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| STATE OF CALIFORNIA – STATE TREASURER’S OFFICE  **REPORT OF ACCOUNTS OUTSIDE THE STATE TREASURY**  STD. 445 (REV. 6/2021) | | | | | | | |  | |  | |  |  | |  |  | |  | |  | |  | |  |
|  | |  | **SEE DETAILED INSTRUCTIONS ON PAGE 2** | | | | | | | | | | | | | | | | |  | |  | |  |
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| Each report must be typed. | | | | |  | | |  | |  | |  |  | |  |  | |  | |  | |  | |  |
|  | | **Send Copy to:** | | |  | | |  | | | |  |  | |  |  | |  | |  | |  | |  |
|  | | State Controller’s Office State Accounting and Reporting Division  State Government Reporting P.O. Box 942850 Sacramento, CA 94250 | | | | | |  | | | | | | | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
|  | | **Tax identification number(s) under which the accounts** | | | | | | | | |
|  | |  |  | |  | | | **were or could be established:** | | | | | | | | |
|  | |  |  | |  | | |  | |  | |  |  | |  |  | | | | | | | | |
|  | |  |  | |  | | |  | |  | |  |  | |  |  | |  | |  | |  | |  |
| DEPARTMENT NAME & ADDRESS | | | | | | | | | | | | | | | | BUSINESS UNIT | | | | FOR FISCAL YEAR ENDED | | | | |
|  | | | | | | | | | | | | | | | | XXXX | | | | June 30, 20XX | | | | |
| **(1)**  **ACCOUNT TITLE & NUMBER** | | | | | **(2) ACCOUNT TYPE** | | | **(3) PURPOSE** | | | | **(4) BANK/SAVINGS & LOAN/OTHER DEPOSITORY** | | | | **(5) AUTHORITY** | | **(6) BALANCE** | | **(7) COLLATERALIZED** | | | | |
| **YES** | | **NO** | | **NOT REQUIRED** |
|  | |  |  | |  | | |  | |  | |  |  | |  |  | |  | |  | |  | |  |
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| (a) The banks and/or savings and loans listed on this report have been notified of the security and collateral requirements - Federal Deposit Insurance Corporation Regulations (12 C.F.R. 330.15),  Government Code sections 16520 through 16533 and 16610 through 16622, if applicable. | | | | | | | | | | | | | | | | | | | | | | | | |
|
| (b) The use of all accounts listed is consistent with Department of Finance approval or as authorized by law. | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) The deposited funds will be adequately collateralized throughout the year in accordance with law, if applicable. | | | | | | | | | | | | | | | | | | | | | | | | |
| ***I certify (or declare) under penalty of perjury that the foregoing is true and correct and that I have not violated any of the provisions of Article 4, Chapter 1, Division 4, Title 1, Government Code (commencing with Section 1090).*** | | | | | | | | | | | | | | | | | | | | | | | | |
|
| PREPARED BY (NAME & TITLE) | | | | | | | |  | | EMAIL ADDRESS | | | | | | | | TELEPHONE NUMBER | | | | | | |
| **SIGNATURE (DEPARTMENT HEAD OR DESIGNEE) ✍** | | | | | | | | TYPE OR PRINT NAME & TITLE | | | | | | | DATED SIGNED | | | TELEPHONE NUMBER | | | | | | |
|  |  | | |  | |  |  | |  | |  | | |
| STATE OF CALIFORNIA – STATE TREASURER’S OFFICE  **REPORT OF ACCOUNTS OUTSIDE THE STATE TREASURY**  STD. 445 (REV. 6/2021) | | | | | | | | | |  | |  |  | |  |  |  | |  | |  | |  | |
|  | |  |  | |  | | |  | |  | |  |  | |  |  |  | |  | |  | |  | |
| **INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
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| This report will be required of all state agencies and departments to report state money that is outside of the State Treasury. Any account in which state money is deposited, as defined by Government Code 16305.2, and which is not in the Centralized State Treasury system will be included in this report. Complete Report 14 in FI$Cal, and submit the report electronically to the State Treasurer's Office. Print a copy of the Report No. 14 completed in FI$Cal, and submit it to the State Controller's Office (SCO) if reporting any accounts outside the State Treasury. If no accounts exist outside the State Treasury, do not submit a copy to the SCO. Instead, indicate in the year-end certification letter that no accounts exist outside the State Treasury. | | | | | | | | | | | | | | | | | | | | | | | | |
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| (1) Account title and number appearing on bank/savings and loan/other depository statement. | | | | | | | | | | | | |  | | (5) Cite Department of Finance approval and date or specific statutory authority. | | | | | | | | | |
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|  | |  |  | |  | | |  | |  | |  |  | |  |  |  | |  | |  | |  | |
| (2) State type of account (savings, checking, zero balance account, certificate of deposit, investment, etc.). | | | | | | | | | | | | |  | | (6) Bank balance of account as of June 30. If the account was closed during the reporting period, include "n/a" and the date when the account was closed. | | | | | | | | | |
|  | |
| (3) Brief description and purpose of account. Must be consistent with the purpose approved by Department of Finance or as authorized by law. | | | | | | | | | | | | |  | | (7) Indicate whether the account is collateralized or if collateral is not required. Check only one box (Yes, No, or Not Required) | | | | | | | | | |
|  | |  |  | |  | | |  | |  | |  |  | |  |  |  | |  | |  | |  | |
| (4) Name and address of depository and branch. | | | | | | | | | | | | |  | |  |  |  | |  | |  | |  | |

**7975 Illustration**