



Andy Beshear
Governor

Commonwealth of Kentucky
FINANCE AND ADMINISTRATION CABINET

OFFICE OF THE CONTROLLER

Room 484, Capitol Annex
702 Capital Avenue
Frankfort, Kentucky 40601
(502) 564-2998
(502) 564-6597 Facsimile

Holly M. Johnson
Secretary

Edgar C. Ross
Controller

TO: Agency Heads and Fiscal Officers
FROM: Edgar C. Ross, Controller
DATE: June 28, 2021
SUBJECT: Fiscal Year 2021 Annual Financial Report Solicitations

Through the Annual Financial Report (AFR) forms, we request that you provide certain financial information to the Finance and Administration Cabinet by **August 13, 2021**. This information is used in the preparation of financial reports for the fiscal year ended June 30, 2021, in accordance with generally accepted accounting principles.

In light of the importance of the Commonwealth's Annual Comprehensive Financial Report (ACFR), we look forward to your cooperation, assistance, and prompt response.

An electronic version of the forms and instructions are available on the Finance and Administration Cabinet website at: <http://finance.ky.gov/services/statewideacct/Pages/AnnualCloseoutInformation.aspx>.

If you have any questions, please contact [Joe McDaniel](#) at 502-564-5120.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
GENERAL COMMENTS

Please read the enclosed material and instructions carefully.

The solicitation of the information contained in this package is for preparing the Commonwealth's Annual Comprehensive Financial Report (ACFR) 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, 2021.

The information obtained by this closing package, when combined with additional information gathered for Fiscal Year 2021, 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, 2021, on a basis consistent with the provisions of generally accepted accounting principles applicable to governmental entities. It is imperative to return requested information in a timely and concise manner to assure the accuracy of information presented in the Comprehensive Annual Financial Report.

- A. If you **have no information** to report on the enclosed AFR forms, type the [certification letter](#) on department letterhead and have it 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.
- B. Retain one copy of the completed forms for audit purposes and submit the originals. Retain work papers used in the completion of the forms with the department's copy.
- C. If you **have information** to report, type the [certification letter](#) on department letterhead and have it 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. **No later than August 13, 2021, return an electronic copy of the completed closing package to Phil Nally, Office of Statewide Accounting Services, Financial Reporting Branch at Phil.Nally@ky.gov.**

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

General Instructions for Completion and Remittance of the Completed Packages

An AFR Questionnaire has been included as part of this package. Complete a separate questionnaire for each department. Instructions for the AFR Questionnaire are as follows:

1. Enter the date the form is completed.
2. Enter the cabinet and department number.
3. Enter the official department name.
4. Enter the four-digit fund type number(s) (listed below), in which the department has authorized account numbers established.
5. Read each question, as it relates to a specific AFR form, and select a yes or no answer.
Note: This response will help guide you in deciding which AFR forms are to be completed.
6. Enter the name of the person who prepared this form.
7. Enter the phone number of the person who prepared this form.

A matrix (Form AFR-1) is included as part of this package. Complete a separate form AFR-1 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) (listed below), 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). If no form is submitted, enter an "N" 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.

NOTE: The following chart shows the first characters of the eMARS fund number in the left column and the related fund type in the right column. In addition, some of the instructions to the AFR forms refer to fund reporting categories and associated fund types. The last column provides the reporting category for each fund type.

Departments with authorized accounts in Fund Type 2400 must submit forms for each fund.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

Aggregate and report in total funds in all other fund types.

Fund	Fund Type Name	Fund Type	Reporting Category
01	General	0100	Governmental
C	Capital Projects	0200	Governmental
01	Debt Service	0300	Governmental
11	Transportation	1100	Governmental
12	Federal	1200	Governmental
13	Agency Revenue	1300	Governmental
14 or W	Other Special Revenue	1400	Governmental
21	State Parks	2100	Proprietary/Enterprise
24	Insurance Administration	2400	Proprietary/Enterprise
2429	Pneumoconiosis	2400	Fiduciary/Agency Trust
25	Health Self-Insurance	2500	Proprietary/Enterprise
28	Agricultural Finance	2800	Proprietary/Enterprise
29	Kentucky Horse Park	2900	Proprietary/Enterprise
31	Fleet	3100	Proprietary/Internal Serv.
32	Computer Services	3200	Proprietary/Internal Serv.
35	Prison Industries	3500	Proprietary/Internal Serv.
36	Central Printing	3600	Proprietary/Internal Serv.
37	Property Management	3700	Proprietary/Internal Serv.
38	Risk Management	3800	Proprietary/Internal Serv.
62	Unemployment Benefit	6200,6210	Proprietary/Enterprise
63	Other Expendable Trust	6300,6310	Governmental
65	Tobacco Settlement	6350	Governmental
72	Special Deposit Trust	7200	Fiduciary/Agency Trust
75	County Fees	7250	Fiduciary/Agency Trust

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

Special Notes

- A. List only "old year" bills paid with "new year" allotments as accounts payable in the proper expenditure/expense object classification as defined per enclosed instructions. Do not include as accounts payable any "old year" bills which are paid during the closing period with "old year" allotments. Make every effort to submit, for automated processing, financial transactions applicable to Fiscal Year 2021 prior to closing. This could result in making the gathering of data relative to this solicitation less burdensome for your fiscal personnel. (Relates to AFR 70).
- B. Forms AFR-70A and AFR70-B have to match the attorney letter for judgments and contingencies. The attorneys have a deadline of August 6, 2021, 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 2021 will not be listed for those documents that post to "old year" during the closing period. List Accounts Receivable for Fiscal Year 2021 only for those documents that post to "new year" receipts. (Relates to AFR-32).
- 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-32 or AFR-70).
- E. Amounts receivable from or payable to other state agencies of the Commonwealth should be included as interfund receivables and/or interfund payables on forms AFR-32 and AFR-72 by the receiving department.
- F. Fiscal Year 2021 transactions that have not reached final status in eMARS as of the close of Fiscal Year 2021 should be included on the appropriate AFR form.
- G. 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) and are not to be entered on any of the AFR forms. (Relates to AFR-72/72A and AFR-73).
- H. 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). (Relates to AFR-72/72A and AFR-73).

