

**STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ANNUAL FINANCIAL REPORT
FIRE DEPARTMENT RELIEF ASSOCIATION**

Senate Local Govt. Comm.
Exhibit No. 2
Date 3-18-2011
Bill No. Committee Bill

Fiscal Year Ended June 30, 2011

ATTENTION: This annual financial report form should be completed and a copy submitted to **both** the Montana Department of Administration Local Government Services Bureau and State Auditor within 6 months of your fiscal year end. Therefore, the report is due by December 31, 2011.

The report should be mailed to both of the following addresses:

**Montana Department of Administration
 Local Government Services Bureau
 301 S Park Ave - Room 340
 PO Box 200547
 Helena, MT 59620-0547**

**State Auditor
 840 Helena Ave
 Helena, MT 59601**

If you have any questions regarding the completion of this report form, or require assistance in filling it out - please call the Local Government Services Bureau (LGSB) at 841-2909. Please ensure that this page is part of your annual financial report, as it identifies your local government and provides us with any mailing address changes, and the name of a contact person in case there are questions. If you need additional forms you can also access them from our website at <http://doa.mt.gov/lgsb>. Click on Accounting and Management Systems Forms and Documents on the right side of the screen. Click on Annual Financial Reports Fire Relief Associations and then click on 2011 Fire Relief Associations Annual Financial Report.

If the Fire Relief Association name or mailing address on LGSB labels are inaccurate, please note the corrections below. The mailing address should represent the official permanent mailing address of the district, not an individual.

Entity Contact person	
Entity Name	
Entity Address	
Town/City, MT 59	

Name of entity:

1) _____

Mailing Address:

2) _____

3) _____, MT 59 _____

Please list the name and telephone number of a contact person for the Fire Relief Association:

4) Name: _____

5) Title or Position with Entity: _____

6) Telephone Number: _____

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Received: _____

Systems: Rec'd date entered - Oracle/Excel		Comments:
Financial data entered - Oracle		
Routed to Systems Staff for completion		
Audit Review: Routed to Audit Review		
Financial data entered		
Official File Date		

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
LOCAL GOVERNMENT ANNUAL FINANCIAL REPORT
FIRE DEPARTMENT RELIEF ASSOCIATION
Fiscal Year Ended June 30, 2011

Entity Name _____

ACCOUNT
NUMBER

		<u>Cash Receipts (or Revenues)</u>	
(1)	310000	Taxes (<i>Local Tax Levy</i>)	_____
(2)		<u>Intergovernmental Revenue</u>	
	335050	Payment from State Auditor's Office	_____
	330000	Other _____	_____
(3)		<u>Miscellaneous Revenues</u>	
(a)	366000	Employees' Contributions	_____
(b)	365000	Donations, Gifts and Bequests	_____
(c)	362000	Other	_____
(4)	371000	Investment and Royalty Earnings	_____
		<i>Total Cash Receipts (or Revenues) for Fiscal Year</i>	
(5)		<i>(Total of Lines 1 through 4)</i>	<u>\$0.00</u>
(6)	<u>Current</u>	<u>Cash Disbursements (or Expenditures)</u>	
(a)	510600	140 Service Pensions	_____
(b)	510600	140 Disability Pension	_____
(c)		130 Injury Allowance	_____
(d)		130 Sickness Allowance	_____
(e)		100 Funeral Expenses	_____
(f)	510600	140 Pension to Surviving Spouses & Children	_____
(g)	510300	130 Return of Employee Contributions	_____
(h)	410530	350 Audit Fee	_____
(i)		510 Bond & Insurance Premiums	_____
(j)	510300	800 Other	_____
(7)		<i>Total Cash Disbursements (or Expenditures) for Fiscal Year</i>	
		<i>(Total of Lines 6.a. through 6.j.)</i>	<u>\$0.00</u>
(8)		Excess of Cash Receipts (or Revenues) Over (Under) Cash Disbursements(or Expenditures) (<i>Line 5 - Line 7</i>)	<u>\$0.00</u>
(9)		Cash Balance (or Fund Balance) at July 1, 2010*	_____
		<i>(*as listed on prior year's Annual Financial Report)</i>	
(10)		Restatements/Prior Period Adjustments (Explain below)	_____
		<i>(if negative number - enter as a minus)</i>	
(11)		Cash Balance (or Fund Balance) at June 30, 2011	_____
		<i>(Line 8 + Line 9 - Line 10)</i>	<u>\$0.00</u>

