column.*

15. Enter the percentage of liquidated debt expected to be collected within the time periods indicated.

16. Enter the percentage of liquidated debt that is expected to be uncollectible.

17. Total the percentages to ensure that they equal 100%.

18. Enter the name of the person preparing this form.

19. Enter the phone number of the person who prepared this form.

*** This information is not mandated by the legislation but is needed for review purposes.**

AFR 34B
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
# REPORT OF ALL LIQUIDATED DEBT
AS OF JUNE 30, 2013

DATE: 1

DEPT. NAME: 2
FUND TYPE NAME: 4

CABINET/
DEPT. NUMBER: 3
FUND TYPE NUMBER: 5

Length of Time Outstanding

| | 1-89 DAYS | 90-179 DAYS | 180-364 DAYS | 1 to 3 Years | 3 To 5 Years | 5 to 10 Years | Over 10 Years | TOTAL |
|---|---|---|---|---|---|---|---|---|
| NUMBER OF DEBTORS | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| REV SOURCE/(OBJECT) | | | | | | | | |
| 8 | $ 9 | $ 9 | $ 9 | $ 9 | $ 9 | $ 9 | $ 9 | $ 10 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| **TOTAL LIQUIDATED DEBT** | $ 11 | $ 11 | $ 11 | $ 11 | $ 11 | $ 11 | $ 11 | $ 11 |
| **AMOUNT UNDER A PAYMENT AGREEMENT** | $ 12 | $ 12 | $ 12 | $ 12 | $ 12 | $ 12 | $ 12 | $ 12 |
| **AMOUNT PROHIBITED FROM ACTIVE COLLECTION** | $ 13 | $ 13 | $ 13 | $ 13 | $ 13 | $ 13 | $ 13 | $ 13 |
| **AMOUNT IN BANKRUPTCY** | $ 14 | $ 14 | $ 14 | $ 14 | $ 14 | $ 14 | $ 14 | $ 14 |
| Percentage expected to be collected | 15 % | 15 % | 15 % | 15 % | 15 % | 15 % | 15 % | % |
| Percentage Uncollectible | 16 % | 16 % | 16 % | 16 % | 16 % | 16 % | 16 % | % |
| Total Percentage | 17 | 17 | 17 | 17 | 17 | 17 | 17 | % |

**PREPARER'S NAME:** 18

**PHONE NUMBER:** 19

## AFR 34C – Detailed Instructions

**Improper Payments** *"means a payment made to a vendor, provider, or recipient due to error, fraud, or abuse."*

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name.

5. Enter the four-digit fund type number.

6. Enter the number of debtors.(The number of vendors, providers, or recipients from whom amounts are due)*

7. Total the number of debtors.

8. Enter the revenue source code or expenditure object code under which the receipt will be reported.

9. Enter the amounts outstanding in the appropriate columns by age:
   Under 1 year
   1 to 5 years
   5 to 10 years
   Over 10 years

10. Total amounts by revenue source code/(expenditure object code).

11. Total each column.

12. Enter the percentage of improper payments expected to be collected within the time periods indicated.*

13. Enter the percentage of improper payments expected to be uncollectible.

14. Total the percentages to ensure that they equal 100%.

15. Record total receivables identified as resulting from error, fraud, or abuse.

16. Enter the amount collected during the 60 day period pursuant to KRS 45.237(4).

17. Mark Yes or No on whether any of the amounts have been certified. If answer is No, skip questions 18-20.
18. If answered Yes to Question 17, enter the amount certified.
19. If answered Yes to Question 17, enter the amount referred to Dept. of Revenue.
20. If answered Yes to Question 17, enter the amount referred to the State Treasurer.
21. Enter the name of the person who prepared this form.

22. Enter the phone number of the person who prepared this form.

*** This information is not mandated by the legislation but is needed for review purposes.**

AFR 34C
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# REPORT OF ALL IMPROPER PAYMENTS
## AS OF JUNE 30, 2013

DATE: 1

DEPT. NAME: 2
FUND TYPE NAME: 4

CABINET/
DEPT. NUMBER: 3
FUND TYPE NUMBER: 5

| | Length of Time Outstanding | | | | |
|---|---|---|---|---|---|
| | UNDER 1 YEAR | 1 to 5 Years | 5 to 10 Years | Over 10 Years | TOTAL |
| NUMBER OF DEBTORS* | 6 | 6 | 6 | 6 | 7 |
| REV SOURCE/(OBJECT) | | | | | |
| 8 | $ 9 | $ 9 | $ 9 | $ 9 | $ 10 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **TOTALS** | 11 | $ 11 | $ 11 | $ 11 | $ 11 |
| Percentage expected to be collected:* | 12 % | 12 % | 12 % | 12 % | |
| Percentage Uncollectible | 13 % | 13 % | 13 % | 13 % | |
| Total Percentage | 14 % | 14 % | 14 % | 14 % | |

**CONT.**

AFR 34C (Continued)

(2-13)

**Additional questions on debts due to error, fraud, or abuse**

Total receivables identified as resulting from error, fraud, or abuse $ 15

Amount collected during the 60 day period pursuant to KRS 45.237(4) $ 16

Have any amounts been certified 17

**If yes, how much** $ 18

**Amount referred to Dept. of Revenue** $ 19

**Amount referred to the State Treasurer** $ 20

**PREPARER'S NAME:** 21

**PHONE NUMBER:** 22

**In the event you are reporting no receivables, receivables totaling less than $10,000, or total receivables due from the federal government, other state governments, or other state departments, complete a transmittal certification letter on your agency's letterhead and choose the appropriate response.**

Transmittal Certification Letter

August 2013

Edgar C. Ross, Controller
Finance and Administration Cabinet
702 Capital Avenue, Room 484
Frankfort, KY 40601

Attention Office of Statewide Accounting Services

Dear Mr. Ross:

**Response 1:** I do hereby certify that to the best of my knowledge _____(Agency Name)_____ has outstanding accounts receivable as of June 30, 2013 that are less than $10,000.