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES

Closing Package Assistance

A. Obtain forms and instructions online at:

<http://finance.ky.gov/services/statewideacct/Pages/AnnualCloseoutInformation.aspx>

B. Training on the closing package is available through the Personnel Cabinet's MyPurpose - Commonwealth U Learning Module by searching for "Kentucky Annual Comprehensive Financial Report Training."

C. For general closing package questions, contact one of the following:

1. Joe McDaniel, 502-564-5120, or at Joe.McDaniel@ky.gov
2. Jessica Pinkston, 502-564-8769, or at Jessica.Pinkston@ky.gov
3. Christina Shuffett, 502-564-5125 or at Christina.Shuffett@ky.gov

Upon completion, Agencies must email an electronic copy to Phil.Nally@ky.gov.

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

(Certification Transmittal)

July/August 2021

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

Attention: Office 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 email letter and forms to Phil.Nally@ky.gov

(Certification Transmittal)

July/August 2021

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

Attention: Office of Statewide Accounting Services

Dear Mr. Ross:

I do hereby certify that to the best of my knowledge we have no information to report in accordance with the request for preparing the Commonwealth's Annual Financial Report.

Signed _____ Date Signed _____

Typed Name _____ Title _____

Cabinet or Department _____

Note: Please type on your agency letterhead.

Please email letter and forms to Phil.Nally@ky.gov

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
AFR QUESTIONNAIRE

DATE: _____ **1**
 CABINET/DEPT. NUMBER: _____ **2**
 DEPARTMENT NAME: _____ **3**
 FUND TYPES: _____ **4**

Purpose: To determine which AFR forms in the closing package you are required to complete (Note 1).

AFR Form:	Question:	Answer	
		Yes	No
AFR 10	Do you have cash on hand at June 30 that was posted in eMARS to Period 13/2021 or later?		
AFR 10A	Do you have bank accounts that do not come into eMARS or custodial accounts such as inmate accounts?		
AFR 20/20A	Do you have any investments that are not maintained by OFM?		
AFR 32	Do you have any earned revenue not received as of June 30 or any revenue received but not earned as of June 30? Do you have any estimated refunds? Do any of these categories exceed \$10,000? Do you have an allowance for uncollectibles? (<i>Note 2</i>)		
AFR 33	Do you have any unreimbursed amounts for capital project accounts in which Federal grants are used?		
AFR 35	Do you have any revenues to be distributed (interfund)?		
AFR 40	Do you have inventories of items for resale or large quantities of consumables (such as highway maintenance items, drugs, raw materials)?		
AFR 55	Do you lease any equipment that has a cost of \$5,000 or more?		
AFR 55A	Did you return any copiers prior to the end of the lease term?		
AFR 55B	Do you have an agreement as a lessor or lessee that conveys the right to use a nonfinancial asset (land, buildings, vehicles, and equipment)?		
AFR 60	Do you have prepaid expenses (amounts paid in advance) that exceed \$10,000? i.e. Registration fees, insurance premiums.		
AFR 70	Do you have accounts payable due within one year, a future period, or a refund of prior year receipts that exceeds \$10,000?		
AFR 70A	Did your attorney report any contingent liabilities or judgements?		
AFR 70B	Did you pay any contingencies or judgements?		
AFR 71	Are your accumulated Leave Balances maintained outside of KHRIS?		
AFR 72	If you answered yes to the AFR 32 question above, were any of the amounts due from other state agencies/funds?		
AFR 72A	If you answered yes to the AFR 32 question above, were any of the amounts the result of a Transfer "N" from another state agency/fund?		
AFR 73	Do you have any reimbursement of expenses (interfund only) that exceed \$10,000?		
AFR 74	Do you have fixed assets costing \$500 or more and have all fixed asset documents been processed in eMARS?		
AFR 75	Do you have any Internal Service Funds (3*** fund types)?		
AFR 34A/B/C	Do you have accounts receivable greater than \$10,000 that are liquidated, unliquidated, or due to improper payments?		

Note 1: If you answered yes to any of the above questions you are required to fill out and submit that AFR form.

Note 2: If you answer no to the first three questions but have an allowance for uncollectibles your answer would be yes and a completed form is required.

PREPARER'S NAME: _____ **6**
 PHONE NUMBER: _____ **7**

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
SCHEDULE OF APPLICABLE AFR FORMS

DATE: 1

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-32												
AFR-33												
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	5	—	—	—	—	—	—	—	—	—	—	—

= 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 (credit card terminal) not yet recorded in the accounting system. Each department having cash on hand or cash in transit to the State Treasury is responsible for reporting that amount to the Financial Reporting Branch.

Cash on Hand

Use form AFR-10 to record all monies in the hands of departments or in local bank accounts for which a Cash Receipt Document has not been submitted to final in eMARS as of June 30. Departments are to report this cash according to the fiscal year in which the CR document has posted to final in eMARS. Amounts on CR documents posted to **New Year** (Fiscal Year 2022) must be broken down by revenue source code or expenditure object code. For amounts posted on **old** year CR documents (Period 13 Fiscal Year 2021), only provide total revenues and total expenditures, a breakdown by source or object is not needed. Detailed instructions for AFR-10 follow.

Unearned 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. Please explain any entries for "Unearned Revenue" in the space at the bottom of the form.

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 to 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 type name.
5. Enter the four-digit fund type number.
6. Of the cash on hand at June 30, enter the amount that was sent to Treasury and processed during the closing period (13/2021). This will match the total amounts listed in item 15 below.
7. Determine the amount that was sent to Treasury on a "new year" CR document (Fiscal Year 2022). 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. Explain any entries made to Unearned Revenue.
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 the total of 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 **not** necessary 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 **not** necessary to list any expenditure codes for old year cash.
13. Total items 11 and 12 to get total cash posted to old year. This should match item 6 above and the total CR documents listed in item 15 in the box below.
14. List the new year Cash Receipt document number(s) and the total for each accounting line with a different fund type. 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.

**COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
CASH WORKSHEET**

DEPARTMENT NAME: _____
FUND TYPE NAME: _____

DATE: 1
CABINET/DEPT. NUMBER: 3
FUND TYPE NUMBER: 5

	Column 1 (New Year)	Column 2 (Old Year)
Cash on Hand-Old Year CR#		Period 13/2021
List Below		6
Cash On Hand-New Year CR#	Fiscal Year 2022	
List Below	7	
ALL FUND TYPES:	8	
Sales and Gross Receipts (R101-R149, R204-R206, R210-R219, R221, R227)		
Individual Income Tax (R241-R248)		
Corporate Income Tax (R231-R232)		
Property Tax (R223-R224, R229, R250-R269, R291-R294, R394)		
Coal Severance Tax (R150-R154)		
License and Privilege Tax (R161-R164, R167-R168, R187, R196-R203, R207-R209, R222, R228)		
Inheritance and Estate Tax (R271-R272)		
Miscellaneous Tax (R165, R277, R279, R281-R287, R289-R290, R391, R397)		
License, Fees, Permits (R169-R170, R188-R191, R193, R195, R301-R390, R393, R396, R399, R463, R852-R853, R856, R860)		
Contributions (R731-R734)		
Intergovernmental Revenue (R601-R654, R681, R691, R694, R697)		
Charge for Service (R225, R226, R283, R401-R464, R498, R499, R855)		
Fines and Forfeits (R701-R703, R711)		
Interest and Investment Income (R771-R775)	R*	
Other Revenue (Give Source)		
		11
(Give total revenue amount only for Old Year) Period 13/2021		
UNEARNED REVENUE (Please Explain)		

REFUND OF EXPENDITURE (Give Object)	E*	
	9	
(Give total refunded expenditure amount only for Old Year) Period 13/2021		12
TOTAL New Year CR ONLY	10	
TOTAL Old Year CR ONLY		13

NOTE: Documents listed below should be categorized by Posting Year.

2022	NEW YEAR DOCUMENT CODE / #	AMOUNT
14		14
TOTAL		14

2021	OLD YEAR DOCUMENT CODE / #	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 type name to which the monies would be deposited if they were entered in the system.
5. Enter the four-digit fund type number.
6. Enter the amount reported as of June 30, 2020.
7. Enter the total revenues received during fiscal year 2021.
8. Enter the total expenditures paid during fiscal year 2021.
9. Enter the amount as of June 30, 2021.
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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
CASH WORKSHEET - PRIVATE CASH ACCOUNTS

DEPARTMENT NAME: _____ **2** DATE: _____ **1**
 FUND TYPE NAME: _____ **4** CABINET/DEPT. NUMBER: _____ **3**
 FUND TYPE NUMBER: _____ **5**

AMOUNT REPORTED AS OF **June 30, 2020** \$ _____ **6**
 REVENUES _____ **7**
 EXPENDITURES _____ **8**
 AMOUNT AS OF **June 30, 2021** \$ _____ **9**

	REVENUE SOURCE	AMOUNT
REVENUES:	10	11
	TOTAL	12

	OBJECT	AMOUNT
EXPENDITURES:	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 represented by investments are reported in the Commonwealth of Kentucky financial statements. In addition, form 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, form 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. Present each fund type 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 the Office of Financial Management, Finance and Administration Cabinet, maintains your investments, 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 type name.
5. Enter the four-digit 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, 2021, 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, 2021.
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.)

Detailed Instructions
AFR-20
Analysis of Investments
(continued)

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 consider the organization a counterparty.)
20. Enter those uninsured and unregistered securities held by the department's agent or counterparty, but not 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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
ANALYSIS OF INVESTMENTS

DEPARTMENT NAME: _____	2	DATE: _____	1
FUND TYPE NAME: _____	4	CABINET/DEPT. NUMBER: _____	3
		FUND TYPE NUMBER: _____	5

		<u>Cost</u>	<u>Market Value June 30, 2021</u>	<u>Source of Market Value</u>
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	

		<u>COST</u>	<u>MARKET VALUE</u>
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 Department's name **18**

Uninsured and unregistered securities which are held by the Department's counterparty* in the Department's name **19**

Uninsured and unregistered securities which are held by the Department's agent* or counterparty* not in the Department's name **20**

TOTAL INVESTMENTS **\$ 21**

*See definition in instructions.

PREPARER'S NAME: _____ **22**

PHONE NUMBER: _____ **23**

Detailed Instructions
AFR-20A
Investments by Type

NOTE: If the Office of Financial Management, Finance and Administration Cabinet maintains your investments, 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 type name.
5. Enter the four-digit fund type number.
6. For each type of investment owned at June 30, 2021, enter its fair value.
7. For each type of investment owned at June 30, 2021, apply the effective weighted duration method for each.
8. Enter the Fair Value Measurement Hierarchy Level. *Level 1 – Quoted prices in active markets for identical assets, Level 2 – Significant other observable inputs, Level 3 – Significant Unobservable Inputs, and Amortized or Historical cost.*
9. Enter the total debt securities at fair value.
10. Enter the portfolio's effective weighted duration total.
11. Include other investments not covered in the above categories and indicate the type of investment and its fair value.
12. Enter Total Investments at fair value.
13. 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.
14. Enter the name of person preparing form.
15. Enter the phone number of person preparing form.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
INVESTMENTS BY TYPE

Interest Rate Risk Effective Duration Method

Date: 1

DEPARTMENT NAME: 2
FUND TYPE NAME: 4

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

Investments:

<u>DEBT SECURITIES</u>	<u>Fair Value</u>	<u>Effective Duration</u>	<u>Fair Value Measurement / Hierarchy</u>
Commercial Paper	\$ <u>6</u>	<u>7</u>	<u>8</u>
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	<u>9</u>	_____	_____
Portfolio effective weighted duration	_____	<u>10</u>	_____
 <u>OTHER INVESTMENTS</u>			
Mortgages	_____	_____	_____
Equity Securities	_____	_____	_____
Other (attach sheet if necessary):	<u>11</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Investments	\$ <u>12</u>	_____	_____

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.

13

PREPARER'S NAME: 14

PHONE NUMBER: 15

Commonwealth of Kentucky
Revenue Recognition

General

Tax Revenue

Recognizable tax revenue 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. Certain tax revenues, which apply to Fiscal Year 2022, will have been received as of June 30. Report these as unearned revenue.

