

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

Fiscal Year End:	<u>12/31/2018</u>		
	<small>00/00/000</small>		
Entity #	<u>062401</u>		
	<small>000000</small>		
FLATHEAD IRRIGATION DISTRICT			
<small>Entity Name</small>			
PO BOX 639			
<small>Address</small>			
SAINT IGNATIUS	MT	59865	
<small>City</small>	<small>State</small>	<small>Zip</small>	

Name Correction: _____

Address Correction: FLATHEAD IRRIGATION DISTRICT
PO BOX 281
RONAN, MT 59864

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.

This report must be submitted to the Department of Administration - LGSB in one of the following ways:

Standard Mail

Montana Department of Administration
 Mitchell Building - Room 270
 PO Box 200547
 Helena, MT 59620-0547

electronically by uploading it at this website:

<http://sfsd.mt.gov/LGSB/LGSPortal>

or by emailing it to this address:

LGSPortalRegistration@mt.gov

For other forms or information: Please see our website at:

<http://sfsd.mt.gov/lgsb>

Questions may be directed to our office at: (406)-444-9101 or

LGSPortalRegistration@mt.gov

Alternative Report Formats:

You may submit computer-generated reports (such as a Balance Sheet and a Profit & Loss or Income Statement; or an audit) as long as similar information is provided.

NOTE: Page's 1 & 2 of this form must be attached to all reports, and no matter the format, the report is due within 6 months of your fiscal year-end.

ENTITY CONTACT INFORMATION-REQUIRED

Name: JUDY M DAY / WHALEY & ASSOCIATES PC


E-mail: jday@whaleycpa.com

Title: ACCOUNTING MANAGER

Phone# (406) 883-5577

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

Board Member


Type or Sign name
Vice Chair Flathead Irr.

Date: 7-2-19
00/00/00

Title:

ANNUAL FINANCIAL REPORT FILING FEE FORM

FLATHEAD IRRIGATION DISTRICT

PO BOX 639

SAINT IGNATIUS

MT

059865

FEE REQUIREMENT: As provided by 2-7-514, MCA, each local government required to have an audit under 2-7-503, MCA, shall pay an annual filing fee to the department; the fee schedule shall be based upon the local government's annual revenue amounts. Administrative Rule 2.4.402 defines "revenue" as all receipts of a local government entity from any source excluding the proceeds from bond issuances and other long-term debt.

AUDIT REQUIREMENT: As provided by 2-7-503, MCA, each local government receiving revenue or financial assistance in excess of \$750,000, regardless of the source of revenue or financial assistance, shall have an audit. "Financial Assistance" is defined as including assistance provided by a federal, state, or local government entity in the form of loans and loan guarantees.

DETERMINATION OF FILING FEE

To determine whether your local government has to pay a filing fee, and if so, the amount of the fee, please complete the following steps:

1. Determine the Total Receipts: Page 3 Line (9)

Line A: \$ 1,014,838.57

2. If the amount on Line A is \$750,000 or less, no filing fee is required to be paid. Complete Part II below to determine if there is an audit requirement.

If the amount on Line A is greater than \$750,000, a formula will determine your filing fee from the fee schedule below and place that amount on Line B. If a filing fee is calculated on Line B, your local government entity will be required to have an audit.

Line B: \$800

If Line B is greater than \$0, please include a check or warrant made payable to "State Treasurer" in the amount of the required fee.

Part II - Determination of audit requirements with no filing fee

To the amount on line A, add debt proceeds from page 4, line 14, that your Entity received from a Federal, State, or local Agency. If the resulting amount is more than \$750,000, you will be required to have an Audit. This does not include funds used only to refinance prior debt.

Line A	\$	1,014,838.57	
Debt Proceeds -Page 4, Line 14	\$	-	
Total	\$	1,014,838.57	

Audit Required: YES

(If the Total is greater than \$750,000, you will need to have an audit, even though you will pay no filing fee.)

Please remit payment with your annual financial report form to:

**Montana Department of Administration
Local Government Services
Mitchell Building - Room 270
PO Box 200547
Helena, MT 59620-0547**

LOCAL GOVERNMENT ANNUAL FILING FEE SCHEDULE

Annual Resources In Excess of:	Annual Resources Equal to or Less Than	Filing Fee
\$0	\$750,000	\$0
\$750,000	\$1,000,000	\$550
\$1,000,000	\$1,500,000	\$800
\$1,500,000	\$2,500,000	\$950
\$2,500,000	\$5,000,000	\$1,300
\$5,000,000	\$10,000,000	\$1,700
\$10,000,000	\$50,000,000	\$2,500
\$50,000,000		\$3,000