**Response 2:** I do hereby certify that to the best of my knowledge_____(Agency Name)_____ has no outstanding accounts receivables as of June 30, 2013.

**Response 3:** I do hereby certify that to the best of my knowledge ____(Agency Name)_____ has outstanding accounts receivable in the amount of $ _____. However, they are due from (a) the federal government (b) other state departments or (c) other states.

Signed _____ Date Signed _____

Typed Name _____ Title _____

Cabinet or
Department_____

Commonwealth of Kentucky
Inventory Analysis

General

Inventories are those items held for internal consumption or resale to other state government units or outside parties and expected to be used within one year.

The "Inventory Analysis" form AFR 40 must be prepared for all Proprietary funds. Governmental funds should submit the "Inventory Analysis" to the Division of Statewide Accounting Services only if the department maintains a central supply room, a printing operation, or a field operation requiring a supply room (e.g., hospitals, maintenance garages, etc.). Departments whose inventory is accounted for in the eMARS system need not fill out this form.

The major categories to be used for inventory are:

A. Items for resale (including merchandise, prepared food and supplies for resale), and
B. Material and supplies, which consist of the following:
    1. Supplies (including materials, supplies, parts and drugs);
    2. Commodities (including food products, fuels and lubricants, and raw materials);
    3. Transportation commodities (including highway maintenance items);
    4. "Other" (used for material inventories not noted above).

In accordance with the accounting principles applicable to inventories, State departments must value their inventory at the lower of cost or market. The first in, first out (FIFO) method should be used to establish inventory cost.

Departments with an established inventory system shall value their inventory at the lower of cost or market based on their system, and indicate the method the system uses for valuing the inventory. Where perpetual inventory records are not maintained, the following steps must be completed as of June 30, 2013, to determine the lower of cost or market:

Step 1 Determine the cost of inventory based on the FIFO method which assumes that goods are used in the order in which they are purchased. The inventory value is a build-up or layering of the most recent purchase costs. Cost is defined as the price paid or consideration given to acquire the inventory item. Include in the cost all direct and indirect costs incurred during transportation.

Step 2 Determine the market value of inventory. Market is defined as the item's current replacement cost by either purchase or reproduction. Exceptions to this definition, which generally apply only to proprietary and non-expendable trust funds, are guided by the following rules:

a. The market should not exceed the net realizable value (ceiling), which is the estimated selling price in the ordinary course of business less reasonably predictable costs of completion and disposal.

b. The market should not be less than the net realizable value reduced by an allowance for a normal profit (floor).

Step 3 Determine the lower of cost or market for each type of item by subtracting the "Reductions to Cost" from "Cost".

Detailed Instructions
AFR 40
Inventory Analysis

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the actual cost of the inventory items based on the FIFO valuation method.

7. When the market value of an item is lower than cost, enter the difference.

8. Subtract item 7 from item 6 and enter the result.

9. Add all amounts in item 6 and enter the total onto the total line.

10. Add all amounts in item 7 and enter the total onto the total line.

11. Add all amounts in item 8 and enter the total onto the total line.

12. Indicate if valuation method is other than FIFO.

13. Enter the name of the person who prepared this form.

14. Enter the phone number of the person who prepared this form.

Form AFR-40
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# INVENTORY ANALYSIS

DATE: 1

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

**FUND/FUND TYPE NAME*:** 4 **FUND/FUND TYPE NUMBER*:** 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| Inventory Type | 6<br>Cost | 7<br>Reductions to Cost | 8<br>Lower of Cost or Market |
|---|---|---|---|
| Items for Resale . . . . . | $ | $ | $ |
| Materials and Supplies . . . . . | | | |
| TOTALS . . . . . | $ 9 | $ 10 | $ 11 |

Valuation Method: 12

PREPARER'S NAME: 13 PHONE NUMBER: 14

Commonwealth of Kentucky
Prepaid Expenses

General

A prepaid expense represents the amount paid for goods or services for which benefits have not been received as of June 30. This amount is reported as an asset at the end of the period.

NOTE: AFR 60 does not need to be completed if total prepaid expenses are less than $1,000.

Detailed Instructions
AFR 60
Prepaid Expenses

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name.

