



**STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER**

**55 ELM STREET
HARTFORD, CONNECTICUT
06106-1775**

**Kevin Lembo
State Comptroller**

**Martha Carlson
Deputy Comptroller**

May 13, 2011

To: All State Departments

From: Gerry Villa, Assistant Director
Budget & Financial Analysis Division

Subject: GAAP Closing Package for Fiscal Year Ending June 30, 2011

Enclosed is the GAAP closing package for the fiscal year ending June 30, 2011. Based on the information received last fiscal year, we were able to prepare the Comprehensive Annual Financial Report (CAFR) of the State for the fiscal year ended June 30, 2010. The CAFR contains the basic financial statements of the State which were prepared in conformity to generally accepted accounting principles. These statements provide information about the financial position and results of operations of the State for the fiscal year 2010 and are an integral part of other reports prepared by the State such as bond offering statements and the statewide single audit report.

We could not have prepared the 2010 CAFR without your cooperation in the preparation of the closing package forms and their timely submission to us. To insure that we are able to continue to prepare the CAFR on time to meet federal and state deadlines, please submit the completed GAAP closing package by the required due date of **September 6, 2011**. Any request for an extension to the due date must be made **in writing** directly to us by **August 12, 2011**, explaining why the extension is needed and giving a new completion date.

At this time, we ask that you make sure that you have received a complete GAAP closing package and that you complete and e-mail the attached acknowledgment form to us.

If you have not received a complete GAAP closing package or if you have any questions regarding the GAAP closing package, please feel free to contact Nancy Walsh at 702-3378 or Richard Haley at 702-3383.

Starting this fiscal year, all completed GAAP forms should be e-mailed to us.

GV/sc
Enclosures

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP CLOSING PACKAGE**

ACKNOWLEDGEMENT

I have received the GAAP closing package for the fiscal year ending June 30, 2011. I have also verified that the closing package includes the following (check appropriate box):

| | Included | Not Included |
|--|-----------------|-------------------------|
| General Instructions | | |
| GAAP Forms Control Sheet | | |
| GAAP Instructions and Forms 1-9 | | |
| Additional Financial Information (only required from certain agencies) | | |

Department: _____

Signature and Title: _____

Date: _____

Please mail or fax this acknowledgement as soon as you receive the GAAP closing package to:

**Office of the Comptroller
Budget and Financial Analysis Division
Accounting Services
GAAP Reporting Unit
55 Elm Street
Hartford, CT 06106
or
Fax: (860) 702-3372**

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
This form should be e-mailed as an attachment to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP CLOSING PACKAGE**

GENERAL INSTRUCTIONS *(revised – changes in italics)*

Please read the following instructions before completing any forms.

1. Please ascertain that your closing package has all the forms enclosed.

***Note:** You access the forms at: <http://www.osc.state.ct.us/agencies/forms>. Click on the hyperlink to access the GAAP form instructions (PDF format), 2011 GAAP Forms (Excel format), and GAAP additional information (Excel format), if applicable to your agency.*

2. You should read the instructions for each form before completing it.
3. These forms apply to **every** fund (e.g. General, Transportation, etc.) which your agency is accountable for. However, GAAP forms No.'s 2-6, 8 and 9 **do not apply** to the **trustee accounts** (formerly known as activity or welfare funds).
4. If you require additional space on any form, please make as many copies as required.
5. Each **completed** form should be signed by the person responsible for completing it, and by the person responsible for reviewing it (preferably the chief financial officer).
6. The attached **GAAP Forms Control Sheet** must be completed and emailed along with the **completed** form(s) and other financial information (if applicable to your agency).

***Note:** Email the completed forms as an attachment to richard.n.haley@po.state.ct.us.*

7. You should make a copy of your completed closing package and keep it with your permanent records along with all pertinent information which was used to support your work. Your closing package will be subject to review by auditors so it is very important that you are able to justify your responses, especially if you had to work with estimates.
8. You should make sure that the account coding information required in these forms is filled out **completely** and **accurately** (we use this information to determine where and how to record the amounts reported on these forms).
9. If you are missing any GAAP forms or have any questions about them, please feel free to contact Nancy Walsh at 702-3378 or Richard Haley at 702-3383.

