

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION - LOCAL GOVERNMENT SERVICES BUREAU
ANNUAL FINANCIAL REPORT
Special Purpose District

Fiscal Year End: <u>6/30/2026</u>		
00/00/000		
Entity # <u>054801</u>		
000000		
Entity Type: <u>RURAL FIRE DISTRICTS</u>		
Entity County: <u>Stillwater County</u>		
Absarokee Rural Fire Dist		
Entity Name		
PO Box 743		
Mailing Address on File		
Absarokee	MT	59001
Mailing City	Mailing State	Mailing Zip
Secondary Address on File		
Secondary City	Secondary State	Secondary Zip

Name Correction: _____

Address Correction: _____

Special Purpose Districts must have a Physical Address on file with DOA per MCA 7-6-611. Please provide a physical address in the space above.

The annual financial report must be completed and submitted **within 6 months of your fiscal year end**. If your year end is June 30th, the report is due by December 31st. **Please NOTE:** A monetary penalty may be assessed if the report is not submitted by due date.

SPECIAL PURPOSE DISTRICT INFORMATION

* If any of the information to the left is incorrect or missing, please make corrections or identify answers on the right.

Special Purpose Formation:	<u>Resolution - County</u>	Corrected Entity Formation: (Select From Dropdown)
Formation Year (if known):	Please Provide	Formation Year (YYYY):
Entity Type MCA Code:	<u>MCA 7-33-2101</u>	Corrected MCA Code:
Entity Type Governing Body:	<u>Board</u>	Corrected Entity Governing Body: (Select From Dropdown)
Purpose of Special Purpose District:	<u>Ambulance Service for Stillwater County</u>	

Corrected Purpose: _____
Limited to 250 characters

ENTITY CONTACT INFORMATION-REQUIRED

Name: _____	E-mail: _____
Title: _____	Phone# _____

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

Authorized Local Government Representative: _____	Date: _____
<small>Type or Sign name.</small>	00/00/00
Position or Title: _____	

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Accrual Basis Accounting

BARS ACCT #		County records (held by County for District)	All other Entity accounts (checking, saving, CD's, etc.)	Total
(1)	101000	Balance at Beginning of Fiscal year		\$ -
		This amount should agree to the Ending Balance on last year's report. If not, you may need to report a Restatement/Prior Period Adjustment on line 29		
		Revenues		
(2)	31XXXX	Taxes (obtained from County Treasurer's reports)		\$ -
(3)	363XXX	Assessments (obtained from County Treasurer's reports)		\$ -
(4)	32XXXX	Licenses and Permits (Fees charged for licenses or permits)		\$ -
		Intergovernmental Revenue by Source		
(5)	331XXX - 333XXX	Federal: (List all Federal grants and shared revenues received/awarded from Federal or State agencies)		\$ -
				\$ -
				\$ -
(6)	334XXX - 335XXX	State: (List all State grants and shared revenues received/awarded from State agencies)		\$ -
				\$ -
				\$ -
(7)	337XXX	Other local revenues, donations and grants: (List)		\$ -
				\$ -
(8)	34XXXX	Charges for Services (Fees your entity charges for services)		\$ -
(9)	36XXXX - 382XXX	Miscellaneous Revenues (Other revenues not identified above, including sale of assets and insurance recoveries)		\$ -
				\$ -
(10)	37XXXX	Investments and Royalty Earnings		\$ -
(11)	38XXXX	Other Financing Sources		\$ -
(12)	39XXXX	Internal Services		\$ -
(13)		Total Revenues (Total Lines 2 through 12)		\$ -
				\$ -
				\$ -
		Expenditures		
(14)	41XXXX	General Government		\$ -
(15)	42XXXX	Public Safety		\$ -
(16)	43XXXX	Public Works		\$ -
(17)	44XXXX	Public Health		\$ -
(18)	45XXXX	Social and Economic Services		\$ -
(19)	46XXXX	Culture and Recreation		\$ -
(20)	47XXXX	Housing and Community Development		\$ -
(21)	48XXXX	Conservation of Natural Resources		\$ -
(22)	900-999	Capital Outlay (Any capital asset purchased)		\$ -
(23)	600-699	Debt Service (Principal and Interest paid)		\$ -
(24)		Total Expenditures (Total Lines 14 thru 23)		\$ -

