

2018 ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING PROFESSIONAL SERVICES TO THE BELLEFONTE BOROUGH'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of **Bellefonte Borough** (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **February 22, 2019**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s) by **February 22, 2019**.

RETURN COMPLETED

DISCLOSURE TO: **Borough of Bellefonte**
 Attn: Borough Manager-Ralph Stewart
 236 E Lamb St
 Bellefonte, PA 16823
 Phone Number: (814) 355-1501
 E-mail Address: rstewart@bellefontepa.gov

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, firm, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: <ol style="list-style-type: none"> 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person's affiliated entity who: <ol style="list-style-type: none"> 1. Can affect or influence the outcome of the person's or affiliated entity's actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Specifically, those listed in TABLE 2 titled: <i>"List of Pension System and Municipal Officials and Employees"</i> on the next page. Where applicable, includes any employee of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

List of Municipal Officials for the Requesting Municipality

MUNICIPALITY: Enter below, a list of municipal officials that have any involvement in the administration or management of the pension system – Elected Officials, Appointed Officials and Employees, Board Members, or other Pension Committee Members (if applicable). Do not include employees that are not in a management position or serve on a pension committee or in a decision-making position relative to this pension system. If a category listed below is not applicable, so state.

Elected Officials:			
Name:	Title:	Name:	Title:
Tom Wilson	Mayor	Melissa Hombosky	Council Member
Joanne Tosti-Vasey	Council President	Gina Thompson	Council Member
Michael Prendergast	Council Member	Anne Walker	Council Member
Randy Brachbill	V. President	Renee Brown	Council Member
Jon Eaton	Council Member	Doug Johnson	Council Member
Employees or Appointed Officials:			
Name:	Title:	Name:	Title:
Ralph Stewart	Borough Manager	Barbi Watson	Pension Coordinator
Shawn Weaver	Chief of Police	Kathy Stanton	Admin. Assistant
Don Holderman	Assistant Manager	Melissa McCullough	Admin. Assistant
Jeffrey Stover	Solicitor		
Lori Walker	Finance Director		
Others: Pension Committee Members (if applicable) (persons not already listed above):			
Name:	Title:	Name:	Title:

INSTRUCTIONS FOR CONTRACTORS: (See Contractor in “Definitions” – page 2) Certain requests for information in this form will refer to a “**List of Municipal Officials.**” To assist you in preparing your answers, you should consider the above list of names to be a complete list of pension system and municipal officials and employees. Throughout this Disclosure Form, these individuals will be referred to as the “*List of Municipal Officials.*”

When completing this form, **ALL “Yes” or “Applies” responses** to any question requires further information per the instructions to the right of each question. Provide those responses on a separate page and attach it to this disclosure. **Label this page, “Act 44 Disclosure Responses”.** **All responding contractors will, at a minimum, provide information in response to Question #1.**

Identify the Municipal Pension System(s) for which you are providing information:






Indicate all that apply with an “X”:

<input type="checkbox"/>	Non- Uniform Plan	<input checked="" type="checkbox"/>	Police Plan
<input type="checkbox"/>	Fire Plan		

