

**OFFICE OF THE STATE CONTROLLER
STATEWIDE ACCOUNTING DIVISION
Nonmajor Component Unit Package Checklist
FOR JUNE 30, 2016**

AGENCY NO. _____	PHONE _____
AGENCY _____	CONTACT _____
REVIEWED BY: _____	DATE _____
	APPROVED BY: _____

CAFR E-PACKAGE FILENAME	_____
YEAR-END CLOSE PACKAGE:	
1 Letter of Certification - Verify proper format including dates and signatures	_____
2 CAFR Worksheet Index - Verify complete and marked NA appropriately	_____
3 GASB Stmts - Verify proper statements filled out according to reporting model Verify reasonable compared to prior year, and no error messages (in balance)	_____ _____
4 FASB Stmts - Verify proper statements filled out according to reporting model Verify reasonable compared to prior year, and no error messages (in balance)	_____ _____
5 FASB Adj - Verify complete if applicable and no error messages	_____
6 CAFR Stmts - Verify complete and no error messages	_____
7 Variances - Review for completeness and note for review of w/s 625	_____
8 Nonmajor Comp Units using DSS - Complete NonmajorCU_NCAS_TB_DSS_Cklist	_____
PRELIMINARY / FINAL REVIEW	
Sign package out/in on Review Log	_____
Review prior year package/Return to file cabinet	_____

PROBLEMS NOTED AND ACTION TAKEN:	

**OFFICE OF THE STATE CONTROLLER
STATEWIDE ACCOUNTING DIVISION**

**Nonmajor Comp Unit NCAS Trial balance & DSS Review Checklist
FOR JUNE 30, 2016**

AGENCY NO. :	AGENCY NAME:	
Note: Steps I through IV M apply only to nonmajor component units using DSS and are NA for all offline component units.		
<input type="checkbox"/> Using 2016 Master Table on DSS, list companies: _____		
I. Verify for all companies:		
	Date Checked	Checked By
No 6/30/2016 SBM batches (270 and 275 screen)	_____	_____
No 6/30/2016 Suspense balance (Acct 99999999899 Center 99999999998) (GL Screen 016)	_____	_____
No 6/30/2016 Health Benefits Suspense bal (Acct 531998 Center 9999) (GL Screen 016)	_____	_____
No 6/30/2016 Payroll Interface Suspense bal (Acct 531999 Center 9999) (GL Screen 016)	_____	_____
No 6/30/2016 Central Mail Suspense bal (Acct 532849 Center 9999) (GL Screen 016)	_____	_____
II. Review Analyst Report-Proprietary to verify there are no exceptions		
	Date Checked	Checked By
June 30th Period	_____	_____
III. Save the 6/30/16 DSS Trial Balance - GASB Summary. (A printed copy may be kept with the package.)		
The folder location is K:\sasd\16CAFR\16 E packages\ DSS Trial Balances.		
DSS Report Date: _____		
A. GASB Fund Totals must have a zero balance.		
Comments:		
B. Total class 0 accounts should net to zero and total class 8 accounts should net to zero.		
Please let Megan know if you find any exceptions.		
IV. Review Financial Statements in DSS for each GASB Fund.		
Report Updated: _____	Report Format Date: _____	
_____	_____	
_____	_____	
Check		
A. Balance sheet must be in balance (assets+ def outflows-liabilities-def inflows=fund equity).		
Comments:		
B. Beginning fund equity on the CAFR 53P must equal the prior year ending fund equity per DSS.		
C. Total fund equity on the balance sheet must equal the fund equity-June 30 on the operating statement.		

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AGENCY NO. :	AGENCY NAME:
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<input type="checkbox"/>	D. Review statement captions to make sure the balances have the appropriate sign. In general, all statement caption balances should be positive, except for the following which should be negative: Accumulated depreciation, Reimbursements, Discounts on debt issued, Pay to refunded escrow agent, Interest and fees, Grants, aid and subsidies, Miscellaneous nonoperating expense. The following may have either a positive or negative balance as appropriate: Net position, Restatements, Revenue/Expense Summary, Gain (loss) on sale of property & equipment, Investment earnings, Special items, Extraordinary gain (loss), and Supplies and materials account 533899 or 533999.
<input type="checkbox"/>	E. Make sure there are no captions for Unclassified/Invalid acct balances showing on the 6/30 DSS statements.
<input type="checkbox"/>	F. Make sure there is no "Other" GASB column.
<input type="checkbox"/>	G. Ensure that all 6/30/15 restatements have been reclassified to net position.
<input type="checkbox"/>	H. Drill into Net position and verify that the appropriate account is used- 330000 for proprietary Drill into Rev/Exp Summary. For 6/30, only the 399999 acct should show a balance. For 6/30, if acct 399998 has a balance, this indicates an out-of-balance/error, except for GASB 11XX which should be checked at 11XX level.
<input type="checkbox"/>	I. Verify that state appropriation is only recorded in 1 and 4 type budget codes.
<input type="checkbox"/> 515	J. Balances for each account on Schedule(s) of Due From/Restricted Due From Primary Government (acct 114600 & 124100) must agree to balance sheet. Analyze to ensure the dollar threshold and other criteria have been properly applied.
<input type="checkbox"/> 520	K. Balance on Schedule of Due To Primary Government (acct 212500) must agree to balance sheet. Analyze to ensure the dollar threshold and other criteria have been properly applied.
<input type="checkbox"/> 530	L. Balances on Schedule(s) of Due To State of NC Component Units (acct 212600) must agree to the balance sheet. Analyze to ensure the dollar threshold and other criteria have been properly applied.
<input type="checkbox"/> 535	M. Balances for each account on the Schedule of Advances (accts. 124310 to 124319; 124600; 124700; 222310-222319; 222500; 222600) must agree to the balance sheet. There is no dollar threshold for advances. Verify that the GASB listed on the worksheet matches the account number used.