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
CASH IN BANK
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 1

Instructions

For purposes of this form, "cash in bank" is defined as bank accounts which are in the custody of your agency and are **not** reported in **CORE** as of June 30th. For example, checking accounts, certificates of deposit, etc.

This form does **not** apply to **petty cash** or **STIF** accounts.

If your agency does **not** have any bank accounts to report, please check "form not applicable" on GAAP Forms Control Sheet.

If your agency has any such bank accounts, please complete columns 1-7 of GAAP Form No. 1 as follows:

1. Enter the fund number (five-digit code) in which the cash should be reported. Otherwise, enter the name of the account.
2. Enter the type of bank account (e.g. savings, checking, certificates of deposit, etc.)

Note: If your agency has more than one account in the bank, list them by account type. **Do not list each account individually.**

3. Enter the name of the bank in which the account(s) is (are) kept.
4. Indicate the purpose or use of the account(s).
5. Enter the balance of the account(s) as reported in your records as of June 30th.
6. Enter the balance of the account(s) as reported by the bank as of June 30th.
7. Enter the amount of the bank balance (column 6) that is **insured** by the Federal Depository Insurance Corporation (FDIC) as of June 30th.

Notes:

- a. Under **temporary** changes to deposit insurance made by the FDIC, **non-interest-bearing accounts** are **fully** insured **under the Unlimited Coverage for Non-Interest-Bearing Transactions Accounts Program.**

(continued)

b. For each bank, the amount of deposits that is insured by the FDIC would be as follows:

1) For **non-interest-bearing accounts** enter the total amount of deposits.

and/or

2) For **interest-bearing accounts**, enter the total amount of deposits or **\$250,000**,
whichever is lower.

Notes:

- a. **Read** the instructions **before** completing this form.
 b. Round off to **whole** numbers.

State of Connecticut
 Office of the Comptroller
 GAAP Reporting Form - Cash in Bank
 For the Fiscal Year Ended June 30, 2011

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------------|-------------------------|-----------------|------------------------|-----------------|-----------------|--------------------|
| Fund # or Account Name | Type of Bank Account | Name of Bank | Account Purpose/Use | Book Balance | Bank Balance | Insured Balance |
| | | | | | | |
| Total | | | | | | |

Department _____

Prepared by _____ Date _____
 (signature and title)

Reviewed by _____ Date _____
 (signature and title)

Department Telephone # _____

Reminder

This form is due on **September 6, 2011**
 When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at: <http://www.osc.state.ct.us/agencies/forms>
 Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
RECEIVABLES
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 2

Instructions (revised – changes in italics)

For purposes of this form, receivables are defined as amounts owed to the State by individuals, private organizations, or other governments as of June 30th for:

- a. Goods or services provided to individuals, private organizations, or other governments **on or prior to June 30th**, or
- b. Other claims against individuals, private organizations, or other governments which arose **on or prior to June 30th**.

Do not report on this form the following types of receivables:

- a. **Grants or contributions** due from the federal government or other providers (see GAAP Form No. 3).
- b. **Loans receivable (principal only)**.
- c. **Fees receivable** for licenses, permits, or certificates.
- d. **Amounts due from other State agencies**.

If your agency has **no** receivables to report **or** if the **total** amount of receivables to be reported in **column 4** is **less than \$300,000**, please check “form not applicable” on GAAP Form Control Sheet.

If the **total** amount of receivables to be reported in **column 4** is **greater than or equal to \$300,000**, please complete columns 1-6 of GAAP Form No. 2 as follows:

- 1. Enter required account coding information for each receivable amount (column 4).
- 2. Enter a description of the receivable to be collected.
- 3. Enter the name of the debtor government, if applicable.
- 4. Enter the amount of the receivable as of June 30th.

