

To individuals completing the Act 205 reporting form in PDF format: This PDF includes fillable form fields. Before printing or completing, the correct type of pension plan must be selected by clicking the blue highlighted box at the top of Page 1 to choose POLICE, FIRE, or NONUNIFORMED. If you have opened this document using Adobe Reader, you will not be able to save the data that you typed into this form. After completing the form, print the form onto colored paper as follows:

PC-201 (Police Plans) - Blue PC-202 (Fire Plans) – Pink PC-203 (Nonuniformed Plans) - Yellow

GENERAL INSTRUCTIONS - 2017 ACT 205 REPORTING FORM (TYPE A)

- Complete Section I, Section II, Section III, and Section IV.
- Complete Schedule B (per instructions on page 3).
- Complete Section V, Part A.
- Complete Section V, Part B (if applicable).
- Complete Section VI.
- Complete Schedule A (if applicable).
- Complete Section VII.
- Retain a copy of a signed completed form in your files to comply with audit requirements.
- Submit the original reporting form to the Commonwealth of Pennsylvania, Department of the Auditor General, Municipal Pension Reporting Program (MPRP), 613 North Street, 321 Finance Building, Harrisburg, PA 17120.
- Please contact the Department at (717) 787-3636 or (800) 822-5073 if you have any questions about completing the form.

COMMON ERRORS FOUND ON SUBMITTED FORMS

Please review the list below before sending the Act 205 reporting form to the Department.

- Use the correct year's data – the report requests information as of January 1st. The financial data is based on the pension plan activity from January 1 to December 31 of the prior year. (i.e. 2017 Act 205 valuation is the activity from January 1 to December 31, 2016).
- Date plan established must be provided on page 1.
- Questions in Section IV on page 2 must be answered "Yes" or "No."
- Financial data on page 3 must correspond to the data in Schedule B on pages 7 and 8.
- Number of active members and/or payroll information is missing on page 4.
- Signatures are missing – signatures are required on pages 4 and 5.
- When copying, make sure all pages are copied. The report is double-sided and both sides need to be submitted.
- Listing contributions as receivables on page 7 – A receivable is the contribution amount required to be deposited, but was not deposited during the valuation year.
- Net change in assets on page 8 (for the Department's purpose) is the change between the beginning assets, plus the revenues earned, minus the expenses and minus the ending balance reported on the end-of-year statement.
- The attached form may be completed upon receipt.
- Situation 3 or union-administered pension plans are reported on the attached report for the Department's purposes. Complete Sections I, II, III, IV, V (only Line #32, 33, 33a, 33b), Sections VI and VII.

Section III - Specification of Instruction

INSTRUCTIONS: Determine which one of the situation descriptions provided in Part A below applies to the pension plan identified in Section II. Check the applicable box and follow the corresponding instructions for completion of the remaining sections of the report form.

A. Pension Plan Situation Descriptions with Corresponding Instructions

(7)

Situation No. 1: Municipality maintains a pension fund to provide pension or retirement benefits for municipal employees of the type indicated, where there is **NO FIXED** or defined contribution amount or percentage specified in an ordinance, resolution or plan document and the benefit is usually provided through discretionary purchases of insurance or annuity contracts. (Not IRA's, SEP-IRA's or deferred compensation plans.)

Instructions: Forward the original reporting form to the person or persons qualified to complete Section IV, Section V and Section VI. After Section IV, Section V and Section VI are completed, review each section for completeness. Ensure that Schedule A and Schedule B are completed and attached to the reporting form. Then complete Section VII and return the original reporting form to the Department. **Retain a copy of the completed reporting form for audit compliance purposes.**

Situation No. 2: Municipality maintains a pension fund to provide pension or retirement benefits for municipal employees of the type indicated, but **NO ACTIVE, VESTED OR RETIRED** employees exist at the present time.

Instructions: Forward the original report form to the person or persons qualified to complete Section V. After Section V is completed, review Section V for completeness. Ensure that Schedule B is completed and attached to the reporting form. Then complete Section VII and return the original reporting form to the Department. **Retain a copy of the completed reporting form for audit compliance purposes.**

Situation No. 3: Municipality provides pension or retirement benefits for municipal employees of the type indicated through participation in a multi-employer, jointly trustee, Taft-Hartley Act collectively bargained (**UNION ADMINISTERED**) pension plan.

