Ageı	ncy C	ode:	Agency Title: _				
90 4	0.75	Λ Misco	llaneous Disclosure				
1.	Did pur	your agency i	report any revenue from granchase, construct, or renovate If yes, provide the	capital assets	s associated with a s		
		Account	Name of Grant/Contri		Revenue Source Code	Amount	
					Total	\$	
2.	No If ye for t	Yes es, refer to SA	AM Subsection 30.20.22.a, of to be capitalized. Provide a	which lists 3	conditions that must	t all be met in order	
3.	Does your agency have any donor-restricted endowments ? (Note: Donor restricted endowments are recorded in General Ledger Codes 9110 "Nonspendable Permanent Fund Principal," 9230 "Restricted for Higher Education," 9240 "Restricted for Human Services," or other restricted fund balance GL code as appropriate.)						
	No	Yes	If yes, provide the	e following i	information:		
	a. The amount of net appreciation on investments of donor-restricted endowments that are available for authorization for expenditure, and how those amounts are reported in fund balance,						
	b.	The policy for return rate, a	or authorizing and spending and	investment in	come, such as a spe	ending-rate or total-	
	c.	The account((s) the endowments are report	rted in.			

4.	a.	Does your agency have any discretely reported component units or other related organizations ? Note: blended component units are reported in (b) below.						
		Discretely presented component units are legally separate from the state and primarily serve or benefit those outside of the state. They are financially accountable to the state. State officials either serve on or appoint the members of the governing bodies and the state has the ability to influence the operations.						
		No	Yes					
		If yes, include the most recent financial information available in the table below.						
		Name of Entity	Type of I	Entity	Total revenue of the entity		expenditures the entity	Total assets of the entity
	b.	Does your agency have any blended component units ? A blended component unit's governing body is substantively the same as the governing body of the primary government. It provides services entirely, or almost entirely, to the primary government or otherwise exclusively, or almost exclusively, benefits the primary government even though it does not provide services directly to it. No Yes If yes, list them in the table below. Name of Entity						
		Traine of Energy						
	c.	c. Does your agency participate in any joint ventures ?						
		No	Yes					
		If yes, include	the most recen	nt financia	al information avail	able in	the table belo	W.
		Name of	`Entity	net eq	nare of the joint ven uity (should agree t nce in GL Code 19:	o the	ven	e of the joint ture's me or loss

	Does your agency have any segments ?				
	No Yes				
	If yes, provide the follow	ring information:			
	Segment Information:				
	Number of Segments				
	TD - 1 4 ·				
	Total Revenue				
	Agency Contact Informat				
	First Name				
	Last Name				
	Address				
	City				
	State	WA			
	Zip				
	No Yes				
per be i	es your agency have any manently impaired and/o	capital assets (to include lease assets and SBITAs) that were or idle during the current fiscal year? A capital asset is considered to			
per be i imp	es your agency have any manently impaired and/o impaired if the asset experiorited capital asset is to be	capital assets (to include lease assets and SBITAs) that were or idle during the current fiscal year? A capital asset is considered to iences a significant and unexpected decline in its service utility. An revalued to reflect its decline in service utility.			
per be i imp No If y	es your agency have any manently impaired and/o impaired if the asset experioraired capital asset is to be a Yes es, refer to Subsections 30.	capital assets (to include lease assets and SBITAs) that were or idle during the current fiscal year? A capital asset is considered to iences a significant and unexpected decline in its service utility. As revalued to reflect its decline in service utility.			

If yes, please provide agency contact information (name, phone number, and email address) in the box below AND contact your agency's assigned OFM Statewide Accountant for a copy of a site status report to be used to report the following information for each site:

- a. Site identification, including site ID number, release number (if applicable), site name and type.
- b. Status of remedial action as of June 30 and current action plan, including estimated timeframe for cash outflow.
- c. Amount of estimated liability, including:
 - Breakdown between short-term (due within 12 months) and long-term.
 - Estimated recoveries

Agency Contact Information:

• Indication of whether or not each site is reportable.

The site status report is due at Phase 1B close, and a copy of the site status report must be filed with the Financial Certification form.

_	ion.
st name	
t name	
one number	
ail address	
Yes es, provide the following A description of the guarantee, the types	
	all guarantees extended that are outstanding at June 30.
	t name one number ail address ancial Guarantees. H Yes es, provide the following A description of the guarantee, the types issuer(s), the length of the second control of the second control of the guarantee.

8. Irrevocable Split-Interest Agreements

Irrevocable split-interest agreements are a specific type of giving arrangement used by donors to provide resources to two or more beneficiaries, including governments. They can be created through trusts or other legally enforceable agreements. Examples of irrevocable split-interest agreements include charitable lead trusts, charitable remainder trusts, and life-interests in real estate (GASB 81).

Has your agency entered into any irrevocable split-interest agreements?					
No Yes					
If yes, please provide the following information:					
Agency Contact Information:					
First name					
Last name					
Phone number					
Email address					
Asset Retirement Obligations The Governmental Accounting Standards Board (GASB) issued Statement No. 82. Contain As	g at				
The Governmental Accounting Standards Board (GASB) issued Statement No. 83, <i>Certain Asset Retirement Obligations</i> . An Asset Retirement Obligation (ARO) is a legally enforceable liability associated with the retirement of a tangible capital asset. A legally enforceable liability has occurred when the liability is both incurred and reasonably estimable. Refer to SAAM Subsection 85.74.45 for information about obligating events, benchmarks and liability measurement related to existing and potential asset retirement obligations for which the state is responsible.					
Existing laws and regulations, as well as contracts or court judgments, require governments to take specific actions to retire certain tangible capital assets, such as the decommissioning of nuclear reactors, removal and disposal of wind turbines in wind farms, certain asbestos removal, and removal and disposal of x-ray machines, when there is both an external obligating event and an internally obligating event.					
a. Does your agency currently have any legally enforceable liabilities associated with retirement of tangible capital asset(s)?	he				
No Yes					
b. Does your agency currently have a minority share (less than 50 percent) of ownership inter in an undivided interest arrangement that has a legally enforceable liability associated w the retirement of tangible capital asset(s)?					
No Yes					
If yes to 9a and/or 9b, please provide the following information:					
Agency Contact Information:					
First name					
Last name					
Phone number					
Email address					

9.

10. Public-Private or Public-Public Partnership Arrangements

Public-Private or Public-Public Partnership Arrangements (referred to as PPPs) are arrangements in which a government (the transferor) contracts with an operator (a governmental or non-governmental entity) to provide public services by conveying control of the right to operate or use a nonfinancial asset of the government, such as infrastructure or other capital asset (the underlying PPP asset), for a period of time in an exchange or exchange-like transaction (GASB 94). Some PPPs are service concession arrangements (SCAs). Refer to SAAM <u>30.20.47</u> for more information.

Has your agency entered in	nto any PPP arrangements?
No Yes _	
If yes, please provide the f	following information:
Is your agency a transferor	or operator or both?
Agency Contact Information	on:
First name	
Last name	
Phone number	
Email address	