(continued)

Notes:

- a. *Include in this amount any receivables that are held for collection by the Department of Administrative Services and/or the Office of the Attorney General.*
 - b. *If your agency administers federal grant programs on behalf of municipalities or other third parties and if at year end there were disallowed expenditures or unexpended balances related to those programs that needed to be refunded to the federal government, report a receivable for the refund owed by the municipality or other party on this form and a liability for the portion of the refund that must be returned to the federal government on GAAP form No. 9 (other liabilities).*
5. Enter the amount of the receivable as of June 30th (column 4) that your agency has estimated to be uncollectible.

Note: Use your **best** estimate. It is your responsibility to determine the quality of the receivable and, thus, the amount that may not be collectible.

6. *Enter the amount of the receivable as of June 30th (column 4) that was collected by your agency **on or before August 12, 2011.***

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

GAAP Form No. 2

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Receivables (revised - changes in italics)
For the Fiscal Year Ended June 30, 2011

| 1 | | | | 2 | 3 | 4 | 5 | 6 |
|--------------|--------------|-------|-------------------|---------------------|-----------------|-------------------|---|--|
| Fund # | Department # | SID # | Revenue Account # | Account Description | Government Name | Receivable Amount | Receivables Estimated to be Uncollectible | <i>Receivables Collected Through 8/12/2011</i> |
| | | | | | | | | |
| Total | | | | | | | | |

Department _____

Prepared by _____ Date _____
 (signature and title)

Reviewed by _____ Date _____
 (signature and title)

Department Telephone # _____

Reminder
 is form is due on **September 6, 2011**
 When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
 Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
GRANT RECEIVABLES
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 3

Instructions (revised – changes in italics)

For purposes of this form, grant receivables are defined as grant (or other financial assistance) amounts owed to the State by the federal government (**provider**) as of June 30th.

Note: This form also applies to those rare cases in which the grant (or contribution) provider is an individual or a private organization.

According to GAAP, grant receivables should be reported when **all applicable eligibility requirements, including time requirements, established by the provider have been met.**

Eligibility requirements comprise **one or more** of the following (as applicable):

- a. ***Required characteristics of recipients.*** The recipient (and secondary recipient, if applicable) has the characteristics specified by the provider. For example, under a certain federal program, recipients are required to be states and secondary recipients are required to be school districts.
- b. ***Time requirements.*** The period **specified** by the provider when grant resources must be spent by the State.
- c. ***Reimbursements.*** The provider stipulates that the State cannot qualify for resources without **first** incurring **allowable** expenditures under the provider's program.
- d. ***Contingencies.*** The provider's offer of resources is contingent upon a specified action of the State. For example, the State is required to spend its own resources for a specified purpose (matching requirement).

Note: Contingencies should not be confused with **purpose restrictions**. Purpose restrictions specify the purpose or purposes for which the grant resources are required to be used. For example, a requirement that grant resources be used for street and road repairs is a purpose restriction, not a contingency.

Do not report on this form **grant amounts due from other agencies.**

(continued)

If your agency has **no** grant receivables to report **or** if the **total** amount of grant receivables to be reported in **column 4** is **less than \$300,000**, please check “form not applicable” on GAAP Form Control Sheet.

If the **total** amount of grant receivables to be reported in **column 4** is **greater than or equal to \$300,000**, please complete columns 1-6 of GAAP Form No. 3 as follows:

1. Enter required account coding information for each grant receivable amount (column 4).
2. Enter a description of the grant receivable to be collected.
3. Enter the name of the grant provider.
4. Enter the amount of the grant receivable as of June 30th.

Notes:

- a. If you are reporting **reimbursement-type grants** and if **all eligibility requirements** established by the provider have been met, **enter** the amount of **allowable** expenditures incurred under the grant program through June 30th which had **not** been reimbursed by the provider as of that date.
 - b. If you are reporting **other than reimbursement-type grants and** if **all eligibility requirements** established by the provider have been met, **enter the full grant award, less any payments received from the provider through June 30th** (include payments received in prior fiscal years, if reporting on multi-year grants).
- A multi-year grant is one whose award is required to be spent in more than one fiscal year.
 - Grant receivables should be reported **even** if the State might **not** have completed as of year end **routine** reports required by the provider (e.g., filing of a progress report or filing of a quarterly reimbursement report).
5. Enter the amount of the grant receivable as of June 30th (column 4) that your agency has estimated to be uncollectible, if any.