OFFICE OF THE STATE CONTROLLER
2016 CAFR Footnotes & Schedules
Review Checklist -- Nonmajor Component Units

Agency No.: _____

Agency Name: _____

Reviewer
Check

Ensure that all worksheets are complete and agree to financial statements. _____
 Verify that all missing worksheets are marked NA on the CAFR Worksheets Index _____
 Ensure that all worksheets correctly foot and cross-foot. _____

110 Service Concession Arrangements

Make sure question has been answered. _____
 If yes, make sure a narrative has been submitted with the package. Notify manager. _____

115 Entity Information

- 1) All questions are answered. _____
- 2) If "Yes" to questions 1, 2, and/or 3, the changes were summarized in the narrative box. _____
- 3) If "Yes" to question 4, the necessary changes were made to last year's disclosures and underlined (and deletions struck through). _____

120 Government Combinations and Disposals of Government Operations

Make sure question has been answered. _____
 If yes, make sure a narrative has been submitted with the package. Notify manager. _____

338 Nonexchange Financial Guarantees

For applicable agencies listed on the worksheet, ensure question is answered. _____
 If yes, ascertain a narrative has been submitted with the package. Notify manager. _____

345 Contingencies

Ensure that any contingencies \$20 million or greater included on this page are described in the agency's Letter of Certification. Verify that any contingencies \$20 million or greater disclosed in the Letter of Certification is also included on the worksheet. _____
 Yes answers must be explained. _____

355 Subsequent Events/Other Items

All yes answers should have an explanation noted. _____

420 Restricted and Unrestricted Net Position - Business Type Activities
NCAS agencies only; NA for Offline using the CAFR Pkg template

- 1) Cross-foot and agree total net position to the CAFR11P. _____
- 2) If the agency has not issued capital asset related debt, then Net investment in capital assets should equal capital assets-nondepreciable plus capital assets-depreciable, net. Recalculate. _____
- 3) Net investment in capital assets should not exceed the sum of capital assets-nondepreciable plus capital assets-depreciable, net. It may be less if the agency has capital asset related debt. _____
- 4) Verify that for restricted net position, the expendable plus nonexpendable breakdown agrees with the total restricted net position in the section above. _____
- 5) Compare to final prior yr worksheet located in prior yr package for consistency and reasonableness. _____

430 Fund Equity Restatement

If a restatement, verify worksheet is complete with explanation; agree to operating statement. _____

525 Schedule of Due From/Restricted Due From State of NC Component Units

- 1) Review the Statement of Net position for these captions. NCAS agencies must use accts 114700 and 124200, respectively. If there are balances, check schedule for completeness according to the instructions for the threshold. _____
- 2) Ensure the threshold is applied to any amounts disclosed for Golden Leaf. _____

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2016 CAFR Footnotes & Schedules
Review Checklist -- Nonmajor Component Units

Agency No.: _____ Agency Name: _____

610 Significant Transactions Between Component Units

- 1) Amount for medical insurance premiums paid to State Health Plan is filled in. There is no threshold and a dollar amount is required. Amount may be zero if no premiums paid. _____
- 2) If significant transactions with other component units are listed, make sure amount meets \$10 million threshold and an adequate description is provided. _____
- 3) Ensure no disclosure for Golden Leaf is provided (since Golden Leaf no longer qualifies as a major component unit), unless the disclosure meets the threshold. _____

615 Foundations Survey
Review for completeness _____

625 Analytical review
Review with variances worksheet and make sure explanations are adequate. _____

**Exp &
Comm**

Explanations, Comments and Suggestions

Note any significant explanations & comments about the package or reporting issues and bring to the attention of manager or appropriate note preparer if necessary. _____