Instructions: Forward the original reporting form to the person or persons qualified to complete Section IV, Section V and Section VI. After Section IV, Section V and Section VI are completed, review each section for completeness. (Do not complete Schedule A and Schedule B.) Then complete Section VII and return the original reporting form to the Department. **Retain a copy of the completed reporting form for audit compliance purposes.**

Situation No. 4: Municipality provides pension or retirement benefits for municipal employees of the type indicated through a **FIXED**, defined contribution amount or percentage specified in an ordinance, resolution or plan document, where the amount of pension or retirement benefits is determined by the monies accumulated in the individual employee accounts at retirement. (Not IRA's, SEP-IRA's or deferred compensation plans.)

Instructions: Forward the original reporting form to the person or persons qualified to complete Section IV, Section V and Section VI. After Section IV, Section V and Section VI are completed, review each section for completeness. Ensure that Schedule A and Schedule B are completed and attached to the reporting form. Then complete Section VII and return the original reporting form to the Department. **Retain a copy of the completed reporting form for audit compliance purposes.**

Section IV - General Information

INSTRUCTIONS: Respond to each question by entering "yes" or "no" in the space provided.

- A. Is Social Security coverage provided for the active members of the pension plan identified in Section II?..... (8)
- B. Do any active members of the pension plan identified in Section II participate in any other pension plan or plans that receive funding from the municipality? (9)
- C. Do any of the active members of the pension plan identified in Section II work on average less than 35 hours per week?..... (10)
- D. Does the pension plan identified in Section II include active members who are not employees of the municipality identified in Section I?..... (11)
- E. Do retired members of the pension plan identified in Section II receive any benefit, such as insurance coverage, that is provided wholly or partially by the municipality and not funded through the pension plan identified in Section II?..... (12)

Section V - Financial Data as of _____, 2017 (Valuation Date)

INSTRUCTIONS: Enter valuation date specified in Section II, Part C, in the space provided above and on page one and two of Schedule B. Proceed to complete Schedule B and then complete Part A. Print or type the data requested, rounded to the nearest dollar. Enter zero, if applicable. Do not leave blanks or refer to exhibits. Complete Part B, if applicable. Then complete the certification in Part C.

Note: The asset values provided in Part A of this section and in Schedule B must include all the assets of the pension plan regardless of custodial arrangements involving administrative agencies.

Note: If Situation No. 3 in Section III is checked, complete only numbers 7 and 8, and enter "NA" in the space provided for all other items. Data requested applies only to employees of the municipality identified in Section I.

A. Summary of Financial Data

1. MARKET VALUE OF ASSETS, *excluding the cash surrender values of individual insurance and annuity contracts*, on the above valuation date \$ _____ (26)
2. CASH SURRENDER VALUE of individual insurance and annuity contracts on the above valuation date or nearest anniversary date..... \$ _____ (27)
3. TOTAL FUND ASSETS (1 + 2) on the above valuation date (Must equal Schedule B, item 21, page 7 and item 22, page 8) \$ _____ (28)
4. INVESTMENT INCOME, *excluding individual insurance and annuity contract dividends*, for the year ended on the above valuation date \$ _____ (29)
5. REALIZED CAPITAL GAINS/LOSSES for the year ended on the above valuation date..... \$ _____ (30)
6. DIVIDENDS ON INSURANCE/ANNUITY CONTRACTS for the year ended on the above valuation date \$ _____ (31)
7. MEMBER CONTRIBUTIONS to plan for the year ended on the above valuation date (Include employee contributions treated as employer contributions pursuant to Section 414(h) of the Internal Revenue Code.) \$ _____ (32)
8. MUNICIPAL CONTRIBUTIONS to plan for the year ended on the above valuation date (8a+8b).... \$ _____ (33)
 - a. State Aid Portion \$ _____
 - b. Local Portion \$ _____
9. TRANSFERS MADE IN LIEU OF MUNICIPAL CONTRIBUTIONS for the year ended on the above valuation date (Enter the total amount of any unallocated monies in forfeiture or other accounts that was allocated to the individual participant accounts and reduced the municipality's contribution requirement.) ... \$ _____ (34)
10. ANNUAL INSURANCE OR ANNUITY PREMIUM PAYMENTS, *excluding single premium annuity purchases*, for the year ended on the above valuation date \$ _____ (35)
11. ADMINISTRATIVE EXPENSES paid from the assets of the pension plan for the year ended on the above valuation date \$ _____ (36)

INSTRUCTIONS: If Situation No. 4 in Section III is checked, print or type the data requested in Part B in the space provided. If Situation No. 4 in Section III is not checked, do not complete Part B.