5. Enter the four-digit fund type number.

6. Enter expenditure title to which expense was charged.

7. Enter expenditure object.

8. Enter amount of expenditure applicable to future periods.

9. Enter total amount of prepaid expenses.

10. Enter the name of the person who prepared the form.

11. Enter the phone number of the person who prepared the form.

Form AFR-60
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

## PREPAID EXPENSES

**DATE:** 1

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

**FUND TYPE NAME:** 4 **FUND TYPE NUMBER:** 5

| Expenditure Title | Expenditure Object | | Amount |
|---|---|---|---|
| 6 | 7 | $ | 8 |
| | | | |
| | | | |
| | | | |
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| | | | |
| | **TOTAL** | $ | 9 |

PREPARER'S NAME: 10 PHONE NUMBER: 11

Commonwealth of Kentucky

Accounts Payable Recognition

General

Accounts payable, as applied to the Commonwealth of Kentucky's GAAP reporting system, includes liabilities incurred for goods received or services performed as of June 30 for which payment has not been made. Amounts to be reported on this form should include only amounts that will be paid with "new year" funds. These should be included for both documents to be processed through the eMARS and those paid through imprest cash.

If amounts are **due to other fund types** (Inter-Account Bills, Journal Vouchers), those amounts are **not** to be included here. Rather, they will be reported as interfund payables on form AFR 72 (Charges to State Departments). AFR 72 is to be completed by the billing agency.

Payable amounts determined as of June 30 should be summarized on form AFR 70 according to the appropriate category as defined below. If an invoice has not been received by the time this package is submitted, the department should estimate the liability to the best of their ability.

Personal Services

Personal services include amounts for professional services such as legal, auditing, consulting, and court reporting. This also includes other personnel costs, which have been incurred as of June 30. Include salaries, wages, and fringe benefits only for those payrolls that are not processed through KHRIS.

Utilities, Rentals, and Other Services

Utilities, rentals, and other services include utility services, fuels, and other services that have been incurred, but not paid for as of June 30. Do not estimate the cost of metered utilities such as gas, electric, and water from the last billing date until June 30.

Commodities and Supplies

Commodities and supplies include items that are consumed in the normal activities of the department or are held for resale as of June 30. These include but are not limited to office supplies, operating supplies, maintenance supplies, resale items, small tools, and equipment.

Grants and Subsidies

Grants and subsidies include contributions, cash gifts, or other assets to other governmental units and/or individuals to be used or expended for a specific purpose, activity, or facility. Payments may be made as advances to the receiving party. Payments may also be made as reimbursements of expenditures made by a qualifying receiver. Included in this category are payments mandated by statute to return a portion of revenues collected by the state to local governmental units. Grants and subsidies include, but are not restricted to grants, financial assistance payments, care and support payments, and benefit payments.

Accounts payable will need to reflect the measurable liabilities, as of June 30, for reimbursement grants, revenue sharing, and benefits. Reimbursement grants will reflect the amount of known liability (invoice has been received) as accounts payable. Revenue sharing items should be recognized as a liability in the amount of total current year receipts that have not been distributed to local governmental units. Benefit payments, such as Medicaid, may require an estimate for the amount of liability at June 30. Estimates for benefit payments should be based on factors such as prior billings and normal lag time of the billing from the provider.

Capital Outlay

Capital outlay includes amounts for fixed assets, (cost of $5,000 or more and a useful life greater than one year), where goods have been received as of June 30 and payment will be made with "new year" funds.

NOTE: Departments utilizing capital project "force accounts" should report accounts payable applicable to those accounts as of June 30.

Travel

Travel includes amounts for travel purposes that were incurred as of June 30 and payment for the amounts will be made with "new year" funds.

Retainage

Retainage is the owner's guarantee that the contractor will perform the contract as provided and is normally withheld from each payment to the contractor. Only use if in the capital projects funds.

NOTE: AFR 70 does not need to be completed if total accounts payable is less than $1,000.

Detailed Instructions
AFR 70
Summary of Accounts Payable

NOTE: For the Transportation Fund, a separate form is to be completed for each program within each department.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the amount payable within one year for each classification. These amounts will require the use of fiscal year 2014 funds for repayment.

7. Enter the amount payable longer than one year for each classification.

8. If payable amounts cannot be classified under the given categories, list them as "other" and describe the purpose for the amount.

9. Enter total amount for each classification.

10. Enter total amount for each column.

11. Total amounts for "Payable Within One Year" PLUS amounts for "Payable in Future Periods" should agree to the bottom line amount for the total column.

12. Enter the name of the person preparing the form.

13. Enter the phone number of the person preparing the form.

Form AFR-70
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

DATE: 1

# SUMMARY OF ACCOUNTS PAYABLE

DEPT. NAME: 2 CABINET/DEPT. NUMBER: 3

FUND/FUND TYPE NAME*: 4 FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| Classification | Payable Within One Year | Payable In Future Period | Total |
|---|---|---|---|
| Personal Services | 6 | 7 | 9 |
| Utilities, Rentals and Other Services | | | |
| Commodities and Supplies | | | |
| Grants and Subsidies | | | |
| Capital Outlay | | | |
| Travel | | | |
| Retainage | | | |
| Other (Identify): | | | |
| 8 | | | |
| | | | |
| Totals | 10 | 10 | 11 |

PREPARER'S NAME: 12 PHONE NUMBER: 13

Commonwealth of Kentucky
Judgments and Contingencies

Judgments

Judgments include amounts to be paid as a result of court decisions and condemnation awards for private property. These include those arising out of: (a) employment; (b) contractual actions, such as claims for delays or inadequate specifications; (c) actions of governmental personnel, such as claims for medical malpractice, damage to private property by government-owned vehicles, and improper police arrest; and (d) governmental properties, such as claims relating to personal injuries and property damage. The court-ordered amounts that remain unpaid at June 30 should be included if payment is to be made with "new year" funds. Judgments should be segregated into those amounts which are (a) payable within one year, (b) payable in future periods, and (c) a combination of the two, which have to be broken down between periods.