Categorize recognizable tax receipts as follows:

- A. Sales and Gross Receipts Tax: Revenue Class 100 (R101 thru R149; R204 thru R206; R210 thru R219; R221; and R227)
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 Insurance Premium Surcharge
 6. Motor Fuels Tax – Gasoline
 7. Motor Fuels Tax – Liquefied Petroleum
 8. Motor Fuels Tax – Special Fuels
 9. Motor Vehicle U-Drive-It Usage Tax
 10. Motor Vehicle Usage Tax
 11. Racing Taxes
 12. Sales and Use Tax

- B. Individual Income Tax: Revenue Class 240 (R241 thru R248)
- This tax will be recognized in the amount of the second calendar quarter withholding and estimated returns that are filed in July. Based on experience, estimate the percent of withholdings refunded and apply this percentage to the first and second quarter withholding. This will be the amount of the "accounts payable" for 2021 income taxes.

There will also be refunds for calendar year 2021 not paid as of June 30. This amount shall include authorized refunds that not been processed, as well as an estimate of the amounts that are to be refunded that have not been authorized by June 30.

- C. Coal Severance Tax: Revenue Class 150 (R150 thru R154)
- 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. License and Privilege Taxes: Revenue Class 155 (R161 thru R164; R167; R168; R187; R196 thru R203; R207 thru R209; R222; and R228)
1. Minerals and Natural Gas Tax
 2. Motor Vehicle Registration
 3. Oil Production Tax
 4. Racing Taxes

Intergovernmental Revenues: Revenue Category 60 (Federal Revenues (R601 thru R645); Payment in Lieu of Taxes (R651 thru R654); and Revenues from Other States (R681 thru R697))

Intergovernmental revenues are generally grants from federal or local governments. Categorize grants into two types for revenue recognition purposes:

- A. Reimbursement grants are funded after certain allowable expenditures/expenses have been made. Recognize revenue 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 2021, 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 unearned revenue.

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

Fines, Forfeitures, and License Fees: Recognize Revenue Category 30 (Vehicle License Fees & Permits (R301 thru R399); Business License Fees & Permits (R169 thru R195; R362 thru R396; and R463) Professional Licenses (R380 thru R390 and R193); Departmental Sales & Fees (R852 thru R860)) when received. As a result, report no receivables on form AFR-32 for these items.

Charges for Services: Revenue Category 40 (Charges to the Public (R401 thru R429)) and Revenue Class 430 (Charges to Other State Agencies (R431 thru R448))

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 (amounts where the receiving fund type and the paying fund type are the same; i.e. 1300 to 1300) for reporting purposes.

Base the recognition of this revenue on provided goods or services, as of June 30, for which monies have not been received. This includes items not billed, as well as those that have been billed but remain unpaid.

Separate Charges for Services into charges to the public and charges to state agencies. The portion of interfund charges (amounts where the receiving fund type and the paying fund type are different; i.e. 0100 to 1300) to state agencies needs to be identified by the billing department as to the account numbers (Fund-Dept-Object) the department being charged will use. Report this information on form AFR-72. Handle these transactions on an IET and/or ITI/ITA where the credit side uses a revenue source code. The amount on form AFR-72 must equal the amount reported on form AFR-32 as charges to state agencies. No distinction is necessary for the amount received within 30 days or over 30 days for charges to state agencies.

Monies received in advance of the goods or service being provided shall be recorded as unearned revenue on form AFR-32.

Investment Income: Revenue Category 70 (R771 thru R775)

Generally recognize dividend revenue at the date of declaration. Therefore, report dividends declared but not received as of June 30.

Accordingly, report interest income earned but not received as of June 30.

Non-operating Revenues: Revenue Category 80

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). Report amounts earned but not received for non-operating revenues at June 30.

If this is a refund of expenditure, please give the expenditure object.

If this is an Interfund Transfer, Revenue Class 900 (Revenue Source “N__”) list the department number, fund type, and expenditure object the transfer is due from on form AFR-72A.

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 2021 that will be refunded after June 30, in fiscal year 2022. Record refunds of receipts for all receipts to which they apply.

Allowance for Uncollectibles

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

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

NOTE: Do not complete form AFR-32 for the categories Revenue, Unearned Revenue, or Refund of Receipts if that category does not exceed \$10,000.

Unearned Tax Revenues are those for which cash has been received as of June 30 but apply to the new fiscal year

Accounts Receivable for fiscal year 2021 will not be listed for those documents that post to “old year” during the closing period. List Accounts Receivable for fiscal year 2021 only for those documents that post to “new year” receipts.

Detailed Instructions
AFR-32
Revenue Recognition Recap

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 totals For any revenue source code 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. For entries made to Charges for Services to State Agencies in item number 7 of form AFR-32, the billing department must complete form AFR-72. Do not include any intrafund activity. Make sure the total entered on form AFR-72 equals the total reported in number 7 on form AFR-32.
8. For entries made to “Non-Operating and/or Other Revenue” in item 8 of form AFR-32 with a Transfer In “N” source code, you must complete form AFR-72A.
9. Total all columns.
10. Enter the name of the person who prepared the form.
11. Enter the phone number of person who prepared the form.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
REVENUE RECOGNITION RECAP

DATE: 1

DEPARTMENT NAME: 2

CABINET/DEPT. NUMBER: 3

FUND TYPE NAME: 4

FUND TYPE NUMBER: 5

Classification	Revenue Source Class		Estimated Date Of Receipt	Revenue Earned Not Received as of 6/30	(Unearned Revenue) Amount Received Not Earned as of 6/30	Estimated Fiscal Year 2021 Receipts To Be Refunded in Fiscal Year 2022	Allowance For Uncollectible Amount
Sales and Gross Receipt Taxes	100	6	Within 30 Days				
			Over 30 Days				
Individual Income Tax	240	6	Within 30 Days				
			Over 30 Days				
Coal Severance Tax	150	6	Within 30 Days				
			Over 30 Days				
License and Privilege Taxes	155	6	Within 30 Days				
			Over 30 Days				
Intergovernmental Revenues -Federal Grants	600	6	Within 30 Days				
			Over 30 Days				
Intergovernmental Revenues - Other	680	6	Within 30 Days				
			Over 30 Days				
Fines, Forfeitures & License Fees	300, 360, 380	6					
Charges to Public	400	6	Within 30 Days				
			Over 30 Days				
Charges to State Agencies (Interfund Charges Only)	430	7					
Interest and Investment Income	770	6	Within 30 Days				
			Over 30 Days				
Non-operating and/or Other Revenues	800, 820, 822, 825, 830, 850, 870, 880, 890	8	Within 30 Days				
			Over 30 Days				
Interfund Transfers: N____	900	8	Within 30 Days				
			Over 30 Days				
Other		8	Within 30 Days				
Please Disclose the Revenue Code(s) by attaching a separate list.			Over 30 Days				
TOTAL				9	9	9	9

NOTE: If the total is less than \$10,000 for Revenue, Unearned Revenue, or Refund of Receipts you do not need to complete this form.