B. Specification of Contribution Rates (Check appropriate box and enter requested information.)

- Contributions are specified as a percentage of payroll.
- Municipal Rate..... % (37)
- Member Rate % (38)
- Contributions are specified as a flat dollar amount.
- Annual Municipal Contribution (per member) \$ _____ (39)
- Annual Member Contribution \$ _____ (40)

Section V - Financial Data (Cont'd)

C. Certification of Financial Data

I hereby certify that I have prepared and reviewed the financial data entered in Part A and Part B, if applicable, of this section and in Schedule B; and I further certify that the information provided is to the best of my knowledge true and accurate.

(Signature) _____ (Date) _____

(Name) _____ (Title) _____ (Telephone) _____

Section VI - Demographic Data as of _____, 2017 (Valuation Date)

INSTRUCTIONS: Enter valuation date specified in Section II, Part C, in the space provided above and on each page of Schedule A. Print or type the data requested in Part A, rounded to the nearest dollar, in the space provided. Enter zero, if applicable. Do not leave blanks or refer to exhibits. Complete Schedule A. Then complete the certification in Part B below.

Note: If Situation No. 3 in Section III is checked, the data requested applies only to employees of the municipality identified in Section I.

A. Summary of Demographic Data

- 1. Number of active members as of above valuation date.....(13)
- 2. Total annual payroll of active members as of above valuation date.....\$ (14)
- 3. Number of members terminated with vested or deferred benefit as of above valuation date(15)
- 4. As of the above valuation date, number of persons receiving:
 - a. Retirement benefits(16)
 - b. Disability benefits(17)
 - c. Surviving spouse benefits.....(18)
 - d. Surviving child benefits(19)
 - e. Total (a+b+c+d).....(20)
- 5. As of the above valuation date, total annual benefits payable as:
 - a. Retirement benefits\$ (21)
 - b. Disability benefits\$ (22)
 - c. Surviving spouse benefits.....\$ (23)
 - d. Surviving child benefits\$ (24)
 - e. Total (a+b+c+d).....\$ (25)

B. Certification of Demographic Data

I hereby certify that I have prepared and reviewed the demographic data entered in Part A of this section and in Schedule A; and I further certify that the information provided is to the best of my knowledge true and accurate.

(Signature) _____ (Date) _____

(Name) _____ (Title) _____ (Telephone) _____

Section VII - Certification of Report by the Chief Administrative Officer of the Municipality

INSTRUCTIONS: Review the instructions for the completion of this report specified in Section III, the information entered in each of the applicable sections of the reporting form and the information provided in the applicable schedules. Then complete the certification below and return the original reporting form to the Department. **Retain a copy of the completed reporting form for audit compliance purposes.**

Note: To be completed by the person officially designated as the Chief Administrative Officer of the municipality under Act 205 of 1984.

I hereby certify that to the best of my knowledge the information provided in this report is complete, true and accurate.

(Signature of Chief Administrative Officer)

(Date)

(Name of Chief Administrative Officer) (Print or type)

()
(Telephone)

(E-Mail Address) (Optional)

Name of the third-party administrator or actuary preparing the report, if applicable.

(Third-Party Administrator) (Print or type)

()
(Telephone)

(E-Mail Address) (Optional)

Inquiries regarding completion or submission of the reporting form may be directed to:

**Commonwealth of Pennsylvania
Department of the Auditor General
Municipal Pension Reporting Program (MPRP)**

Mailing Address

613 North Street, 321 Finance Building
Harrisburg, PA 17120

717-787-3636 (main line)

717-787-7574 (fax)

comptroller@paauditor.gov (please insert MPRP in the subject line)