Contingent Liabilities

A contingent liability differs from a judgment in that a contingent liability arises when a suit that has been filed, but a court decision has NOT been made. Contingent liabilities include amounts for claims against the Commonwealth that relate to situations that occurred prior to June 30. Contingencies are broken into the following categories: (a) "remote," less than 50% chance of occurrence; or (b) "possible," 50%-74% chance of occurrence; or (c) "probable," 75% or greater chance of occurrence. Only **probable** liabilities (75% or greater chance of occurrence) for which the loss is **reasonably estimable** should be included as contingent liabilities and reported on form AFR 70A.

Contingent liabilities should be broken down into those amounts which are (a) payable within one year, (b) payable in future periods, and (c) a combination of the two, which should be broken down between the two periods. Any payments made for either judgments or contingencies should be shown on form AFR 70B.

Before completing form AFR 70A or AFR 70B, obtain a copy of your department's attorney letter regarding judgments and contingencies. Please make sure that the attorney letter agrees with all information provided on form AFR 70A and AFR 70B. The attorney letter must **explicitly state** that all contingency amounts shown on form AFR 70A are **PROBABLE** and must give the expected **loss amount** in dollars. If discrepancies exist, either revise the AFRs or obtain a new attorney letter containing information that substantiates the numbers presented on the AFRs.

Detailed Instructions
AFR 70A
Judgments and Contingent Liabilities

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter amount payable within one year for each classification (to be paid with FY 2014 funds).

7. Enter amount payable in future periods for each classification (to be paid with FY 2015 or later year funds).

8. Enter total amount for each category.

BREAKDOWN:

9. Enter the balance of contingent liabilities/judgments at June 30, 2012, per last year's AFR 70A, as the beginning balance for FY 2013.

   If there are revised estimates for amounts carried forward from last year, do not change them here. Changes in prior estimates are reported as either an amount dismissed (decrease in estimate) or an amount incurred during the year (increase in estimate). Do not adjust beginning balances. These must exactly match prior year ending balances.

10. Enter all amounts paid during the year. This includes payments for contingent liabilities/judgments recorded at June 30, 2012 (part of beginning balance) and for contingent liabilities/judgments incurred during the year (FY 2013). The total paid amounts should match the total of all paid amounts shown on AFR 70B.

11. Enter the amounts of contingent liabilities/judgments that were recorded at June 30, 2012, but were dismissed during FY13. Also, include any decreases in estimated amounts that were previously reported.

12. Enter the amount of contingent liabilities/judgments that were incurred during FY13. Also, include any increases in estimates previously reported..

13. Enter any amount to be reclassified from the category in which it was reported at June 30, 2012. For example, it would be appropriate to reclassify an amount reported in the previous

year as a current contingency to a judgment this year if the case was decided in the current fiscal year. A decrease in current contingencies and an increase in current judgments would be shown on AFR 70A.

NOTE: Amounts on this line will not increase/decrease the total liability report. Amounts will be shown as a reduction in one column and an increase in another column.

14. Enter the balance of contingent liabilities/judgments at June 30, 2013. This should agree with item 8 above.

15. Enter the name of the person preparing the form.

16. Enter the phone number of the person preparing the form.

17. Check again to make sure that all amounts listed on form AFR 70A and form AFR 70B are fully described in your department's attorney letter (stating the case is "probable" and giving expected loss amount for all contingent liabilities).

Form AFR-70A
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

DATE: 1

# SUMMARY OF CONTINGENT LIABILITIES AND JUDGMENTS

DEPT. NAME: 2

CABINET/DEPT. NUMBER: 3

FUND/FUND TYPE NAME*: 4

FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

**Please make sure that all information provided on AFRs 70A & 70B is fully described in and agrees with your department's attorney letter. Make sure attorney letter explicitly states "probable" chance of loss and gives specific amount of expected loss for each contingent liability.

| | 6<br>PAYABLE WITHIN ONE YEAR | 7<br>PAYABLE IN FUTURE PERIODS | 8<br>TOTAL |
|---|---|---|---|
| **JUDGMENTS** | | | |
| **PROBABLE CONTINGENT LIABILITIES**<br>*(Attach copy of Attorney's letter)* | | | |

Reconciliation of:

| | | PROBABLE Contingent Liabilities | | Judgments | |
|---|---|---|---|---|---|
| | | PAYABLE WITHIN ONE YEAR | PAYABLE IN FUTURE PERIODS | PAYABLE WITHIN ONE YEAR | PAYABLE IN FUTURE PERIODS |
| **Balance at June 30, 2012** | 9 | | | | |
| **Amounts Paid During The Year**<br>*(Form AFR-70B must be completed for amounts paid)* | 10 | | | | |
| **Amounts Dismissed During The Year (includes items removed from books or decreases in estimates)** | 11 | | | | |
| **Amounts Incurred During The Year (includes increases in estimates)** | 12 | | | | |
| **Amount Reclassified (from LT to ST, or from Cont. to Judg)** | 13 | | | | |
| **Balance at June 30, 2013** | 14 | | | | |

PREPARER'S NAME: 15

PHONE NUMBER: 16

Detailed Instructions
AFR 70B
Detail of Contingent Liabilities and Judgments Paid

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund/fund type name.

