

PC-202C
Commonwealth of Pennsylvania
Public Employee Retirement Commission
P. O. Box 1429
Harrisburg, PA 17105-1429

2007
ACT 205 ACTUARIAL VALUATION REPORT:
FIRE PENSION PLAN
WITH DEFINED BENEFITS

FILING DEADLINE: March 31, 2008

RECEIPT

PERC APR - 3 2008

FRMTYPE	REVIEW	CODE	INPUT	EDP	LOG
C	BSK 6/2/08	C	R 6/17	2/21/000 AK	PW 4/3

Special Instructions: Where a Deferred Retirement Option Plan (DROP) is operated for members of the pension plan, the participating pension plan members should be reported as retired members in Section IV and Schedule A.

Section I - Identification of Municipality

INSTRUCTIONS: Print or type requested information in the space provided.

Note: In Part A, home rule municipalities should check the box and enter the number of their previous municipal classification.

A. Type of Municipality 2 Item No. (1)
(Check appropriate box below and enter corresponding number.)

- | | |
|--|--|
| <input checked="" type="checkbox"/> City (2) | <input type="checkbox"/> Township (1 st) (4) |
| <input type="checkbox"/> Borough (3) | <input type="checkbox"/> Township (2 nd) (5) |
| <input type="checkbox"/> Town (3) | <input type="checkbox"/> Authority (6) |
| | <input type="checkbox"/> COG/Regional Entity (7) |

B. Name of Municipality CITY OF PITTSBURGH (2)

C. Name of County ALLEGHENY (3)

Section II - Identification of Pension Plan and Specification of Valuation Date

INSTRUCTIONS: Print or type requested information in space provided.

A. Name of Pension Plan CITY OF PITTSBURGH FIREMEN'S RELIEF AND PENSION FUND (4)

B. Date on which pension plan was established 05 / 25 / 1933 (5)
Mo. Da. Yr.

C. Valuation date for demographic, financial and actuarial data 01 / 01 / 2007 (6)
(Use 1/1/2007 unless otherwise specified in plan document prior to 12/31/1982.) Mo. Da. Yr.

Section III - 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? NO(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? NO(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? NO(10)
- D. Does the pension plan identified in Section II include active members who are not employees of the municipality identified in Section I? NO(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? YES(12)

Section IV - Demographic Data as of JANUARY 1, 2007 (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 information requested in Part A in the space provided. Enter zero, if applicable. Do not leave blanks or refer to the schedules or exhibits. Complete Schedule A. Then complete the certification in Part B below.

A. Summary of Demographic Data

- 1. Number of active members on valuation date 622(13)
- 2. Total annual payroll of active members as of above valuation date \$ 47,573,078(14)
- 3. Number of members terminated with vested or deferred benefit on valuation date 4(15)
- 4. As of valuation date, number of persons receiving:
 - a. Retirement benefits
 - i. As normal retired members 598(16i)
 - ii. As DROP participants 0(16ii)
 - iii. Total 598(16iii)
 - b. Disability benefits 252(17)
 - c. Surviving spouse benefits 346(18)
 - d. Surviving child benefits 2(19)
 - e. Total (a+b+c+d) 1,198(20)
- 5. As of valuation date, total annual benefits payable as:
 - a. Retirement benefits
 - i. To normal retired members \$ 18,564,095(21i)
 - ii. To DROP participants \$ 0(21ii)
 - iii. Total \$ 18,564,095(21iii)
 - b. Disability benefits \$ 6,067,568(22)
 - c. Surviving spouse benefits \$ 2,422,362(23)
 - d. Surviving child benefits \$ 11,242(24)
 - e. Total (a+b+c+d) \$ 27,065,268(25)

7 pw

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) Scott Kunka (Date) 3/31/08
 (Name) scott kunka (Title) Executive Director (Telephone) (412) 255-8955
Director of Finance