Note: Use your best estimate. It is your responsibility to determine the quality of the receivable and, thus, the amount that may **not** be collectible.

6. *Enter the amount of the grant receivable as of June 30th (column 4) that your agency expects to collect **on or before June 30, 2012.***

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Grant Receivables (revised - changes in italics)
For the Fiscal Year Ended June 30, 2011

| 1 | | | | 2 | 3 | 4 | 5 | 6 |
|--------------|--------------|-------|-------------------|-------------------|----------------|-------------------|---|---|
| Fund # | Department # | SID # | Revenue Account # | Grant Description | Grant Provider | Grant Receivables | Grant Receivables Estimated to be Uncollectible | <i>Grant Receivables Expected to be Collected Through June 30, 2012</i> |
| | | | | | | | | |
| Total | | | | | | | | |

Department _____

Prepared by _____
 (signature and title)

Date _____

Reviewed by _____
 (signature and title)

Date _____

Department Telephone # _____

Reminder

This form is due on **September 6, 2011**.
 When completed, return it with the **GAAP Forms Control Sheet**.

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
 Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
DEFERRED REVENUE
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 4

Instructions

For purposes of this form, deferred revenue is defined as **cash** collected by the State from individuals or private organizations **on or prior to June 30th** for goods or services to be provided **after June 30th**.

Do not report on this form **fees collected in advance** for licenses, permits, or certificates.

If your agency has **no** deferred revenue to report **or** if the **total** amount of deferred revenue to be reported in **column 3** is **less than \$300,000**, please check "form not applicable" on the GAAP Form Control Sheet.

If the **total** amount of deferred revenue to be reported in **column 3** is **greater than or equal to \$300,000**, please complete columns 1-3 of GAAP Form No. 4 as follows:

1. Enter required account coding information for each deferred revenue amount (column 3).
2. Enter a description of the deferred revenue.
3. Enter the amount of the deferred revenue as of June 30th.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Deferred Revenue
For the Fiscal Year Ended June 30, 2011

| 1 | | | | 2 | 3 |
|--------------|--------------|-------|-------------------|---------------------|--------|
| Fund # | Department # | SID # | Revenue Account # | Account Description | Amount |
| | | | | | |
| Total | | | | | |

Department _____

Prepared by _____ Date _____
 (signature and title)

Reviewed by _____ Date _____
 (signature and title)

Department Telephone # _____

Reminder

This form is due on **September 6, 2011**.
 When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at: <http://www.osc.state.ct.us/agencies/forms>
 Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
CONTRACTUAL OBLIGATIONS
FOR THE FISCAL YEAR ENDED JUNE 30, 2011

GAAP Form No. 5

Instructions (revised)

For purposes of this form, contractual obligations are defined as the **unspent balances** of contracts as of June 30th that the State is obligated to **spend in the future**.

Note: For reporting purposes, contractual obligations are not considered to be a liability of the State. Instead they are a required **note disclosure** in the financial statements.

This form applies to **any** contract with an original contract life **greater than one year** outstanding as of June 30th that has an obligation amount **greater than or equal to \$300,000** (see instruction No. 2 below),

Notes:

- a. Do **not** report in this form the following types of contracts: **lease (capital or operating)**, or **open-ended (if the contract price can not be determined or estimated)**.
- b. For **Statewide contracts**, the agency responsible for administrating the **full** contract should report the information required in this form.

If your agency does **not** have any contracts to report, please check “form not applicable” on GAAP Forms Control Sheet.

If your agency has any contracts that meets the above requirements, please complete columns 1 and 2 of GAAP Form No. 5 as described below.