PREPARER'S NAME: 10

PHONE NUMBER: 11

Detailed Instructions
AFR-72
Charges to State Departments

NOTES: The billing agency completes this form.

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 type name.
5. Enter the four-digit fund type number.
6. Enter the eMARS account number (Fund-Dept-Object Code) 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

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 type name.
5. Enter the four-digit fund type number.
6. Enter the eMARS account number (Fund-Dept-Transfer Out “T” code). Do not include intrafund transfers.
7. Record the amount of the transfer.
8. Enter total amount due and verify that it equal the amount reported on the AFR-32 in item number 8 as a Transfer In “N”.
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

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 year 2022 (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 Capital Project number.

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

Column 3: Enter the results of the following computation: Total expenditures that posted through Fiscal Year 2021 minus total receipts posted through Fiscal Year 2021. 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. This should be the amount included in the AFR-70 as an Accounts Payable for this project.

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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
ACCOUNTS RECEIVABLE
(Capital Projects Fund Only)

DATE: 1

DEPARTMENT 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	x	REIMBURSEMENT RATE (%)	=	RECEIVABLE
<u>4</u>	<u>4</u>	<u>4</u>		<u>4</u>		<u>4</u>		<u>4</u>
								—
								—
								—
								—
								—
								—
								—
								—
								—
								—
								—
								—
								—
								—
								—
								<u>5</u>

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, department, revenue source, etc.). Report amounts remaining in the clearing accounts after closing period on form AFR-35 so the revenues are included in the appropriate fund type in the ACFR.

Detailed Instructions

AFR-35

Distribution of Revenue – **Interfund transactions only**

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

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 type name (fund containing the clearing account).
5. Enter the four-digit fund type number.
6. Enter the account number charged (clearing account). (Fund-Dept-Revenue Source)
7. Enter the amount charged to that account number.
8. Enter the account number credited (account into which the revenues should be receipted). (Fund-Dept-Revenue Source)
9. Enter the amount credited.
10. Enter the total amount charged.
11. Enter the total amount credited.
12. Enter the name of the person preparing the form.
13. Enter the phone number of the person preparing the form.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
DISTRIBUTION OF REVENUES - INTERFUND

DEPARTMENT NAME: _____	DATE: _____
FUND TYPE NAME: _____	CABINET/DEPT. NUMBER: _____
2	1
4	3
4	5

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
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.

Submit the "Inventory Analysis" form AFR-40 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, items held for resale, etc.).

The major categories used for inventory are:

- A. Items for resale (including merchandise, prepared food and supplies for resale), and
- B. Materials 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 "held for resale" at the lower of cost or market. Use the first in, first out (FIFO) method 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, 2021 to determine the lower of cost or market:

Step 1 Determine the cost of inventory based on the FIFO method that 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. The following rules guide exceptions to this definition, which generally apply only to proprietary funds:

- 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 type name.
5. Enter the four-digit fund type number.
6. Enter the actual cost of the inventory items based on the FIFO valuation method.
7. When the market value of items for resale 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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
INVENTORY ANALYSIS

DATE: 1

DEPARTMENT NAME: 2

CABINET/DEPT. NUMBER: 3

FUND TYPE NAME: 4

FUND TYPE NUMBER: 5

<u>Inventory Type</u>	<u>6</u> Cost	<u>7</u> Reductions to Cost	<u>8</u> Lower of Cost or Market
Items for Resale	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Materials and Supplies	\$ <u> </u>		<u> </u>
TOTALS	\$ <u> 9 </u>	\$ <u> 10 </u>	\$ <u> 11 </u>

Valuation Method:

12

PREPARER'S NAME: 13

PHONE NUMBER: 14

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.

Do NOT complete form AFR-55 for copiers leased off the catalog master agreement. The vendor (Konica-Minolta, Canon, and Ricoh), or Xerox, under Managed Print, provides this information. NOTE: Complete form AFR-55 for copiers leased on a special contract that is not open to other agencies.

Do NOT complete form AFR-55 for equipment managed by COT. This form is only for leases pertaining to external vendors.

Complete form AFR-55 for all other leases and rentals when the asset has a value equal to or greater than \$5,000. (Complete a form for each individual asset).

Complete the **Returned Copiers Worksheet (Form AFR-55A) ONLY** if any copiers being leased off the catalog master agreement were returned to vendors prior to the end of the lease term.

NOTE

For ACFR purposes, enter leased assets valued at \$5,000 or more that meet the criteria as a capital lease in eMARS as fixed assets.

If any of the following four criteria are met, the lease is a capital lease:

- 1. The ownership of the asset is shifted from the lessor to the lessee by the end of the lease period, or**
- 2. The lessee can buy the asset from the lessor at the end of the lease term for a below market price, or**
- 3. The period of the lease encompasses at least 75% of the useful life of the asset, or**
- 4. The present value of the minimum lease payments required under the lease is at least 90% of the fair value of the asset at inception of the lease.**

New for FY 2021: AFR 55B Lease Accounting (or) GASB 87 Leases

Detailed instructions and the blank excel form can be found at:

<https://finance.ky.gov/services/statewideacct/Pages/AnnualCloseoutInformation.aspx>

Note: Form AFR 55B is due November 1, 2021. Do NOT hold submission of the other AFR forms because this form is not complete. The collection of this data will take significant time to prepare due to the need to read each lease agreement in order to report the required information (terms, cancellation periods, etc.)

If you have any questions please contact:

[Jessica Pinkston](#): (502) 564-8769 or [Joe McDaniel](#): (502) 564-5120.