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Other Activity Not Considered Revenues or Expenditures:			
(25)	381XXX	Proceeds of Long-Term Debt	\$ -
(26)	383XXX	Transfers in (Money transferred in from another fund of the entity)	\$ -
(27)	521XXX	Transfers out (Money transferred out to another fund of the entity) Enter as negative	\$ -
(28)		Total Other (Total Lines 25 through 27)	\$ -
(29)		*Prior Period Adjustment	\$ -
(30)		Balance at End of Fiscal year = Line 1 + Line 13 - Line 24 + Line 28 + Line 29	\$ -
			\$ -
* Complete Schedule of Assets & Liabilities section below to balance			crosscheck should = 0 \$ -

(29) ***Description of Restatement/Prior Period Adjustments*** * Line 30 must equal Line 1(f) below
 Report any differences as a restatement on Line 29 and please provide explanation below:

Schedule of Assets and Liabilities

Assets

(1a)	101XXX	Cash and Investments Held by the County Treasurer	
(1b)	101XXX - 105XXX	Cash and Investments. (Checking accounts, savings accounts, CD's, money market accounts, investments, etc.)	
(1c)	103XXX	Petty Cash on Hand	
(1d)		Add outstanding deposits	
(1e)		Subtract outstanding checks (enter as a negative)	
(1f)		Total of all Cash/Investments Reported (* should total Page 2; Line 30):	\$ -

(2a)	11XXXX - 119XXX	Taxes/Special Assessments Receivable	
(2b)	12XXXX - 129XXX	Other Receivables	
(2c)	130XXX - 134XXX	Due From and Advance to Interfund	
(2d)	135XXX - 135099	Grants, Entitlements, Donations Paid In Advance	
(2e)	14XXXX - 141XXX	Prepaid Expenses	
(2f)	15XXXX - 151XXX	Inventories	
(2g)		Total Current Assets	\$ -

(3)	16XXXX - 162XXX	Restricted Assets	
(4)	17XXXX - 176XXX	Other Debits	
(5)	18XXXX - 189999	Capital Assets- Attach Listing or type in space below. This list should include description and cost or value of the asset. Inventory listings for insurance purposes are acceptable. If no capital assets, please put "0" on the line below.	

<u>Description</u>	<u>Amount</u>
Land:	
Buildings:	
Improvements:	
Vehicles:	
Machinery/Equipment:	

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Other:		
Accumulated Depreciation (enter as a negative)		
	Total Capital Assets:	\$ -
	Total Non-Current Assets	\$ -
TOTAL ASSETS		\$ -
(6) 19XXXX - 199999	Deferred Outflow of Resources	\$ -

Liabilities		
(7) 20XXXX - 209XXX	Short-Term Payables/Liabilities	
(8) 21XXXX - 216XXX	Other Short-Term Payables/Liabilities	
	Current Liabilities	\$ -
(9) 23XXXX - 239XXX	All Long-Term Debt Payable (debts, bonds, notes, contracts, capital leases, etc.)	
	List below (attach separate list if necessary)	
	Purpose of Debt	Financial Institution
	Outstanding Balance	
	Total Long-Term Liabilities:	\$ -

TOTAL LIABILITIES		\$ -
(10) 22XXXX - 225XXX	Deferred Inflows of Resources	\$ -
TOTAL NET POSITION		\$ -

Balancing Check: Total Net Position should equal Line 30 (Balance at End of Fiscal Year)

(11)	<u>ALL DEBT PROCEEDS RECEIVED IN THIS FISCAL YEAR (NOT GRANTS)</u>	
	During the above fiscal year, did your local government entity receive any proceeds from debt, revenue bonds, notes,	
	Description (From/Source)	Amount
	Total Debt Proceeds:	\$ -

(12)	<u>FEDERAL EXPENDITURES</u>	
	During the fiscal year, how much in total did your local government expend in federal awards (federal grants and loans expended?)	
	Description (From/Source)	Amount
	Total Federal Expenditures:	\$ -