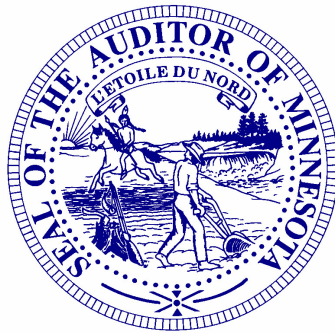


Office of the State Auditor

Overfunded Pension Plan Reporting Form



Office of the State Auditor
Suite 500, 525 Park Street
St. Paul, Minnesota 55103
Phone: (651) 296-2551
Fax: (651) 296-4755

City of

For the Year Ended December 31, 2016

Please complete this form pursuant to Minn. Stat. § 353.665, subd. 7(f)(2)
and return by June 5, 2017
to the Office of the State Auditor, Attn: Dianne Syverson
Dianne.Syverson@osa.state.mn.us

**OFFICE OF THE STATE AUDITOR
OVERFUNDED PENSION PLAN REPORTING
FORM for the Year Ended December 31, 2016**

Name of City: _____

Consolidation Account Type: Police Fire **(Complete a separate form for each account)**

Special Fund or Account for Deposit of Residual Assets

Original Residual Asset Amount _____

Fund/Account Name _____

Fund Type _____

**Financial Summary
(round to the nearest dollar)**

Assets	Amount
1. Cash	
2. Investments	
3. Interest receivable	
4. Other (describe)	
5. Total Assets	

Liabilities and Fund Balance	Amount
6. Accounts payable	
7. Other (describe)	
8. Total Liabilities	
9. Fund Balance	
10. Total Liabilities and Fund Balance	

Revenues	Amount
11. Residual assets	
12. Investment income	
13. Other (describe)	
14. Total Revenues	

Expenditures	Amount
15. Salaries and administration	
16. Training and education	
17. Capital equipment	
18. Capital facilities	
19. Other (describe)	
20. Total Expenditures	

21. Excess of Revenues Over (Under) Expenditures	
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22. Beginning Fund Balance	
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23. Ending Fund Balance	
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Name of Preparer (please print or type)

Title

Signature

Telephone Number

Date

Fax Number

Email Address