5. Enter the four-digit fund/fund type number.

6. Enter the fund type, department, and object to which each payment was charged.

7. Enter the document number that entered the payment into the eMARS system.

8. Enter name of case that was paid.

9. Enter the amount paid/charged to each object.

10. Enter the total for each category.

11. Total all paid amounts and make sure this total matches the total of all paid amounts shown on the AFR 70A.

12. Enter the name of the person who prepared this form.

13. Enter the phone number of the person who prepared this form.

14. Check again to make sure that all amounts listed on form AFR 70A and form AFR 70B are fully described in your department's attorney letter.

Form AFR-70B
(2-13)

DATE: 1

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# DETAIL OF CONTINGENT LIABILITIES AND JUDGMENTS PAID

DEPT. NAME: 2 CABINET/DEPT. NO. 3

FUND/FUND TYPE NAME*: 4 FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

**Please make sure that all information provided on AFRs 70A & 70B is fully described in and agrees with your department's attorney letter. If discrepancies exist, please contact the Financial Reporting Branch for further instructions.

## I. CONTINGENT LIABILITIES INCURRED IN PRIOR YEAR(S) AND PAID DURING THE CURRENT YEAR:

### A. PAYABLE WITHIN ONE YEAR

| Account Number (Fund Type - Department - Object Code) | Document Number | Name of Case | | Amount Paid |
|---|---|---|---|---|
| 6 | 7 | 8 | $ | 9 |
| | | | | |
| | | | | |
| | | Total Paid | $ | 10 |

### B. PAYABLE IN FUTURE PERIODS

| Account Number (Fund Type - Department - Object Code) | Document Number | Name of Case | | Amount Paid |
|---|---|---|---|---|
| | | | $ | |
| | | | | |
| | | | | |
| | | Total Paid | $ | - |

## II. JUDGMENTS INCURRED IN PRIOR YEAR(S) AND PAID DURING THE CURRENT YEAR:

### A. PAYABLE WITHIN ONE YEAR

| Account Number (Fund Type - Department - Object Code) | Document Number | Name of Case | | Amount Paid |
|---|---|---|---|---|
| | | | $ | |
| | | | | |
| | | | | |
| | | Total Paid | $ | - |

### B. PAYABLE IN FUTURE PERIODS

| Account Number (Fund Type - Department - Object Code) | Document Number | Name of Case | $ | Amount Paid |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | Total Paid | $ | - |

## III. AMOUNTS PAID DURING THE CURRENT YEAR FOR AMOUNTS INCURRED DURING THE CURRENT YEAR (JUDGMENTS AND/OR CONTINGENCIES):

| Account Number (Fund Type - Department - Object Code) | Document Number | Name of Case | | |
|---|---|---|---|---|
| | | | $ | |
| | | | | |
| | | | | |
| | | Total Paid | $ | - |
| | | Sum of All Amounts Paid | $ | 11 |
| | | | | (Matches AFR 70A) |

PREPARER'S NAME: 12 PHONE NUMBER: 13

Commonwealth of Kentucky
Annual, Sick, Compensatory Leave

General

The purpose of the "Annual, Sick, Compensatory Leave" form, AFR 71, is to determine the dollar amount of accumulated leave as of June 30, 2013, for those employees with leave balances which are not maintained through KHRIS Do not complete this form for employees with leave balances maintained through KHRIS.

Annual leave balance includes the dollar value of accumulated annual leave as of June 30, 2013, and the employer's portion of FICA applicable to these amounts.

Sick leave balance includes the dollar value of accumulated sick leave as of June 30, 2013.

Compensatory leave balance includes the dollar value of accumulated compensatory leave as of June 30, 2013, and the employer's portion of FICA and retirement contributions applicable. Each individual's accumulated compensatory leave should be limited to the maximum compensatory leave allowed by regulation.

Detailed Instructions
AFR 71
Annual, Sick, Compensatory Leave

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name.

5. Enter the four-digit fund type number.

6. Enter leave balance in hours at July 1, 2012, by category.

7. Enter the total dollar value of leave balances at July 1, 2012, by category. The dollar value should be the total of each employee's leave balance multiplied by the employee's year end (June 30, 2012) hourly pay rate, plus the employer's portion of FICA and retirement.

8. Enter total hours earned during fiscal year 2013 by category.

9. Enter the dollar value of leave earned during fiscal year 2013. The total dollar value should be the total of each employee's leave earned by category multiplied by the employee's year-end (June 30, 2013) hourly pay rate.

10. Enter the leave hours used during fiscal year 2013 by category.

11. Enter the total dollar value of leave used during fiscal year 2013. The total dollar value should be the total of each employee's leave used by category multiplied by the employee's year-end (June 30, 2013) hourly pay rate, plus the employer's portion of FICA and retirement.

12. Enter leave balances in hours at June 30, 2013, by category.

13. Enter the total dollar value of year-end leave balances. The total dollar value should be the total of each employee's leave balances multiplied by each employee's year-end (June 30, 2013) hourly pay rate, plus the employer's portion of FICA and retirement.