Part I - Distribution of Active Members by Age and Service

AGE		YEARS OF SERVICE									
		1	2	3	4-5	6-10	11-15	16-20	21-25	26-30	30+
Under 20	No. of Members										
	Payroll (\$000)										
20-24	No. of Members										
	Payroll (\$000)										
25-29	No. of Members										
	Payroll (\$000)										
30-34	No. of Members										
	Payroll (\$000)										
35-39	No. of Members										
	Payroll (\$000)										
40-44	No. of Members										
	Payroll (\$000)										
45-49	No. of Members										
	Payroll (\$000)										
50-54	No. of Members										
	Payroll (\$000)										
55-59	No. of Members										
	Payroll (\$000)										
60-64	No. of Members										
	Payroll (\$000)										
65 & Over	No. of Members										
	Payroll (\$000)										
TOTAL MEMBERS											
TOTAL ANNUAL PAYROLL											

¹ January 1, 2017, valuation data must be used unless otherwise specified in your plan document prior to December 31, 1982.

INSTRUCTIONS: Print or type the requested information in the space provided. Round to the nearest dollar. Enter zero, if applicable. Refer to attachments or exhibits only to explain or support data entered on the schedule.

Section I - Statement of Net Assets Available for Benefits as of the Valuation Date

	Item No.
A. Assets:	
1. Cash	\$ _____ (1)
2. Accrued Interest and Dividends Receivable	\$ _____ (2)
3. Other Receivables (Specify)	
_____	\$ _____ (3)
_____	\$ _____ (4)
_____	\$ _____ (5)
4. Investments at Market Value (Specify)	
_____	\$ _____ (6)
_____	\$ _____ (7)
_____	\$ _____ (8)
_____	\$ _____ (9)
_____	\$ _____ (10)
5. Insurance/Annuity Cash Surrender Value (Individual Policies)	\$ _____ (11)
6. Other Assets (Specify)	
_____	\$ _____ (12)
_____	\$ _____ (13)
_____	\$ _____ (14)
Total Assets.....	\$ _____ (15)
B. Current Liabilities:	
1. Accounts Payable and Accrued Administrative Expenses	\$ _____ (16)
2. Other Current Liabilities (Specify)	
_____	\$ _____ (17)
_____	\$ _____ (18)
_____	\$ _____ (19)
Total Current Liabilities	\$ _____ (20)
C. Net Assets Available for Benefits (Market Value) as of valuation date.....	\$ _____ (21)
D. Balance in Forfeited Non-Vested Employer Contribution Account	\$ _____ (22)

Section II - Statement of Revenues, Expenses and Change in Fund Assets for the Year Ended on the Valuation Date

Note: This schedule reflects the financial activity for the year preceding the valuation date and establishes the asset value on the valuation date.

	Item No.
A. Net Assets at Beginning of Year (Market Value) [1/1/2016] ²	\$ _____ (1)
B. Revenues:	
Member Contributions	\$ _____ (2)
Total Municipal Contributions	\$ _____ (3)
a. State Aid Portions \$ _____ b. Local Portion \$ _____	
Transfers of Any Unallocated Monies in Lieu of Municipal Contributions	\$ _____ (4)
Interest Earnings	\$ _____ (5)
Dividend Income	\$ _____ (6)
Realized Capital Gains	\$ _____ (7)
Other Revenues or Credits (Specify)	
_____	\$ _____ (8)
_____	\$ _____ (9)
Total Revenues	\$ _____ (10)
C. Expenses:	
Total Benefit Payments (Lump Sum)	\$ _____ (11)
Total Benefit Payments (Monthly)	\$ _____ (12)
Annuity Purchases (Lump Sum)	\$ _____ (13)
Insurance Premiums	\$ _____ (14)
Refund of Member Contributions	\$ _____ (15)
Administrative Expenses	\$ _____ (16)
Realized Capital Losses	\$ _____ (17)
Other Expenses or Debits (Specify)	
_____	\$ _____ (18)
_____	\$ _____ (19)
Total Expenses	\$ _____ (20)
D. Net Change in Market Value of Assets (Unrealized Capital Gains or Losses)	\$ _____ (21)
E. Net Assets at End of Year (Market Value) [12/31/2016] ³	\$ _____ (22)

¹ A January 1, 2017, valuation date must be used unless otherwise specified in your plan document prior to December 31, 1982.

² Value must be as of 1/1/2016 if January 1, 2017, valuation date is applicable.

³ Value must be as of 12/31/2016 if January 1, 2017, valuation date is applicable.