

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

Fiscal Year End: 06/30/2021  
00/00/000  
Entity # 171701  
000000  
Garfield County TV Club  
Entity Name  
3745 Brusett Rd  
Address  
Brusett MT 59318  
City State Zip

Name Correction: \_\_\_\_\_

Address Correction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**ENTITY CONTACT INFORMATION-REQUIRED**

Name: Jodi Pierson E-mail: Kellypierson2819@icloud.com  
Title: Clerk Phone# 406-557-2808

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

Board Member: George FitzGerald Date: 12/13/2021  
Type or Sign name. 00/00/00  
Title: President

**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 (10)

Line A: \$ 11,123.85

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: 0

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

**Part II - Determination of audit requirements with no filing fee**

Line A	\$
Debt Proceeds -AFR, Line 15	\$
Total	\$

Audit Required: NO

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

**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 or inflows of resources of a local government entity from any source excluding the proceeds from bond issuances and other long-term debt not received from state or federal sources.

**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.

**SUBMIT TO THE DEPARTMENT OF ADMINISTRATION - LGS in one of the following ways:**

- 1) Upload through the Portal:** <http://sfsd.mt.gov/LGSB/LGSPortal>  
**2) Email to:** [LGSPortalRegistration@mt.gov](mailto:LGSPortalRegistration@mt.gov)  
**3) Standard Mail:**  
 Montana Department of  
 Local Government Services  
 Mitchell Building - Room 255  
 PO Box 200547  
 Helena, MT 59620-0547

- \* Please make payment to Local Government Services.  
 \* Filing fee form must be attached to all reports.  
 \* Filing fee form must be included with payment.

For other forms or information: Please see our website at: <https://sfsd.mt.gov/LGSB/>  
 Questions may be directed to our office at: (406)-444-9101 or [LGSPortalRegistration@mt.gov](mailto: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. A filing fee form must be included with your computer generated reports.

**Local Government Annual Filing Fee Schedule**

Annual Resources Exceeds:	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

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BARS ACCT #		County records (held by County for District)	All other Entity accounts (checking, saving, CD's, etc.)	Total
(1) 101000	<b>Cash Balance at Beginning of Fiscal year</b>			
	This amount should agree to the Ending Cash Balance on last year's report. If not, you may need to report a Restatement/Prior Period Adjustment on line 19	4,677.11		\$ 4,677.11
	<b>Cash Receipts</b>			
(2) 31XXXX to 363XXX	Taxes/Assessments (obtained from County Treasurer's reports)	11,123.85		\$ 11,123.85
(3) 32XXXX	Licenses and Permits (Fees charged for licenses or permits)			\$ -
	<b>Intergovernmental Revenue by Source</b>			
(4) 33XXXX	Federal: (List all Federal grants and shared revenues received from Federal or State agencies)			\$ -
				\$ -
				\$ -
(5) 334XXX to 335XXX	State: (List all State grants and shared revenues received from State agencies)			\$ -
				\$ -
				\$ -
(6) 337XXX	Other local revenues, donations and grants: (List)			\$ -
				\$ -
(7) 34XXXX	Charges for Services (Fees your entity charges for services)			\$ -
(8) 36XXXX to 382XXX	Miscellaneous Revenues (Other revenues not identified above, including sale of assets and insurance recoveries)			\$ -
				\$ -
(9) 37XXXX	Interest, Royalty, & Investment Earnings, Gain/(loss) on Sale of investments			\$ -
(10)	<b>Total Cash Receipts (Total Lines 2 through 9)</b>	\$ 11,123.85	\$ -	\$ 11,123.85
	<b>Cash Disbursements</b>			
(11) 4XXXXX	Current Expenditures	7,023.51		\$ 7,023.51
(12) 900-999	Capital Outlay (Any capital asset purchased)			\$ -
(13) 600-699	Debt Service (Principal and Interest paid)			\$ -
(14)	<b>Total Cash Disbursements (Total Lines 11 thru 13)</b>	\$ 7,023.51	\$ -	\$ 7,023.51
	<b>Other Cash Activity Not Considered Receipts or Disbursements:</b>			
(15) 381XXX	Proceeds of Long-Term Debt			\$ -
(16) 383XXX	Transfers in (Money transferred in from another fund of the entity)			\$ -

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(17)	521XXX	Transfers out (Money transferred out to another fund of the entity) Enter as negative			\$ -
(18)	Total Other	(Total Lines 15 through 17)	\$ -	\$ -	\$ 0 -

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(19) \*Prior Period Adjustment \_\_\_\_\_ \$ 0-

(20) **Cash Balance at End of Fiscal year** \_\_\_\_\_ \$ 4677-11 \$ 11,123-85 \$ 7023-51  
 = Line 1 + Line 10 - Line 14 + Line 18 + Line 19

\* Complete Schedule of Assets & Liab section below to balance crosscheck should = 0 \$ 8,777.45

(19) \*Description of Restatement/Prior Period Adjustments\* \_\_\_\_\_ \* Line 20 must equal Line 1(f) below  
 Report any differences as a restatement on Line 19 and please provide explanation below:

**Schedule of Assets and Liabilities**

**Assets**

(1a) 101XXX **Cash and Investments Held by the County Treasurer** \_\_\_\_\_ 8,777.45

(1b) 101XXX to 105XXX **Cash and Investments.** (Checking accounts, savings accounts, CD's, money market accounts, investments, etc.) \_\_\_\_\_

(1c) **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 20): \_\_\_\_\_ \$ 8,777.45

(2) 18XXXX to 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.

Description	Amount
Land:	
Buildings:	20,000.00
Improvements:	
Vehicles:	
Misc. Equipment	1,500
Machinery/Equipment:	
8 processors @ \$3,000 ea.	24,000
8 transmitters @ \$5,000 each	40,000
1 translator @ \$10,000	10,000
8 pre-amps @ \$500 ea.	4,000
Other:	
8 transmitter antennas @ \$1,000 ea.	8,000
4 transmitter antennas @ \$2,000 ea.	8,000
6 receiving antennas @ \$1,000 ea.	6,000
2 receiving antennas @ \$800 ea.	1,600
Allowance for Depreciation (enter as a negative)	
<b>Total Capital Assets:</b>	\$ 123,100.00

**Liabilities**

(3) 23XXXX to 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

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**Total Long-Term Debt:**

**\$ 0 - 00**

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(4) **ALL DEBT PROCEEDS RECEIVED IN THIS FISCAL YEAR (NOT GRANTS)**

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?

<u>Description (From/Source)</u>	<u>Amount</u>
<b>Total Debt Proceeds:</b>	<u>\$ 0.00</u>

(5)

**FEDERAL EXPENDITURES**

During the fiscal year, how much in total did your local government expend in federal awards (federal grants and loans expended?)

<u>Description (From/Source)</u>	<u>Amount</u>
<b>Total Federal Expenditures:</b>	<u>\$ 0.00</u>