

STATE OF SOUTH CAROLINA
CAPITAL ASSETS QUESTIONNAIRE
For the Fiscal Year Ended June 30, 2014

Agency: E040 Lieutenant Governor's Office
Business Area Agency Name

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Typed Reviewer name: Tony Kester

The Drop-down selection boxes prompt instructions based on the responses selected. If the instructions do not appear obtain a clean copy of the form or call the Statewide Financial Reporting Division of the Comptroller General's Office.

AGENCY CONTROLS

1. Is your primary asset ledger contained within SCEIS? ☐ Yes
2. Did your agency perform an inventory of its capital assets during the current fiscal year? ☐ Yes
3. What was the completion date of that inventory?
4. Were all assets included in the agency's subsidiary located? ☐ Yes
5. Were all adjustments needed from the inventory made to the agency's asset ledger? ☐ Yes

CONTINUE WITH PART I

PART I SCEIS REPORT EVALUATION

1. Were your SCEIS Asset History report (s) from the CGO reviewed and concluded as accurate and complete: ☐ Yes
2. Do the acquisitions plus transfers in on the Asset History report equal the debits on the ZGLA report for the 1801 accounts? ☐ Yes

Proceed to Question #3

3. Do the retirements plus transfers out on the Asset History report equal the credits on the ZGLA report for the 1801 accounts? ☐ Yes

Proceed to Question 4

4. Does the beginning balance on the Asset History report equal the beginning balance on S_ALR_87011990? ☐ Yes

Proceed to Question #5

5. Does 01 and 20 balances equal on the S_ALR_87012013 report? ☐ Yes

Proceed to Part II

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PART II OTHER TRANSACTIONS

6. Did you identify any adjustments needed to the Beginning Balance? ☐ No

Continue with questions

7. Did your agency transact any Intra-State Transfers of Capital Assets during the year? ☐ No

Continue with the Questions.

8. Does your agency have intangible assets that exceed \$100,000 that are not accounted for in the SCEIS Asset Module? ☐ No

Continue with questions

Type of Intangible Assets	<input type="text"/>
Name or Description	<hr/>
Date acquired	<hr/>
Useful Life	<hr/>
Cost	<hr/>
Method of determining cost	<input type="text"/>

Please attach an explanation why this asset was not included in the Asset Module of SCEIS.

If additional information is required to be reported, please attach sheets.

9. Did your agency purchase or receive by other means other items meeting the definition of an asset classification (see Key Term) that are not reflected in the SCEIS Asset History? ☐ No

Continue with questions

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PART III DONATED ASSETS

10. Did your agency receive any assets as donations or contributions during the year?

☐ No

Continue with questions

Acctg Fund	Description of Assets	Asset No	Fair Value at date given
			\$

PART IV COMMITMENTS

11. Did your agency have construction activity during the fiscal year ended June 30?

☐ No

Go to Part V.

Proprietary Fund Types (Enterprise, Internal Service, and Trust Fund)

12. Is any of the construction activity reported in these fund type financed with debt?

☐ No

No amount should be reported

Amount of Capitalized Construction Period Interest

\$

All Fund Types:

13. Did your agency have uncompleted contracts for development or construction
(capital projects or repair and maintenance) as of June 30?

☐ No

Go to Part V.

14. Were the outstanding construction commitments (see Key Terms) in excess of \$100,000
per category as of June 30?

☐ No

Go to Part V.

a. Outstanding construction commitments (see Key Terms) that exceed \$100,000 per category
at June 30 for the agency were:

Capital Projects \$

Repair and Maintenance Projects \$

b. Outstanding software development project
commitments that exceed \$100,000

\$

c. Amount of retainage as of June 30

Capital Projects \$

Repair and Maintenance Projects \$

Software development projects \$

Other contracts \$

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PART V COLLECTIONS OF WORKS OF ART AND HISTORICAL TREASURERS

15. Please provide the following information about your non-capitalized collections of works of art and historical treasures. If you have more than two collections that are not capitalized, please attach additional sheets. If you do not have any non-capitalized collections, please enter "N/A" below.

Name/description of collection: N/A

Reason(s) why not capitalized: _____

Dollar amount of assets added to this non-capitalized collection during the fiscal year.

Amount = Fair Market Value at date of donation: \$ _____

Name/description of collection: N/A

Reason(s) why not capitalized: _____

Dollar amount of assets added to this non-capitalized collection during the fiscal year.

Amount = Fair Market Value at date of donation: \$ _____

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PART VI IMPAIRMENT OF ASSETS

16. Are you aware of any agency capital asset(s) experiencing a **significant, unexpected** decline in service utility **and** the events/circumstances causing the decline are outside the normal life cycle of the capital asset(s)?

☐ No

The Form is ready for review.

17. Will the capital asset(s) identified as impaired continue to remain in service?

☐

Description of asset(s) considered to be impaired: _____

Reason(s) why asset(s) became impaired: _____

Please provide the following information separately for each asset considered impaired. Use additional pages as necessary.

Acquisition cost when originally purchased \$ _____

Accumulated depreciation at time of impairment \$ _____

Costs incurred to restore the damage to the asset:

Capitalizable costs incurred \$ _____

Costs incurred not capitalized _____

Total costs incurred \$ _____ -

Total insurance proceeds received due to damage of asset \$ _____