1. Enter a description of the contract(s).
2. Enter the amount of the contractual obligation of the State as of June 30th. This amount is calculated as follows:

Contract price
minus payments made on the contract through June 30th,
minus invoices owed on the contract as of June 30th,
minus amounts retained on the contract through June 30th, if any
equal Contractual Obligation

Notes:

- a) If the contract price can not be determined or estimated, no contractual obligation amount would be reported on this form.
- b) Invoices owed on the contract as of June 30th should be only for goods or services received on or prior to June 30th.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Contractual Obligations (revised)
For the Fiscal Year Ended June 30, 2011

| 1 | 2 |
|----------------------|-------------------|
| Contract Description | Obligation Amount |
| | |
| Total | |

Department _____

Prepared by _____
(signature and title)

Date _____

Reviewed by _____
(signature and title)

Date _____

Department Telephone # _____

Reminder

This form is due on **September 6, 2011**.
When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at: <http://www.osc.state.ct.us/agencies/forms>
Completed forms should be e-mailed as an attachment to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
CONTRACTUAL RETAINAGES (New Form)
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 5a

Instructions

For purposes of this form, contractual retainages are defined as **amounts owed** by the State as of June 30th on **contracts** for which a stated percentage of the contract price has not been paid, pending final inspection or the lapse of a specified time period, or both.

This form applies to **any** contract outstanding as of June 30th that has a retainage amount **greater than or equal to \$300,000,**

If your agency does **not** have any contracts to report, please check “form not applicable” on GAAP Forms Control Sheet.

If your agency has any contracts that meets the above requirements, please complete columns 1-5 of GAAP Form No. 5a as described below.

1. Enter required account coding information for each contractual retainage amount (column 3).
2. Enter a description of the contract(s).
3. Enter the amount of the contractual retainage owed by the State as of June 30th.
4. Enter the amount of the retainage as of June 30th (column 3) that was paid by your agency **on or before August 12, 2011.**

Note: For payments to be included in this column, supporting invoices **must** have **receipt dates of June or prior months.**

5. Indicate whether or not the contract is funded by a Federal grant.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Contractual Retainages (New Form)
For the Fiscal Year Ended June 30, 2011

| 1 | | | | 2 | 3 | 4 | 5 |
|--------------|--------------|-------|-----------------------|----------------------|------------------|-----------------------------------|---|
| Fund # | Department # | SID # | Expenditure Account # | Contract Description | Retainage Amount | Retainages Paid Through 8/12/2011 | Contract Funded by Federal Grant ? Yes/No |
| | | | | | | | |
| Total | | | | | | | |

Department _____

Prepared by _____
(signature and title)

Reviewed by _____
(signature and title)

Department Telephone # _____

Date _____

Date _____

Reminder

This form is due on **September 6, 2011.**
When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
LEASES - STATE AS LESSOR
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 6

Instructions

According to generally accepted accounting principles (GAAP), the State is required to make certain disclosures in its annual report regarding lease transactions when the State is the **lessor**-one who leases property to other parties.

Note: A lease is an agreement that conveys the right to use property, usually for a specified period. Leases typically involve two parties: the owner of the property (lessor) and the party contracting to use the property (lessee).

This form applies to **any noncancelable operating lease** outstanding as of June 30th for which the **total** amount of **future minimum** lease revenue to be collected under the lease contract (column 3) is **greater than or equal to \$300,000.**

Note: A noncancelable lease is a lease containing a clause that specifies that the lease may be canceled only (a) on some remote contingency, (b) with permission of the lessor, or (c) if the lessee enters into a new lease with the same lessor.

If your agency does **not** have any noncancelable operating leases to report, please check “form not applicable” on the GAAP Form Control Sheet.

If your agency has any noncancelable operating leases that meet the above requirement, please complete columns 1-4 of GAAP Form No. 6 as follows:

1. Enter a description of the item(s) being leased.

Note: If your agency has many leases to report, group them according to the following categories:

- (1) land,
- (2) buildings - includes office space in buildings, and
- (3) equipment.

2. Enter both the beginning and ending dates of the lease term (e.g. 7/11 to 8/20).

3. Enter amounts of minimum lease revenues to be collected in the next five years and any additional revenues beyond those five years.

Note: The ending date of the lease will determine how many columns are used.