14. Enter the name of the person preparing the form.

15. Enter the phone number of the person preparing the form.

Form AFR-71
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# ANNUAL, SICK, AND COMPENSATORY LEAVE

DATE: 1

DEPT. NAME: 2

CABINET/DEPT. NUMBER: 3

FUND TYPE NAME: 4

FUND TYPE NUMBER: 5

| | | Annual Leave Balance | Sick Leave Balance | Compensatory Leave Balance |
|---|---|---|---|---|
| **Beginning Balance July 1, 2012** | | | | |
| | Hours | 6 | 6 | 6 |
| | Dollar Amount | $ 7 | 7 | 7 |
| **Earned During Fiscal Year 2013** | | | | |
| | Hours | 8 | 8 | 8 |
| | Dollar Amount | $ 9 | 9 | 9 |
| **Used During Fiscal Year 2013** | | | | |
| | Hours | 10 | 10 | 10 |
| | Dollar Amount | $ 11 | 11 | 11 |
| **Ending Balance June 30, 2013** | | | | |
| | Hours | 12 | 12 | 12 |
| | Dollar Amount | $ 13 | 13 | 13 |

PREPARER'S NAME: 14

PHONE NUMBER: 15

Commonwealth of Kentucky
Reimbursement of Expenditures/Expenses

General

Reimbursements are interfund transactions in which one fund repays a second fund for expenditures/expenses that were initially paid/incurred by the second fund for items applicable to the first fund. This transaction is an Interaccount charge and an Interaccount credit or an expenditure and a reduction of an expenditure on a Journal Voucher or ITI (Internal Transaction Initiator)/ITA (Internal Transaction Agreement).

Agencies which have reimbursable expenditures/expenses at June 30 for which the appropriate documents (Journal Voucher or Inter-Account Bill) have not been submitted by July 5 should complete form AFR 73. The portion of the charges to state departments will need to be identified by the billing department as to the account number the department being charged will use. This may require some telephone or written requests by the billing departments to gather this information. This form should be completed only for interfund transactions.

Detailed Instructions
AFR 73
Reimbursement of Expenditures/Expenses-Interfund

1. Enter the date the form is completed.

2. Enter the official name of the billing agency.

3. Enter the cabinet and agency number.

4. Enter the billing fund/fund type name (to be credited).

5. Enter the four-digit fund/fund type number.

6. Enter the account number to be charged.

7. Enter the amount to be charged to that account number.

8. Enter the account number to be credited (account to which expenditure/expense originally charged.)

9. Enter the amount to be credited.

10. Enter the total amount to be charged.

11. Enter the total amount to be credited.

12. Enter the name of the person preparing the form.

13. Enter the phone number of the person preparing the form.

Form AFR-73
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

DATE: 1

# REIMBURSEMENT OF EXPENDITURES/EXPENSES - INTERFUND

DEPT. NAME: 2

CABINET/DEPT. NUMBER: 3

FUND/FUND TYPE NAME*: 4

FUND/FUND TYPE NUMBER*: 5

*PROVIDE SEPARATE FORMS FOR EACH FUND THAT COMPRISES FUND TYPES 1300,1400,6300,6350.

| Account Number To Be Charged | Amount | Account Number To Be Credited | Amount |
|---|---|---|---|
| 6 | 7 | 8 | 9 |
| | | | |
| TOTAL | 10 | TOTAL | 11 |

PREPARER'S NAME: 12

PHONE NUMBER: 13

Commonwealth of Kentucky
Last Date of Entry

General

The Division of Statewide Accounting Services can now directly access departments' CAFR reportable equipment (vehicles, software, intangibles, and works of art) through the eMARS system. Therefore, detailed reconciliation forms are not necessary. The only information your department must supply for the closing package is the last calendar day on which fiscal year **2013 activity was accepted** by the eMARS system for acquisitions, dispositions, modifications and transfers. The dollar threshold for CAFR reportable equipment is: $5,000.00 for furniture, fixtures, office machines, heavy machinery and implements, vehicles, works of art/historical treasures, library books as well as stand alone and main-frame computer equipment. The threshold for software is $500,000. All other intangibles have a threshold of $100,000.

The target date for departments to have entered and finalized FY13 CAFR reportable equipment is August 28, 2013. The eMARS documents will need to have a status of "accepted".

Detailed Instructions
AFR 74
Last Date of Entry

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the calendar date on which the last fixed asset document was accepted for fiscal year 2013.

5. Signature of department's central asset officer.

6. Enter the phone number of the central asset officer.

7. Signature of department's head.

Use of the eMARS Advantage Financial system for the tracking of all assets

The eMARS Advantage Fixed Asset Module must be used for the tracking of all state assets with a cost of $500 or more. *This is not an option* as FAP 120-20-01states: "Agencies shall enter records into the fixed asset system for non-expendable property which promotes financial reporting, safeguarding of assets, and adequate insurance." The fixed asset system referred to in FAP 120-20-01 is the eMARS ADVANTAGE Fixed Asset Module. Assets are generally defined as non-expendable items having a useful life of more than one year and a cost of five hundred dollars ($500) or more. In order for an item to be considered an asset, it must have future economic benefit to the Commonwealth. The Commonwealth uses the following categories of fixed assets: land, improvements (other than to buildings), easements, buildings, depreciable and non-depreciable works of art/historical treasures, equipment, vehicles, other intangibles, construction-in-progress, and software. (It is acceptable to include software cost as part of the total cost of a related personal computer; however, individual software licenses with a cost of five hundred thousand dollars ($500,000) or more must be recorded individually). In determining the cost of an asset, component parts and all qualifying accessories should be included. Also included in the determination is the cost of freight, installation, and other auxiliary charges paid by the state, less any discounts. The trade-in allowance will not effect the cost of the asset. However, any training expenses incurred at the time of the asset purchase is included as part of the asset cost. Training at a later date is not capitalized; interest expense is never capitalized on purchased assets. If the asset is donated, the cost is equal to the fair market value date of donation.