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

BARS ACCOUNT NUMBER		County records (All funds held at County for District)	All other Entity accounts (checking, saving, CD's, etc.)	Total	
<u>Cash Receipts</u>					
(1)	31XXXX/ 363XXX	Taxes/Assessments (obtained from County Treasurer's reports)	253,511.65	2,555,132.36	2,808,644.01
(2)	32XXXX	Licenses and Permits (Fees charged for licenses or permits)			-
<u>Intergovernmental Revenue by Source</u>					
(3)	33XXXX	Federal: (List all Federal grants and shared revenues received from Federal or State agencies)			-
				-
				-
(4)	334XXX/ 335XXX	State: (List all State grants and shared revenues received from State agencies)			-
				-
				-
(5)	337XXX	Other local revenues, donations and grants: (List)			-
				-
(6)	34XXXX	Charges for Services (Fees your entity charges for services)			-
(7)	36XXXX/ 382XXX	Miscellaneous Revenues (Other revenues not identified above, including sale of assets and insurance recoveries)	100,851.59		100,851.59
				-
(8)	37XXXX	Interest, Royalty, and Investment Earnings (also Gain/(loss) on Sale of investments)	6,248.79	18,155.87	24,404.66
(9)		Total Cash Receipts (Total Lines 1 through 8)	\$ 360,612.03	\$ 2,573,288.23	\$ 2,933,900.26

BARS ACCOUNT NUMBER		County records (All funds held at County for District)	All other Entity accounts (checking, saving, CD's, etc.)	Total	
Cash Disbursements					
(10)	4XXXXX	Current Expenditures	66,179.02	2,559,644.94	2,625,823.96
(11)	900-999	Capital Outlay (Any capital asset purchased)			-
(12)	600-699	Debt Service (Principal and Interest paid)			-
(13)		Total Cash Disbursements (Total Lines 10 thru 12)	\$ 112,328.10	\$ 2,559,644.94	\$ 2,671,973.04
Other Cash Activity Not Considered Receipts or Disbursements:					
(14)	381XXX	Proceeds of Long-Term Debt			-
(15)	383XXX	Transfers in (Money transferred in from another fund of the entity)			-
(16)	521XXX	Transfers out (Money transferred out to another fund of the entity) Enter as negative			-
(17)		Total Other (Total Lines 14 through 16)	\$ -	\$ -	\$ -
(18)	101000	Cash Balance at Beginning of Fiscal year (Should agree to the Ending Cash Balance on last year's report. If not, you may need to report Restatements/Prior Period Adjustments, below)	404,956.85	2,072,480.29	2,477,437.14
(19)		*Restatements/Prior Period Adjustments* If negative enter as a minus			985.76
(20)		Cash Balance at End of Fiscal Year:	\$ 653,240.78	\$ 2,086,123.58	\$ 2,740,350.12
<i>= Line 9 - Line 13 + Line 17 + Line 18 + Line 19 (note: add negative number if line 19 is negative)</i>					

Balance Check: Difference between cash listed on page 5, line (6) and page 4, line (20):
The Difference must be -0- or there is an error in balancing and the report may not be accepted.)

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***Description of Restatements/Prior Period Adjustments entered on Line 19**
Report any differences as a restatement on Line 19 and please provide explanation below:

BARS
ACCOUNT
NUMBER

Schedule of Assets and Liabilities

Assets

(1)	101XXX	Cash and Investments Held by the County Treasurer	\$ 2,740,350.12
(2)	101XXX - 105XXX	Cash and Investments. (Checking accounts, savings accounts, CD's, money market accounts, investments, etc.)	
(3)		Petty Cash on Hand	
(4)		Add outstanding deposits	
(5)		Subtract outstanding checks (enter as a minus)	
(6)		Total of all Cash/Investments Reported:	\$ 2,740,350.12

(7)		Balance Check: Difference between cash listed on page 4, line (20) and page 5, line (6): (The difference must be -0- or there is an error in balancing and the report may not be accepted.)	\$ -
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(8)	18XXXX to 189999	Capital Assets- Attach Listing or type in space below: (i.e.: Buildings, improvements other than buildings, machinery and equipment, etc.) This list should include description and cost or value of the asset. Inventory listings for insurance purposes are acceptable. The total goes on line 8. If no capital assets, please put "0" on the line.	

Liabilities

(9)	23XXXX to 239XXX	All Long-Term Debt Payable (debts, bonds, notes, contracts, capital leases, etc.) <u>List below (attach separate list if necessary)</u>	
		<u>Purpose of Debt</u>	<u>Outstanding Balance</u>

(10)		<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, contracts or capital leases? If "Yes", what was the name of the program or source from which you received the debt and the amount of the debt proceeds received?	Amount
		From/Source:	
		From/Source:	
		From/Source:	
		Total debt proceeds:	\$ -

(11)		<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?)	
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