



**MONICA J. LINDEEN**  
**Commissioner of Insurance & Securities**  
**Office of the State Auditor**  
**840 Helena Ave**  
**Helena, Montana 59601**  
**(406) 444-2040**

**ANNUAL FINANCIAL REPORT**  
**FILE ON OR BEFORE APRIL 1ST**

**POLICE RETIREMENT FUND OR POLICE TRAINING AND PENSION FUND**

\_\_\_\_\_, Montana \_\_\_\_\_, 20\_\_\_\_\_  
 (City or town) (Date)

Pursuant to the provisions of Section 19-19-204 or 7-32-4120, MCA, we submit the following report of the financial condition of our Police Retirement Fund or Police Training and Pension Fund for the preceding year ending **December 31**, \_\_\_\_\_.

1. Does your city/town have an established police retirement system governed by a board of trustees, with the city/town contributing 11% of total salaries in compliance of 19-19-301, MCA?  
 If **YES**, check here (  ), and file this annual report pursuant to 19-19-204, MCA.  
 If **NO**, check here (  ), and file this annual report pursuant to 7-32-4120, MCA.
2. If your city/town **DOES NOT HAVE** law enforcement services which qualify for state funding under either of the code sections mentioned above, check here (  ), sign this report, and return it to the State Auditor's Office by the deadline.

Balance on hand per last report: \$ \_\_\_\_\_

Receipts for the year:

|   |          |
|---|----------|
| Received from State Auditor's Office          | \$ _____ |
| Received from City                            | _____    |
| Interest on Investment                        | _____    |
| Proceeds from local tax levy                  | _____    |
| Officers' Contribution from Salary Deductions | _____    |

Total Receipts \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

Disbursements for the year:

|   |          |
|---|----------|
| Police Training                                       | \$ _____ |
| Purchase of pensions for members of Police Department | _____    |
| Other (specify)                                       | _____    |
| _____   | _____    |
| _____   | _____    |

Total Disbursements \$ \_\_\_\_\_

Balance on hand December 31, 20\_\_\_\_\_ \$ \_\_\_\_\_

I hereby certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
 (Signature of Board Member)

\_\_\_\_\_  
 (Print Name of Board Member and Telephone #)

Please list the name and telephone number of a contact person.

(4) Name: \_\_\_\_\_ (5) Title or Position: \_\_\_\_\_ (6) Phone #: \_\_\_\_\_