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. If the item has been entered in eMARS as a Fixed Asset check "yes", if not check "no". (If an asset cost more than \$5,000 and the agency will own the equipment at the end of the lease, tag and enter it into eMARS.)
9. Enter the equipment tag numbers for all assets acquired by the lease. Enter the serial number for equipment not tagged. If additional space is needed, attach a separate sheet.
10. Enter the cost of the asset if it were purchased now, instead of leasing/renting.
11. Enter the Catalog Master Agreement Number or Master Agreement number.
12. Enter the number of years of the asset lease/rental.
13. Enter the date the first payment was due.
14. Enter the amount of each payment and the frequency of the payment: monthly, quarterly, or annually.
15. Enter the number of payments made in the current fiscal year, including payments posted during the closeout period.
16. Enter the number of payments made to date, including payments made this fiscal year and all payments made in previous fiscal years.
17. If the lease/rental agreement contains a purchase option, check "yes". If the agreement does not contain a bargain purchase option, check "no".
18. If item 16 was checked "yes", complete item 17. Check "yes" if the bargain purchase option was exercised during the year, and check "no" if the purchase option was not exercised during the year.
19. Enter the document number, object, and amount for each payment made during the current fiscal year.

Detailed Instructions
AFR-55
Lease Obligation Worksheet
(continued)

20. 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.
21. Enter the name of the person preparing this form.
22. Enter the phone number of the person preparing this form.

**COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
LEASE OBLIGATION WORKSHEET**

DATE: 1
 DEPARTMENT NAME: 2 CABINET/DEPT. NUMBER: 3
 FUND TYPE NAME: 4 FUND TYPE NUMBER: 5

Vendor Name: 6
 Description of Asset: 7
 Has the asset been entered in eMARS? 8 Yes _____ No _____
 Tag or Serial Number(s): 9 Price if Purchased New \$ 10
 Contract Number: 11 Contract Term in Years 12
 1st Pay Date 13

Payment Amount \$ 14
 Monthly _____
 Quarterly _____
 Annually _____

Number of Payments Made as of June 30, This year 15 Number cumulative since 1st pay 16
 Does This Contract Contain a Purchase Option? 17 Yes _____ No _____
 Was Purchase Option Exercised During the Year? 18 Yes _____ No _____

List payments made during the year. 19

Document Number	Object	Amount

FOR ALL FUNDS 20
 Fair Value of Asset(s) Traded-in (\$) _____
 Tag Number(s) of Asset(s) Traded-in (\$) _____

PREPARER'S NAME: 21 PHONE NUMBER: 22

Detailed Instructions
AFR-55A
Returned Copiers

Complete for copiers returned prior to the end of the lease term.

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 return date of the item (early terminations only). Do not include copiers returned at the end of the lease.
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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
RETURNED COPIERS

DATE: 1

DEPARTMENT NAME: 2 CABINET/DEPT. NUMBER: 3

FUND TYPE NAME: 4 FUND TYPE NUMBER: 5

	Vendor Name	Serial Number of Item Returned	Location		Date Item Returned	Monthly Costs
			Street	City		
1	<u>6</u>	<u>7</u>	<u>8</u>		<u>9</u>	<u>10</u>
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
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, 2021. Report this amount as an asset at the end of the period.

Do NOT include professional dues on AFR-60 because they are not considered prepaid expenses even if the period extends beyond the end of the fiscal year. Examples of professional dues are dues paid to maintain licensing required for employment (nurses, doctors, etc.), entities that provide quality assurance for agencies (GFOA), and memberships to organizations (Association of Governmental Accountants, etc.)

NOTE: Do not complete AFR-60 if total prepaid expenses are less than \$10,000.

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.

**COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
PREPAID EXPENSES**

DATE: _____ **1**

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

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

Expenditure Title	Expenditure Object	Amount
6	7	\$ 8
TOTAL		\$ 9

NOTE: If the total prepaid expenses are less than \$10,000 you do not need to complete this form.

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 reported on this form should include only amounts that will be paid with "**new year**" (Fiscal Year 2022) funds. The unpaid liabilities incurred as of June 30 should include documents processed through eMARS as well as those paid with imprest cash.

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

Summarize payable amounts determined as of June 30, including capital project funds, on form AFR-70 according to the appropriate category as defined below. For invoices not 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 incurred as of June 30. Include salaries, wages, and fringe benefits only for those payrolls **not** processed through KHRIS.

Utilities, Rentals, and Other Services

Utilities, rentals, and other services include utility services, fuels, and other services 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 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 used or expended for a specific purpose, activity, or facility. Payments may also be made as reimbursements of expenditures made by a qualifying receiver. Payments mandated by statute to return a portion of revenues collected by the state to local governmental units are included in this category. 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. Recognize revenue sharing items as a liability for total current year receipts not distributed to local governmental units. Benefit payments, such as Medicaid, may require an estimate for the liability at June 30. Base estimates

for benefit payments 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.

Travel

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

Retainage

Retainage is a specified amount withheld from each payment to a contractor and paid at a later date once the contract has been satisfied and the work complete. Declare the amount withheld a payable to the contractor until making payment. Use retainage for capital project funds.

Refund of prior year receipts

There will be refunds for receipts recorded in fiscal years prior to 2021 that have not been paid as of June 30, 2021, and payment of these amounts will be made in Fiscal Year 2022 or later (These are revenues recorded prior to fiscal year 2021 which will remain payable at July 1, 2021). Please indicate the Revenue Source Code for the refund.

NOTE: Do not complete AFR-70 if total reportable accounts payable are less than \$10,000.

Detailed Instructions
AFR-70
Summary of Accounts Payable

NOTE: For the Transportation Fund, complete a separate form 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 type name.
5. Enter the four-digit fund type number.
6. Enter the amount payable within one year for each classification. These amounts will require the use of fiscal year 2021 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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
SUMMARY OF ACCOUNTS PAYABLE

DATE: 1
DEPARTMENT NAME: 2 CABINET/DEPT. NUMBER: 3
FUND TYPE NAME: 4 FUND TYPE NUMBER: 5

Classification	Object Category	Payable Within One Year	Payable In Future Period	Total
Personal Services	10	6	7	9
Utilities, Rentals and Other Services	20			—
Commodities and Supplies	35			—
Grants and Subsidies	40			—
Capital Outlay	60			—
Travel	36			—
Retainage (Capital Projects)				—
Refunds of prior year receipts(identify Revenue Source Code):				—
				—
Other (Identify):				—
8				—
Totals		10	10	11

NOTE(S): AFR-70 amounts should include capital project funds.
AFR-70 does NOT need to be completed if the total accounts payable, to be reported, is less than \$10,000.

PREPARER'S NAME: 12 PHONE NUMBER: 13

Commonwealth of Kentucky Judgments and Contingencies

Judgments

Judgments include amounts paid because 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. Segregate judgments into those amounts that are payable within one year and payable in future periods. Do **not** include any judgments payable by State Risk.