DISCLOSURE QUESTIONS

DISCLOSURE QUESTIONS		RESPONSES	
Questions	If your answer is "Yes" or "Applies" — — Please provide this information as instructed on page 3	Initial Here for: "Yes" or "Applies"	Initial Here for: "No" or "Does not Apply"
Q1. Please provide the names and titles of <u>all individuals</u> who provide professional services to the Requesting Municipality's pension plan(s) identified. Also include the names and titles of <u>any advisors and subcontractors</u> of the Contractor, identifying them as such. After each name provide a brief description of the responsibilities of that person regarding the professional services being provided. (See: Definitions)	**ALL Contractors (respondents): Provide all information as stated in this question on a separate page and attach it to this disclosure. Initials in the boxes to the right are not necessary.	NA	NA
Q2. Please list the name and title of any <i>Affiliated Entity</i> and their <i>Executive-level Employee(s)</i> that require disclosure; after each name, include a brief description of their duties. (See: Definitions)	Provide all information as stated in the question.		def
Q3. Are any of the individuals named in Question #1 or #2 above , a current or former official or employee of the Requesting Municipality entity?	IF "YES" , provide the name and of the person employed, their position with the municipality, and dates of employment.		def
Q4. Are any of the individuals named in Question #1 or #2 above , a current or former registered Federal or State lobbyist?	IF "YES" , provide the name of the individual, specify if they are a state or federal lobbyist, and the date of their most recent registration /renewal.		def
Q5. Disclose the terms of employment / compensation of any third-party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the <i>Municipal Pension System</i> of the Requesting Municipality (OR), any municipal official or employee of the Requesting Municipality in connection with any transaction or investment involving your Company (<i>or an Affiliated Entity</i>) and the Municipal Pension System of the Requesting Municipality ? <u>This question does not apply</u> to an officer or employee of your company, acting within the scope of the firm's standard professional duties on behalf of the firm, pursuant to the professional services contract with municipality's pension system.	IF "YES" , identify: (1) (the third party intermediary, agent, or lobbyist) whom will be paid the compensation or employed by your Company or <i>Affiliated Entity</i> , (2) their specific duties to directly or indirectly communicate with an official or employee of the <i>Municipal Pension System</i> of the Requesting Municipality (OR), any municipal official or employee of the Requesting Municipality, and (3) The official they will communicate with.		def
Q6. Since December 17, 2009, has your firm, or any agent, officer, director or employee of the company solicited a contribution to any municipal officer or candidate for municipal office in the Requesting Municipality , or to the political party or political action committee of that official or candidate?	IF "YES" , identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).		def

DISCLOSURE QUESTIONS (CONTINUED)

DISCLOSURE QUESTIONS (CONTINUED)		RESPONSES	
Questions	If your answer is "Yes" or "Applies" — — Please provide this information as instructed above	Initial Here for: "Yes" or "Applies"	Initial Here for: "No" or "Does not Apply"
Q7. In the past 2 years: has your Company or employee or an <i>Affiliated Entity</i> made any contributions to a municipal official or any candidate for municipal office in the Requesting Municipality ?	IF "YES" , provide the name and address of the person(s) making the contribution, the contributor's relationship to your company, the name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.		
Q8. Does your <i>Company</i> or employee or an <i>Affiliated Entity</i> have any direct financial, commercial or business relationship with any official identified on the <i>List of Municipal Officials</i> , of the Requesting Municipality ?	IF "YES" , identify the individual with whom the relationship exists and give a detailed description of that relationship.		
Q9. Since December 17, 2009: Has your company, or employee, or an <i>Affiliated Entity</i> given any gifts having more than a nominal value to any official, employee or fiduciary — specifically, those on the <i>List of Municipal Officials</i> of the Requesting Municipality ?	IF "YES" , Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.		
Q10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Applicability: A "yes" response <u>is required</u> , and full disclosure is required <u>ONLY WHEN ALL</u> of the following applies: (1) The contribution was made within the last 5 years (2) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the <i>Company</i> or <i>Affiliated Entity</i> (3) The amount of the contribution was at least \$500 and in the form of: A single contribution by a person in (2) above OR, the aggregate of all contributions by all persons in (2) above; (4) The contribution was made to: A candidate for any public office in the Commonwealth or any person who holds that office <u>OR</u> ; A political committee of a candidate for public office in the Commonwealth or of an individual that holds that office.	IF "YES" , provide the name and address of the person(s) making the contribution, the contributor's relationship to your company, the name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.		
Q11. With respect to your provision of professional services to the Municipal Pension System of the Requesting Municipality : Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of your company (includes: subcontractors, advisors, or any <i>Affiliated Entity</i> of or for your company), and any of the officials or employees of the Requesting Municipality ?	IF "YES" , Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.		

VERIFICATION

I, DIANE LOMBARDO, hereby state that I am Benefits Specialist for
(Name) (Position)
for Boelger Retirement Plan Svc. and I am authorized to make this verification.
(Contractor or Company)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **Bellefonte Borough's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44 of 2009.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Diane Lombardo
Signature

1/28/19
Date

Q1. Boetger Retirement Plan Services

Diane Lombardo – Benefits Specialist

Jennifer Bernsley – Benefits Specialist

Responsible for processing monthly pension checks and paying federal withholding. Preparing 1099R's for retirees and submitting them to the IRS as well as the 945. Copies of these are sent to The Borough of Bellefonte.