(continued)

4. Enter the amount of **contingent** rentals actually collected during the fiscal year ended June 30, 2011, if any.

Note: A contingent rental is a rental usually based on a percentage of the lessee's gross revenues. These rental revenues are variable and are usually paid in addition to any minimum lease revenues.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - State as Lessor
For the Fiscal Year Ended June 30, 2011

| 1 | 2 | 3 | | | | | | | 4 |
|-------------------|-----------------------------------|------------------------------------|---------|---------|---------|---------|------------|-------|--------------------|
| Item Being Leased | Beginning & Ending Dates of Lease | Future Minimum Revenue from Leases | | | | | | | Contingent Rentals |
| | | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 | Thereafter | Total | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Department _____

Prepared by _____ (signature and title) Date _____

Reviewed by _____ (signature and title) Date _____

Department Telephone # _____

Reminder
 This form is due on **September 6, 2011**.
 When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
 Completed forms should be e-mailed as an attachment to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP CLOSING PACKAGE
LEASES - STATE AS LESSEE
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 6a

Instructions (revised – changes in Italics)

According to generally accepted accounting principles (GAAP), the State is required to make certain disclosures in its annual report regarding lease transactions when the State is the **lessee**-one who leases property from other parties.

Note: A lease is an agreement that conveys the right to use property, usually for a specified period. Leases typically involve two parties: the owner of the property (lessor) and the party contracting to use the property (lessee). Lease contracts can be entered into for **real property** (land and buildings) and for **personal property** (copiers, cars, etc.).

This form applies to any **noncancelable lease agreement (capital or operating) entered into by your agency during fiscal year 2011** for which the **total amount of future minimum lease payments to be made under the lease contract (column 3) is greater than or equal to \$300,000.**

Notes:

1. A noncancelable lease is a lease containing a clause that specifies that the lease may be canceled only (a) on some remote contingency, (b) with permission of the lessor, or (c) if the lessee enters into a new lease with the same lessor.
2. A lease may contain a clause stating that the lease is cancelable if funds are not appropriated in the annual budget to make the required lease payments. If the possibility of exercise of this clause is deemed as being remote, the lease would be considered a noncancelable lease; otherwise, the lease would be considered cancelable and excluded from reporting on this form.
3. **Real property lease contracts** entered into by the **Department of Public Works** (DPW) for other State agencies (tenants) should be reported by **DPW only**, regardless of whether DPW or tenant agencies make the lease payments.

A noncancelable lease should be classified as a **capital lease** if **any one** of the following criteria is met; otherwise, it should be classified as an **operating lease**, if the lease term exceeds **one** year.

1. The lease **transfers ownership of the property** to the **lessee** by the end of the lease term.
2. The lease contains a **bargain purchase option**.
3. The lease term is equal to **75% or more** of the estimated economic life of the leased property, including earlier years of use.
4. The **present value** of the minimum lease payments at the inception of the lease, excluding executory costs, equals at least **90%** of the **fair value** of the leased property (use a discount rate of 4%).

(continued)

Notes:

1. If the lease begins within the last 25% of the original estimated economic life of the leased property, criteria **3** and **4** are **not** applicable.
2. **Real property leases** are usually classified as **capital leases** only if either criterion **1** or **2** is met.

If your agency does not have any lease agreements as described above, please check “form not applicable” on GAAP Forms Control Sheet.

If your agency has entered into any such lease agreements, please complete columns 1-3 of GAAP Form 6a as follows:

1. Enter a description of the item(s) being leased.
2. Enter type of lease (capital or operating).
3. Enter amounts of minimum lease payments in the next five years and in 5 year increments thereafter.

