



840 Helena Avenue Helena, Montana
59601800.332.6148 or 406.444.2040
csimt.gov

FILE ON OR BEFORE APRIL 1ST

ANNUAL FINANCIAL REPORT 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 #: _____