Each department is responsible for performing reasonable procedures to ensure that all fixed assets are physically tagged with a property tag that includes the appropriate prefix for their department.

Form AFR-74
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

**DATE:** 1

# LAST DATE OF ENTRY

**FIXED ASSET EQUIPMENT (INCLUDES EQUIPMENT, VEHICLES, AND SOFTWARE)**

**DEPT. NAME:** 2 **CABINET/DEPT. NUMBER:** 3

Last Transaction Date: 4

Signature of Dept.'s Central Asset Officer: 5

Phone Number of Dept.'s Central Asset Officer: 6

Signature of Dept. Head: 7

Commonwealth of Kentucky
Equipment Leases

General

Review all current leases (generally coded E611) and all rentals (generally coded E223, E224, and E225) and complete form AFR 55. Include those contracts where the intent is to continue the lease into the next fiscal year, which under Kentucky law the contract may terminate June 30.

**Do NOT complete AFR 55 for copiers leased off the catalog master agreement as these will be provided by the vendor (Kip America, Konica-Minolta, Canon(formerly Oce-Imagistics), Sharp Electronics, Toshiba America, Xerox, and Ricoh). However, Form AFR 55 is to be completed for all other leases and rentals when the asset has a value equal to or greater than $5,000.**

The **Returned Copiers Worksheet (AFR 55A)** is to be completed if any copiers being leased off the catalog master agreement were returned to vendors during FY13.

Detailed Instructions
AFR 55
Lease Obligation Worksheet

NOTE: A separate worksheet is required for **each** lease agreement with payments made against it during the current fiscal year.

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name. (Fund making the monthly payments.)

5. Enter the four-digit fund type number.

6. Enter the vendor name (vendor number is not necessary).

7. Enter the description of the asset. Use manufacturer's name and machine model number if known.

8. Enter the equipment tag numbers for all assets acquired by the lease. If equipment is not tagged, enter the serial number. If additional space is needed, attach a separate sheet.

9. Enter the cost of the asset if it were purchased now, instead of leasing/renting.

10. Enter the Catalog Master Agreement Number or Master Agreement number.

11. Enter the number of years the asset is to be leased/rented.

12. Enter the date the first payment was due.

13. Enter the amount of each payment and the frequency of the payment: monthly, quarterly, or annually.

14. Enter the number of payments made in the current fiscal year, including payments posted during the closeout period.

15. Enter the number of payments made to date, including payments made this fiscal year and all payments made in previous fiscal years.

16. If the lease/rental agreement contains a purchase option, check "yes". If the agreement does not contain a purchase option, check "no".

17. If item 16 was checked "yes", complete item 17. Check "yes" if the purchase option was exercised during the year, and check "no" if the purchase option was not exercised during the year.

18. Enter the document number, object, and amount for each payment made during the current fiscal year.

19. Complete for **ALL** funds, when the lease agreement contains a trade-in allowance. List the Fair Value of the asset(s) traded in. Fair Value is the selling price expected to be received if the asset was sold to an unrelated purchaser. Enter the tag number(s) for assets traded in.

20. Enter the name of the person preparing this form.

21. Enter the phone number of the person preparing this form.

Form AFR-55
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

**DATE:____1_____**

# LEASE OBLIGATION WORKSHEET

**DEPT. NAME:_____2_____ CABINET/DEPT. NUMBER:____3_____**

**FUND TYPE NAME:_____4_____ FUND TYPE NUMBER:_____5_____**

**Vendor Name_____6_____**

**Description of Asset _____7_____**

**Tag Number(s)/Serial Number(s)_____8_____ Price if Purchased New $_____9_____**

**Contract Number _____10_____ Contract Term in Years__11__**

**1st Pay Date_____12_____**

**Payment Amount $____13_____**

**Monthly** _____

**Quarterly** _____

**Annually** _____

**Number of Payments Made as of June 30: This year__14_ Number cumulative since 1st pay__15__**

**Does This Contract Contain a Purchase Option? 16 Yes____ No____**

**Was Purchase Option Exercised During the Year? 17 Yes____ No____**

**List payments made during the year.** 18

| Document Number | Object | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**FOR ALL FUNDS** 19

**Fair Value of Asset(s) Traded-in $_____**

**Tag Number(s) of Asset(s) Traded-in _____**

PREPARER'S NAME:_____20_____ PHONE NUMBER:_____21_____

Detailed Instructions
AFR 55A
Returned Copiers

1. Enter the date the form is completed.

2. Enter the official department name.

3. Enter the cabinet and department number.

4. Enter the fund type name. (Fund making the monthly payments.)

5. Enter the four-digit fund type number.

6. Enter the vendor name (vendor number is not necessary).

7. Enter the serial number of the item returned.

8. Enter the location including street and city.

9. Enter the date the item was returned (Returns include both end of lease term and early terminations).

10. Enter the monthly lease payment (Do not include cost of copies).

11. Enter the name of the person preparing this form.

12. Enter the phone number of the person preparing this form.

Form AFR-55A
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# RETURNED COPIERS