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. Report only **probable** liabilities (75% or greater chance of occurrence) for which the loss is **reasonably estimable** as contingent liabilities on form AFR-70A.

Contingent liabilities should be broken down into those amounts that are payable within one year and payable in future periods. Show payments for either judgments or contingencies on form AFR-70B. Do **not** include any contingencies payable by State Risk.

Before completing form AFR-70A or form 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 form 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 type name.
5. Enter the four-digit fund type number.
6. Enter amount payable within one year for each classification (payable with Fiscal Year 2022 funds).
7. Enter amount payable in future periods for each classification (payable with Fiscal Year 2023 or later year funds).
8. Enter total amount for each category.

BREAKDOWN:

9. Enter the balance of contingent liabilities/judgments at June 30, 2020, per last year's form AFR-70A, as the beginning balance for Fiscal Year 2021.

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, 2020, (part of beginning balance) and for contingent liabilities/judgments incurred during the year (Fiscal Year 2021). The total paid amounts should match the total of all paid amounts shown on form AFR-70B.
11. Enter the amounts of contingent liabilities/judgments recorded at June 30, 2020, but dismissed during the year (Fiscal Year 2021). Also, include any decreases in estimated amounts previously reported.
12. Enter the amount of contingent liabilities/judgments incurred during the year (Fiscal Year 2021). 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, 2020. 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. Show decreases in current contingencies and increases in current judgments on form AFR-70A.

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

Detailed Instructions

AFR-70A

Judgments and Contingent Liabilities

(continued)

14. Enter the balance of contingent liabilities/judgments at June 30, 2021. 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.

NOTE: 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).

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
SUMMARY OF CONTINGENT LIABILITIES AND JUDGMENTS

DATE: 1

DEPARTMENT NAME: 2 CABINET/DEPT. NUMBER: 3

FUND TYPE NAME: 4 FUND TYPE NUMBER: 5

****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 PAYABLE WITHIN ONE YEAR	7 PAYABLE IN FUTURE PERIODS	8 TOTAL
JUDGMENTS	\$		—
PROBABLE CONTINGENT LIABILITIES	\$		—

(Attach copy of Attorney's letter)

Reconciliation of:

	PROBABLE			
	Contingent Liabilities		Judgments	
	6 PAYABLE WITHIN ONE YEAR	7 PAYABLE IN FUTURE PERIODS	8 PAYABLE WITHIN ONE YEAR	9 PAYABLE IN FUTURE PERIODS
Balance at June 30, 2020	9 \$			
ALL Amounts Paid During The Year <i>(Form AFR-70B must be completed for amounts paid. Totals on AFR-70B must match the amounts shown here.)</i>	10			
Amounts Dismissed During The Year <i>(includes items removed from books or decreases in estimates)</i>	11			
ALL Amounts Incurred During The Year <i>(includes increases in estimates)</i>	12			
Amount Reclassified (from LT to ST, or from Contingency to Judgment)	13			
Balance at June 30, 2021	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 type name.
5. Enter the four-digit 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 form 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.

NOTE: 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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
DETAIL OF CONTINGENT LIABILITIES AND JUDGMENTS PAID

DEPARTMENT NAME: _____ **2** _____ DATE: _____ **1**
 CABINET/DEPT. NUMBER: _____ **3** _____
 FUND TYPE NAME: _____ **4** _____ FUND TYPE NUMBER: _____ **5**

****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
6	7	8	\$ 9
Total Paid			\$ 10

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
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
6	7	8	\$ 9
Total Paid			\$ 10

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	Amount Paid
6	7	8	\$ 9
Total Paid			\$ 10

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, 2021, 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, 2021, 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, 2021.

Compensatory leave balance includes the dollar value of accumulated compensatory leave as of June 30, 2021, 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, 2020, by category.
7. Enter the total dollar value of leave balances at July 1, 2020, by category. The dollar value should be the total of each employee's leave balance multiplied by the employee's year-end (June 30, 2020) hourly pay rate, plus the employer's portion of FICA and retirement.
8. Enter total hours earned during Fiscal Year 2021 by category.
9. Enter the dollar value of leave earned during Fiscal Year 2021. 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, 2021) hourly pay rate.
10. Enter the leave hours used during Fiscal Year 2021 by category.
11. Enter the total dollar value of leave used during Fiscal Year 2021. 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, 2021) hourly pay rate, plus the employer's portion of FICA and retirement.
12. Enter leave balances in hours at June 30, 2021, 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, 2021) 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.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
ANNUAL, SICK, AND COMPENSATORY LEAVE

DEPARTMENT NAME: _____	DATE: _____
2	1
FUND TYPE NAME: _____	CABINET/DEPT. NUMBER: _____
4	3
	FUND TYPE NUMBER: _____
	5

	<u>Annual Leave Balance</u>	<u>Sick Leave Balance</u>		<u>Compensatory Leave Balance</u>
<u>Beginning Balance June 30, 2020</u>				
Hours	6	6		6
Dollar Amount \$	7	7		7
<u>Earned During Fiscal Year 2021</u>				
Hours	8	8		8
Dollar Amount \$	9	9		9
<u>Used During Fiscal Year 2021</u>				
Hours	10	10		10
Dollar Amount \$	11	11		11
<u>Ending Balance June 30, 2021</u>				
Hours	12	12		12
Dollar Amount \$	13	13		13

NOTE: AFR-71 does NOT need to be completed if all employee leave balances are maintained in KHRIS.

PREPARER'S NAME: _____	PHONE NUMBER: _____
14	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, IET or ITI (Internal Transaction Initiator)/ITA (Internal Transaction Agreement).

Complete form AFR-73 if the agency has reimbursable expenditures/expenses at June 30 for which the appropriate documents (Journal Voucher or Inter-Account Bill) did not post to final by the close of Fiscal Year 2021. Only the billing department should complete form AFR-73. Complete this form for interfund transactions only.

NOTE: Do not complete form AFR-73 if the total is less than \$10,000.

Detailed Instructions

AFR-73

Reimbursement of Expenditures/Expenses-**Interfund transactions only**

NOTE: For the Transportation Fund, complete a separate form for each program within each department.