Note: If the lease extends beyond 2030, please provide that information in a separate sheet in 5 year increments also.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Leases - State as Lessee (revised instructions)
For the Fiscal Year Ended June 30, 2011

| 1 | 2 | 3 | | | | | | | | |
|-------------------|----------------------------|---|---------|---------|---------|---------|--------------|--------------|--------------|-------|
| Item Being Leased | Capital or Operating Lease | Future Minimum Payments from 2011 Leases | | | | | | | | |
| | | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017-2021 | FY 2022-2026 | FY 2027-2031 | Total |
| | | | | | | | | | | |
| Totals | | | | | | | | | | |

Department _____

Prepared by _____ (signature and title) Date _____

Reviewed by _____ (signature and title) Date _____

Department Telephone # _____

Reminder

This form is due on **September 6, 2011.**

When completed, return it with the **GAAP Forms Control Sheet.**

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>

Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
OTHER FINANCIAL INFORMATION
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 7

Instructions

- a. If your agency prepares financial statements for **trustee accounts** (formerly known as activity or welfare funds), submit copies of those statements as of **June 30, 2011**.
- b. If your agency's GAAP closing package included **additional** forms, submit additional financial information.

If your agency does not prepare any such financial statements and is not required to submit any additional financial information, please check "form not applicable" on GAAP Forms Control Sheet.

**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
OTHER ASSETS
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 8

Instructions

For purposes of this form, other assets are defined as any assets that your agency might have had as of June 30th and that were **not** reported in the other GAAP forms or additional information.

This form does **not** apply to fixed assets (such as equipment) or supplies.

If your agency does **not** have other assets to report **or** if the **total** amount of other assets to be reported in **column 3** is **less than \$300,000**, please check “form not applicable” on GAAP Form Control Sheet.

If the **total** amount of other assets to be reported in **column 3** is **greater than or equal to \$300,000**, please complete columns 1-3 of GAAP Form No. 8 as follows:

1. Enter required account coding information for each asset amount (column 3).
2. Enter a description of the asset.
3. Enter the amount of the asset as of June 30th.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Other Assets
For the Fiscal Year Ended June 30, 2011

| 1 | | | | 2 | 3 |
|--------------|--------------|-------|-------------------|-------------------|--------|
| Fund # | Department # | SID # | Revenue Account # | Asset Description | Amount |
| | | | | | |
| Total | | | | | |

Department _____

Prepared by _____
 (signature and title)

Date _____

Reviewed by _____
 (signature and title)

Date _____

Department Telephone # _____

Reminder

This form is due on **September 6, 2011.**
 When completed, return it with the
GAAP Forms Control Sheet.

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
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**STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
GAAP REPORTING FORM
OTHER LIABILITIES
FOR THE FISCAL YEAR ENDED JUNE 30, 2011**

GAAP Form No. 9

Instructions

For purposes of this form, other liabilities are defined as any liabilities that your agency might have had as of June 30th and that were **not** reported in the other GAAP forms or additional information.

This form does **not** apply to unpaid vendor invoices for services or goods received by your agency on or prior to June 30th, and which are paid by the Office of the Comptroller (accounts payable division).

If your agency does **not** have other liabilities to report **or** if the **total** amount of other liabilities to be reported in **column 3** is **less than \$300,000**, please check “form not applicable” on GAAP Form Control Sheet.

If the **total** amount of other liabilities to be reported in **column 3** is **greater than or equal to \$300,000**, please complete columns 1-3 of GAAP Form No. 9 as follows:

1. Enter required account coding information for each liability amount (column 3).
2. Enter a description of the liability.
3. Enter the amount of the liability as of June 30th.

Notes:

- a. **Read** the instructions **before** completing this form.
- b. Round off to **whole** numbers.

State of Connecticut
Office of the Comptroller
GAAP Reporting Form - Other Liabilities
For the Fiscal Year Ended June 30, 2011

| 1 | | | | 2 | 3 |
|--------------|-----------------|----------|--------------------------|-----------------------|--------|
| Fund # | Department # | SID # | Expenditure Account # | Liability Description | Amount |
| | | | | | |
| Total | | | | | |

Department _____

Prepared by _____ Date _____
 (signature and title)

Reviewed by _____ Date _____
 (signature and title)

Department Telephone # _____

Note: This form can be accessed electronically at <http://www.osc.state.ct.us/agencies/forms>
 Completed forms should be e-mailed as attachments to richard.n.haley@po.state.ct.us

Reminder
 This form is due on **September 6, 2011**.
 When completed, return it with the
GAAP Forms Control Sheet.