**DATE:** 1

**DEPT. NAME:** 2
**FUND TYPE NAME:** 3
**CABINET/DEPT. NUMBER:** 4
**FUND TYPE NUMBER:** 5

| | Vendor Name | Serial Number of Item Returned | Location | | Date Item Returned | Monthly Costs |
|---|---|---|---|---|---|---|
| | | | Street | City | | |
| 1 | 6 | 7 | 8 | | 9 | 10 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |

***Copiers leased through Catalog Master Agreement Listing of Copiers Returned

PREPARER'S NAME: 11
PHONE NUMBER: 12

COMMONWEALTH OF KENTUCKY
PROFIT OR LOSS ALLOCATION
(INTERNAL SERVICE FUNDS ONLY)

GENERAL

The profit or loss associated with sales made by internal service funds (i.e. those funds beginning with the number "3") to other state departments must be allocated back to the functions that benefited from the goods or services provided. Based upon the usage proportions of the internal service fund by state functions, the appropriate allocations can be calculated. This allocation is for CAFR reporting purposes only.

The Division of Statewide Accounting Services must be given the total sales made to individual state departments during the year. Each department to whom sales were made must be listed along with the total revenues received from that department. Sales to state departments should include all revenues recorded under revenue source codes R431 through R445. If you listed any charges to state departments on AFR-72 be sure to include those on AFR-75 as they will be recorded as revenue. If you listed any deferred revenue on AFR-32 (revenues collected in advance for sales to state departments), this amount is to be included on AFR-75 as a reduction to revenue.

In addition to allocating the profit or loss on sales to state departments, GASB requires that any profit or loss associated with sales to the public be allocated back to the General Government. Therefore, please provide us with a written explanation of your departments' pricing policies regarding any sales made to the public. For each revenue source code (R401 through R429), please provide the total revenue recorded as well as the expenses related to that revenue. If you reported any deferred revenue (revenues collected in advance) on AFR-32 related to sales made to the public, you must record those amounts as reductions to the total revenue collected. Be sure to designate which amounts were related to sales made to the public.

In the event your agency cannot provide the information requested above, please contact Kim Moore, Assistant State Controller at (502) 564-5120 for assistance.

Please submit the information requested for AFR-75 via e-mail to Kim Moore (Finance Controller's Office)

Detailed Instructions
AFR 75
Allocation of Profit/(Loss)

1. Enter the date the form is completed.
2. Enter the official department name.
3. Enter the department class/department number.
4. Enter the fund type name.
5. Enter the four-digit fund type number.
6. Enter the account number charged including department and revenue source.
7. Enter the revenue received from each department and the revenue posted to eMARS during FY13. Include amounts posted to eMARS.
8. Enter the amount reported on AFR72- charges to state departments
9. Enter the amount reported on AFR 32- deferred revenue (revenues collected in advance)
10. Total the revenues across the form so that: revenues received *PLUS* amounts from AFR 72 *MINUS* Amounts from AFR 32 *EQUALS* Total Revenue from State Departments.
11. Total each column and enter the amount at the bottom of the corresponding column. Calculate across like in step 12 to get the total amount of revenues from state departments.
12. Give an explanation of your pricing policy for sales made to the public.
13. Give the revenue source used for sales to the public.
14. Indicate the total revenues received by the revenue source(s) listed. Record any deferred revenue (revenue collected in advance) as a reduction to revenue.
15. List the total expenses related to the revenues reported.
16. Enter the total profit/(loss) related to the sales: Revenues *MINUS* Expenses.
17. Enter the total of the Revenues, Expenses and Profit/(Loss) columns.
18. Enter the name of the person preparing the form.
19. Enter the telephone number of the person preparing the form.

AFR-75
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# ALLOCATION OF PROFIT OR LOSS

**(INTERNAL SERVICE FUNDS ONLY)**

**Date:** _____1_____

**Department Name:** _____2_____

**Cabinet/Dept. Number:** _____3_____

**Fund Type Name:** _____4_____

**Fund Type Number:** _____5_____

**Revenues received from state agencies (R431 through R445):**
**(R827 & R999 for Fund 3800)**

| Account Number Charged (Department-Source) | Revenue Received From Departments and Posted to eMARS during FY 13 | (PLUS) Amount Reported on AFR-72 | (MINUS) Amount Reported as Deferred Revenue on AFR-32 | (Equals) Total Revenue From State Departments Reported in FY 13 |
|---|---|---|---|---|
| 6 | 7 | 8 | 9 | 10 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total Revenue Received From State Depts.** | 11 | 11 | 11 | 11 |

AFR-75 Continued
(2-13)

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

# ALLOCATION OF PROFIT OR LOSS

**(INTERNAL SERVICE FUNDS ONLY)**

**Explanation of pricing policy for sales to the public:** 12

**Profit or loss attributed to sales to the public**
**(R401 THROUGH R429)**

| Revenue Source Code | Revenues | Expenses | Profit/(Loss) |
|---|---|---|---|
| 13 | 14 | 15 | 16 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Totals Sales to the Public** | 17 | 17 | 17 |

**Preparers Name:** 18

**Preparers Telephone Number:** 19