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

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 type name (to be credited).
5. Enter the four-digit fund type number.
6. Enter the account number charged (Fund-Dept-Object Code)
7. Enter the amount charged to that account number.
8. Enter the account number (Fund-Dept-Object Code) credited (account to which expenditure/expense originally charged.)
9. Enter the amount credited.
10. Enter the total amount charged.
11. Enter the total amount credited.
12. Enter the name of the person preparing the form.
13. Enter the phone number of the person preparing the form.

NOTE: Do not complete AFR-73 if the total is less than \$10,000.

Items 10 and 11 must be equal.

**COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
REIMBURSEMENT OF EXPENDITURES/EXPENSES - INTERFUND**

DATE: 1

DEPARTMENT NAME: 2 CABINET/DEPT. NUMBER: 3

FUND TYPE NAME: 4 FUND TYPE NUMBER: 5

Account Number To Be Charged (Fund-Dept-Obj Code)	Amount	Account Number To Be Credited (Fund-Dept-Obj Code)	Amount
<u>6</u>	\$ <u>7</u>	<u>8</u>	\$ <u>9</u>
\$	<u>10</u>	TOTAL \$	<u>11</u>

Note: Do not complete if the total is less than \$10,000.

PREPARER'S NAME: 12 PHONE NUMBER: 13

Commonwealth of Kentucky
Last Date of Entry

General

The Office of Statewide Accounting Services can now directly access departments' ACFR 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 date that all **2021 fixed assets documents** were entered into **"final" status** in the eMARS system for acquisitions, dispositions, modifications, and transfers. The date enables SAS to determine when all agencies have finalized their fixed asset transactions and SAS can be assured that reports from eMARS are complete.

The dollar threshold for ACFR reportable equipment is: \$5,000 for furniture, fixtures, office machines, heavy machinery and implements, vehicles, works of art/historical treasures, and 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 Fiscal Year 2021 ACFR reportable equipment is August 20, 2021. The eMARS documents will need to have a status of **"Final"**.

For fixed asset questions please contact [Jessica Pinkston](#) at (502) 564-8769 or by email.

Detailed Instructions

AFR-74

Last Date of Entry

1. Enter the official department name.
2. Enter the cabinet and department number.
3. Enter the date the form is completed.
4. Enter the calendar date on which the last fixed asset document was posted as “final” for Fiscal Year 2021.
5. Signature of department’s property officer.
6. Enter the phone number of the property officer.
7. Signature of department’s head.

COMMONWEALTH OF KENTUCKY
STATEWIDE ACCOUNTING SERVICES
LAST DATE OF ENTRY
FIXED ASSET EQUIPMENT (INCLUDES EQUIPMENT, VEHICLES, AND SOFTWARE)

DEPARTMENT NAME: _____ **1**

CABINET/DEPT. NUMBER: _____ **2**

DATE: _____ **3**

Last Transaction Date: _____ **4**

Signature of Department Property Officer: _____ **5**

Phone Number of Department Property Officer: _____ **6**

Signature of Department Head: _____ **7**

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

Use the eMARS Advantage Fixed Asset Module for the tracking of all state assets with a cost of \$500 or more. This is not an option as FAP 120-20-01 states: "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. To consider an item 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, record individual software licenses with a cost of five hundred thousand dollars (\$500,000) individually). In determining the cost of an asset, component parts and all qualifying accessories should be included. The cost of freight, installation, and other auxiliary charges paid by the state, less any discounts, are also included in the determination. The trade-in allowance will not affect 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. For donated assets, the cost is equal to the fair market value on the 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.

For ACFR purposes, enter leased assets in eMARS as a fixed asset when they are valued at \$5,000 or more and meet the criteria as a capital lease as identified below:

If any of the following four criteria are met, the lease is a capital lease:

- 1. The ownership of the asset is shifted from the lessor to the lessee by the end of the lease period, or**
- 2. The lessee can buy the asset from the lessor at the end of the lease term for a below market price, or**
- 3. The period of the lease encompasses at least 75% of the useful life of the asset, or**
- 4. The present value of the minimum lease payments required under the lease is at least 90% of the fair value of the asset at inception of the lease.**

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 ACFR reporting purposes only.

The Office 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 form AFR-72 be sure to include those on form AFR-75 as they will be recorded as revenue. If you listed any unearned revenue on form AFR-32 (Revenues Collected in Advance for Sales to State Departments), this amount is to be included on form 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 department’s 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 unearned revenue (revenues collected in advance) on form 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 [Joe McDaniel](#), (502) 564-5120 for assistance.

Please submit the information requested for form AFR-75 via e-mail to [Phil Nally](#) (Finance Controller’s Office).

Detailed Instructions

AFR-75

Allocation of Profit/(Loss)

Internal Service Funds only

1. Enter the date the form is completed.
2. Enter the official department name.
3. Enter the 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 and posted in eMARS from each department during Fiscal Year 2021.
8. Enter the amount reported on form AFR-72 (Charges to State Departments)
9. Enter the amount reported on form AFR-32 (Unearned Revenue (Revenues Collected in Advance)).
10. Total the revenues across the form so that: Revenues Received PLUS Amounts from form 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 similar to step 10 to get the total amount of revenues from state departments.
12. Explain your pricing policy for sales made to the public.
13. List the revenue source used for sales to the public.
14. Indicate the total revenues received by the revenue source(s) listed. Record any unearned 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.

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 and R999 for Fund 3800)		(Plus)	(Minus)	(Equals)
Account Number Charged (Department-Source)	Revenue Received From State Agencies and Posted to eMARS during Fiscal Year 2021	Amount Reported on AFR-72	Amount Reported as Deferred Revenue on AFR-32	Total Revenue From State Agencies Reported in Fiscal Year 2021
<u>6</u>	\$ <u>7</u>	\$ <u>8</u>	\$ <u>9</u>	\$ <u>10</u>
				—
				—
				—
				—
				—
				—
				—
				—
				—
Total Revenue Received From Departments	\$ <u>11</u>	\$ <u>11</u>	\$ <u>11</u>	\$ <u>11</u>

PREPARER'S NAME: 12

PHONE NUMBER: 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**

Revenue Source Code	Revenues	Expenses	Profit/(Loss)
13	\$ 14	\$ 15	\$ 16
Total Sales to the Public	\$ 17	\$ 17	\$ 17

PREPARER'S NAME **18**

PHONE NUMBER: **19**