Restatements/Prior Period Adjustments - Explanation - _____

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
LOCAL GOVERNMENT ANNUAL FINANCIAL REPORT
FIRE DEPARTMENT RELIEF ASSOCIATION
Fiscal Year Ended June 30, 2011

Schedule of Assets and Liabilities

ASSETS

(1)	101000	Cash and Investments Held in Custody of City/Town Treasurer	_____
(2)	101000	Cash and Investments Held by or in the Name of the Fire Department Relief Association (<i>Not held by City/Town Treasurer .</i>)	_____
* (3)	110000	Taxes/Assessments Receivable	_____
* (4)	132000	Due from Other Governments	_____

LIABILITIES

(5)	201100	Warrants Payable (<i>If Fire Department Relief Association issues warrants drawn on the City/Town Treasurer</i>)	_____
* (6)	210000	Other Short-Term Payables	_____

*** Note to Fire Department Relief Association**

Complete items marked with an asterisk (*) only if the asset or liability is recorded in your financial records.

Date Fire Department Relief Association incorporated _____

I hereby certify that the information provided in this report is true and correct to the best of my knowledge.

Signature of Association Secretary

Signature of Association Treasurer

Type or Print Name

Type or Print Name

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
LOCAL GOVERNMENT ANNUAL FINANCIAL REPORT

Fiscal Year Ended June 30, 2011 (or _____, 20____)
(End of fiscal year - if other than June 30)

This annual financial report form should be completed and submitted to the Montana Department of Administration within 6 months of your fiscal year end. For example, if your local government entity operates on a fiscal year that ends June 30, the report is due by **December 31, 2011**. A monetary penalty may be assessed if the report is not received by the due date. This report should be mailed to the following address:

Montana Department of Administration
Local Government Services Bureau
301 S Park Ave - Room 340
PO Box 200547
Helena, MT 59620-0547

If you have any questions regarding the completion of this report form, or require assistance in filling it out - please call the Local Government Services Bureau (LGSB) at 841-2909. Please ensure that this page is part of your annual financial report, as it identifies your local government and provides us with any mailing address changes, and the name of a contact person in case there are questions. If you need additional forms you can also access them from our website at <http://doa.mt.gov/lgsb>. Click on Accounting and Management Systems Forms and Documents on the right side of the screen. Click on Annual Financial Reports Special Purpose Districts and then click on 2011 Special District Annual Financial Report.

Entity Contact person
Entity Name
Entity Address
City, MT 59

If the local government entity name or mailing address on LGSB labels are inaccurate, please note the corrections below. The mailing address should represent the official permanent mailing address of the district, not an individual.

Name of entity:
 1) _____

Mailing Address:
 2) _____
 3) _____, MT 59 _____

Please list the name and telephone number of a contact person for the local government entity:

4) Name: _____

5) Title or Position with Entity: _____

6) Telephone Number: _____

FOR DEPARTMENT OF ADMINISTRATION USE ONLY **Received:** _____

Systems: Rec'd date entered - Oracle/Excel		Comments:
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Routed to Systems Staff for completion		
Audit Review: Routed to Audit Review		
Financial data entered		
Official File Date		

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
LOCAL GOVERNMENT ANNUAL FINANCIAL REPORT
(USE ACTUAL AMOUNTS NOT BUDGET AMOUNTS)

ENTITY NAME: _____
Fiscal Year Ended June 30, 2011 (or _____, 20____)
(End of fiscal year if other than June 30)

