Commonwealth of Pennsylvania Department of the Auditor General Municipal Pension Reporting Program (MPRP) 613 North Street, 321 Finance Building, Harrisburg, PA 17120

2019

Department of the Auditor General Act 205

Form Type A - Scranton- International Associated Machinists Pension Plan

COUNTY MUNICIPALITY CODE

LACKAWANNA SCRANTON CITY 351022

DATE SUBMITTED STATUS

6/21/2019 Approved

DATE APPROVED

6/28/2019

Identification of Pens	sion Plan and Specification of Valuation Date	
A. Name of Pension F	Plan Scranton- International Associated Machinist	ts Pension Plan
B. Date on which pen	sion plan was established	1/1/1970
C. Valuation date for	demographic, financial and actuarial data	1/1/2019
Step 1 - Pension Pla	n Situation	
employees of the specified in an ord	Municipality maintains a pension fund to provide pension type indicated, where there is NO FIXED or defined cordinance, resolution or plan document and the benefit is trance or annuity contracts. (Not IRA's, SEP-IRA's or defined the contracts.)	ntribution amount or percentage . usually provided through discretional
	Municipality maintains a pension fund to provide pension type indicated, but NO ACTIVE, VESTED OR RETIRED	
indicated through	Municipality provides pension or retirement benefits for nearticipation in a multi-employer, jointly trusteed, Taft-Herricon plan.	
□ indicated through	Municipality provides pension or retirement benefits for n a FIXED, defined contribution amount or percentage sp here the amount of pension or retirement benefits is def	pecified in an ordinance, resolution or

the individual employee accounts at retirement. (Not IRA's, SEP-IRA's or deferred compensation plans.)

Ste	p 2 - General Information	
Α.	Is Social Security coverage provided for the active members of the pension plan?	Yes
B. Do any active members of this pension plan participate in any other pension plan or plans that receive funding from the municipality?		No
	Do any of the active members of this pension plan work on average less than 35 hours per ek?	No
	Does the pension plan include active members who are not employees of the inicipality?	No
tha	Do retired members of the pension plan receive any benefit, such as insurance coverage, at is provided wholly or partially by the municipality and not funded through the pension in?	No
F.	Is this a PMRS Plan?	No
G.	Valuation Date for demographic, financial and actuarial data	1/1/2019
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Ste	p 3 - Contributions	
	Contributions are specified as a percentage of payroll.	
	Municipal Rate	0.00000%
	Member Rate	0.00000%
	Contributions are specified as a flat dollar amount.	
	Annual Municipal Contribution (per member)	
	Annual Member Contribution	
•		
Ste	p 4 - Demographic Data Summary as of January 1, 2019 (Valuation Date)	
1.	Number of Full Time Active Members	99
2.	Number of Part Time Active Members	
	Total Number of Active Members	99
	Payroll for Full Time Active Members	\$4,710,399
	Payroll for Part Time Active Members	Ψ-1,7-10,000
	Total Payroll for Active Members	\$4,710,399
	Number of Vested Members	Ψ+,1 10,399
١.		

Step 5 - Demographic Detail as of January 1, 2019

DISTRIBUTION OF ACTIVE MEMBERS BY AGE AND SERVICE										
AGE	1	2	3	4 - 5	6 - 10	11 - 15	16 - 20	21 - 25	26 - 30	30+
Under 20										
# of Members										
Payroll (\$000)										
20 - 24										
# of Members										
Payroll (\$000)										
25 - 29										
# of Members	2	1								
Payroll (\$000)	\$52	\$39								
30 - 34										
# of Members	3		1	2	3	4				
Payroll (\$000)	\$118		\$40	\$111	\$144	\$183				
35 - 39										
# of Members	3	2	1	1	2	3	3			
Payroll (\$000)	\$85	\$83	\$47	\$41	\$106	\$155	\$161			
40 - 44										
# of Members	1	2		1		1	2	1		
Payroll (\$000)	\$47	\$59		\$53		\$49	\$112	\$38		
45 - 49										
# of Members			1	4	2	2	6		1	
Payroll (\$000)			\$51	\$167	\$99	\$90	\$297		\$57	
50 - 54										
# of Members	4	1		1	2	3	2		2	2
Payroll (\$000)	\$168	\$48		\$36	\$96	\$148	\$110		\$120	\$121
55 - 59										
# of Members	1				2	3	2	2		5
Payroll (\$000)	\$31				\$105	\$150	\$69	\$112		\$312
60 - 64										
# of Members				2		1	1	1		3
Payroll (\$000)				\$85		\$44	\$69	\$50		\$152
65 & Over										
# of Members		1			1		2			
Payroll (\$000)		\$40			\$48		\$112			
Total Members	14	7	3	11	12	17	18	4	3	10
Total Annual Payroll	\$501	\$269	\$138	\$493	\$598	\$819	\$930	\$200	\$177	\$585
GRAND TOTAL	M	lembers		99.00		Annual Payr	oll		\$4,710,000)

Step 6 - Statement of Net Assets Available for Benefits as of the Valuation Date	
Assets:	
Cash	
Accrued Interest and Dividends Receivable	
Other Receivables	
Investments at Market Value	
Insurance/Annuity Cash Surrender Value (Individual Policies)	
Other Assets	
Total Assets	
Current Liabilities:	
Accounts Payable	
Accrued Administrative Expenses	
Other Current Liabilities	
Total Liabilities	
Net Assets Available for Benefits (Market Value) as of Valuation Date	
Balance in Forfeited Non-Vested Employer Contribution Account	

Net Assets at End of Year (Market Value)

Net Assets at Beginning of Year (Market Value) as of 1/1/2018:	\$0
Revenues:	
Member Contributions	
Total Municipal Contributions	\$443,429.00
Transfers of Any Unallocated Monies in Lieu of Municipal Contributions	
Interest Earnings	
Dividend Income	
Realized Capital Gains	
Other Revenue or Credits	
Total Revenues	\$443,429.00
Expenses:	
Total Benefit Payments (Lump Sum) Total Benefit Payments (Monthly)	
Annuity Purchases (Lump Sum)	
Insurance Premiums	
Refund of Member Contributions	
Administrative Expenses	
Realized Capital Losses	
Other Expenses or Debits	
Total Expenses	
Net Change in Market Value of Assets (Unrealized Capital Gains or Losses)	\$0
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Step 7 - Statement of Revenue, Expenses and Change in Fund Assets for the Year Ended on the Valuation Date

\$443,429

User

Date

Transfers made in Lieu of Municipal Contributions for the year ended on the Valu	ation 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.)				
Step 9 - Certification of Report by the Chief Administrative Officer of	the Municipality			
Name of the actuary or third-party administrator preparing the report, if app	olicable.			
☑ By checking this box and typing my name in the text box, I hereby certify that and information entered on this form and that the data and information provided is accurate.				
James P. Kennedy				
(Name)				
Thomas Anderson & Associates, Inc.				
(Firm Name)				
SCRANTON CITY Signature:				
☑ By checking this box and typing my name in the text box, I herby certify that to provided is complete, true and accurate.	the best of my knowledge the information			
Adam Joyce	Senior Accountant			
(Name of Chief Administrative Officer)	(Title)			
(570) 348-4347				
(Telephone)	_			

Comments