

# REPORT OF VOLUNTEER FIRE FIGHTERS RELIEF AND PENSION FUND

This form is for use by fire departments and fire districts that maintain a fund for fire fighters  
NOT covered by the Arizona Public Safety Personnel Retirement System.

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Name of Department or District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Arizona, Zip Code \_\_\_\_\_

Report of Fund for Fiscal Year Ended \_\_\_\_\_

Signature of Secretary \_\_\_\_\_ Printed Name: \_\_\_\_\_

Board Chairperson: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Arizona, Zip Code \_\_\_\_\_

Business Hours Telephone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

### Type of Fund:

A.R.S. § Title 9, Chapter 8, Article 3 Volunteer Fund Investments managed by FFRPF Treasurer

A.R.S. § Title 9, Chapter 8, Article 4 Volunteer Fund Investments managed by Purchased Alternate Pension Plan

(Check 1 Box)

### Revenues:

Monies received from 2% premium tax distribution \_\_\_\_\_

Interest earnings \_\_\_\_\_

Employees' contributions \_\_\_\_\_

Employer's contribution \_\_\_\_\_

**Total Revenues .....** \_\_\_\_\_

### Expenditures:

Refund payments \_\_\_\_\_

Relief payments \_\_\_\_\_

Disability payments \_\_\_\_\_

Death Benefit payments \_\_\_\_\_

Article 3 Pension payments \_\_\_\_\_

Article 4 Pension distributions (paid/volunteer) \_\_\_\_\_

Payment to Private Fire Company  
which covers pension liability \_\_\_\_\_

Professional Services (legal, auditing, etc.) \_\_\_\_\_

**Total Expenditures.....** \_\_\_\_\_

Excess of Revenue over (under) Expenditures..... \_\_\_\_\_

Year's Beginning Balance..... \_\_\_\_\_

Year's Ending Balance..... \_\_\_\_\_

*"Notwithstanding the provisions of Subsection A and C of this Section, if the board of trustees of a fire district assumes the responsibility for investing and reinvesting the funds pursuant to Section 9-957, Subsection B, the duties of the treasurer may be performed by a member of the board elected by the board. If the duties of the treasurer are performed by a member of the board, he shall be bonded for an amount determined by the board which amount shall not be less than the maximum amount of funds in the account at any one time during the previous year."*

If a member of the board of trustees is treasurer of the fund, you must attach current **PROOF OF BOND.**

**A.R.S. § 9-955.D**

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## FUND DISTRIBUTIONS AUTHORIZED DURING FISCAL YEAR \_\_\_\_\_

Types of distribution include REFUND, RELIEF, DISABILITY and DEATH BENEFIT, ARTICLE 3 PENSION, OR ARTICLE 4 PENSION. You **must** list name of each beneficiary and amount distributed to each account. A.R.S. § Title 9, Chapter 8, Please make sufficient copies to meet your needs or attach a separate list (report).

<u>TYPE OF DISTRIBUTION</u>	<u>NAME OF BENEFICIARY</u>	<u>AMOUNT DISTRIBUTED</u>
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**ANNUAL AUDIT.** The board shall cause an annual audit and report of the fund. (A.R.S. § 9-956. Subsection A.)

The law no longer requires an audit by a certified public accountant; however, the audit cannot be done by a member of the Pension Fund Board of Trustees nor by a potential beneficiary of the pension fund. It must be done by an outside source.

## **REPORTING REQUIREMENTS**

**A COPY OF THIS REPORT AND A COPY OF THE ANNUAL AUDIT SHALL BE SENT TO:**

(A.R.S. § 9-956, Subsection C).

Office of the State Fire Marshal, 1110 West Washington, Suite #100, Phoenix, Arizona 85007

**AND**

Department of Library, Archives and Public Records, State Capitol, 1700 West Washington, Phoenix, AZ 85007.

If the annual pension fund report is not received by the State Fire Marshal by the CLOSE OF BUSINESS on January 31 the participating Department is not eligible to receive its share of fire insurance premium tax monies under section 9-952. A.R.S. § 9-956, (D).