<u>ACCOUNT NUMBER</u>		<u>ACTUAL AMOUNT</u>
(1)	Cash Balance (or Fund Balance) at Beginning of Fiscal year* <i>*(Note: Should equal ending balance reported last fiscal year) (If cash balance, include cash with County Treasurer, checking accounts, savings accounts, CD's, money market accounts, reserve accounts, investments, etc.)</i>	
	<u>Cash Receipts (or Revenues)</u>	
(2)	310000 Taxes/Assessments <i>(May have to be obtained from County Treasurer's reports)</i>	
(3)	320000 Licenses and Permits <i>(Fees from any licenses or permits your entity issues)</i>	
	<u>Intergovernmental Revenue</u>	
(4)	(a) 333000 Federal: <i>(List all grants received from Federal agencies)</i>	
	(b) 334000 State: <i>(List all grants received from State agencies)</i>	
	(c) Other: <i>(List)</i>	
(5)	340000 Charges for Services <i>(Fees your entity charges for services)</i>	
(6)	371000 Investment and Royalty Earnings <i>(Interest your entity receives from any money on deposit with the County Treasurer, bank accounts, CD's, money market accounts, etc.)</i>	
(7)	360000 Miscellaneous Revenues <i>(Other revenues not identified above)</i>	
(8)	Total Cash Receipts (or Revenues) for Fiscal Year <i>(Total Lines 2 through 7)</i>	\$0.00
	<u>Cash Disbursements (or Expenditures)</u>	
(9)	Current <i>(All disbursements or expenditures other than capital outlay or debt service)</i>	
(10)	Capital Outlay <i>(Money spent for equipment, land, buildings, improvements, etc.)</i>	
(11)	Debt Service <i>(Principal and interest payments on bonds, loans, other debt)</i>	
(12)	Total Cash Disbursements (or Expenditures) for Fiscal Year <i>(Total Lines 9, 10, and 11)</i>	\$0.00
	<u>Other Financing Sources (Uses)</u>	
(13)	381070 Proceeds from long-term debt <i>(Money received from bond issues, loans, etc.)</i>	
(14)	382010 Sale of Assets <i>(Money received from the sale of equipment, etc.)</i>	
(15)	383000 Transfers in <i>(Money transferred in from another fund of the entity)</i>	
(16)	521000 Transfers out <i>(Money transferred out to another fund of the entity) Enter as negative</i>	
(17)	Total Other Financing Sources (Uses) <i>(Total of Lines 13 through 16)</i>	\$0.00
(18)	Cash Balance (or Fund Balance) at End of Fiscal Year <i>(If cash balance, include cash with County Treasurer, checking accounts, savings Accounts, CD's, money market accounts, reserve accounts, investments, etc.)</i>	\$0.00

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
LOCAL GOVERNMENT ANNUAL FINANCIAL REPORT
Fiscal Year Ended June 30, 2011 (or _____, 20____)
(End of fiscal year if other than June 30)

Schedule of Assets and Liabilities

ACCOUNT NUMBER	<u>Assets</u>	\$ _____
(1) 101000	Cash and Investments Held in Custody of County Treasurer	\$ _____
(2) 101000	Cash and Investments Held by or in the Name of the Local Government Entity (Not held by County Treasurer. This amount may include checking accounts, savings accounts, CD's, money market accounts, reserve accounts, investments, etc.)	\$ _____
* (3) 110000	Taxes/Assessments Receivable	\$ _____
* (4) 122000	Accounts Receivable and Other Receivables	\$ _____
* (5) 132000	Due from Other Governments	\$ _____
* (6) 151100	Inventories of Materials and Supplies	\$ _____
* (7) 180000	Fixed Assets (value of fixed assets at cost net of accumulated depreciation)	\$ _____
	<u>Liabilities</u>	
(8) 201100	Warrants Payable (if local government issues warrants drawn on the county treasurer)	\$ _____
* (9) 210000	Other Short-Term Payables	\$ _____
* (10) 212000	Due to Other Governments	\$ _____
(11) 231100	General-Obligation Bonds Payable	\$ _____
(12) 231300	Revenue Bonds Payable	\$ _____
(13) 230000	Special Assessment Bonds Payable	\$ _____
(14) 235400	Other Long-Term Debt Payable (loans, contracts, capital leases, etc.)	\$ _____

*Note to Local Government

Complete items marked with an asterisk (*) only if the asset or liability is recorded in your financial records.

FEDERAL LOANS (NOT GRANTS)

During the above fiscal year, did your local government entity receive any LOANS of federal money, either directly from a federal agency or indirectly through the state or another local government entity?

Yes ___ No ___

If "Yes", what was the name of the program under which you received the loan and the amount of the loan proceeds received during the fiscal year?

Program Name: _____
Amount of Loan Proceeds Received During Year - \$ _____

FEDERAL EXPENDITURES

During the fiscal year, how much in total did your local government expend in federal awards (federal money expended?) \$ _____

CERTIFICATION: I hereby certify that the information provided in this report is true and correct to the best of my knowledge.

Signature _____ Date _____

Title _____