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2005 Annual Survey of State Administered Public-Employee Retirement Systems

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

In correspondence pertaining to this report, please refer to the ID printed above your address

RETURN TO:
U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

If you have any questions, please call 1-888-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.

Questions can also be e-mailed to: govs.retire@census.gov

Please correct any errors in name, address, or ZIP Code.

GENERAL INSTRUCTIONS

Before filling out this form, please read carefully each part and all related definitions and instructions.

Note especially:

1. Report for **Defined Benefit** plans only.
2. Report corporate stocks and bonds at **market value**, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.
3. Report figures relating to all accounts and reserves of your system, including amounts for retirement, disability, survivors, and other benefits, as well as any amounts for administration of the system. **Report in whole dollars.** Exclude transfers between reserves of the system, and also any investment transactions relating to loans to system members.
4. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
5. Use a black or blue ball point pen.

RESPONDENT INFORMATION:

Name of person completing report - *Please print*

Title of person completing report - *Please print*

Telephone Number

Area Code | Number | Ext.

E-mail Address - *Please print*

Part 1 PLAN INFORMATION

A. Are new employees of your government covered under this pension plan? Yes ☐ No ☐

B. In addition to the defined benefit plan reported here, does your system offer a defined contribution plan? Yes ☐ No ☐

C. Fiscal Year Ending Date

Mark (X) in the appropriate box below to indicate the *ending* date of your system's fiscal year. Please report figures for your system's fiscal year that ended between July 1, 2004 and June 30, 2005.

Use this fiscal year even though a more recent one may be available.

2004		2005	
☐ July	☐ October	☐ January	☐ April
☐ August	☐ November	☐ February	☐ May
☐ September	☐ December	☐ March	☐ June

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Part 2 RECEIPTS/PAYMENTS

A. RECEIPTS DURING FISCAL YEAR - Report receipts during the fiscal year indicated in Part 1. **Exclude amounts received from repayment of loans made to members.**

		Employee Contributions
1. EMPLOYEE CONTRIBUTIONS - Total amounts contributed by all member employees or withheld from their salaries for financing benefits.		
a. State employees - From employees of the state government, including employees of state colleges and other state institutions and agencies.	X02	.00
b. Local employees - From employees of the counties, cities, local public schools, and other local government agencies.	X01	.00

		Government Contributions
2. GOVERNMENT CONTRIBUTIONS - Total amounts received from state and local governments for financial support of your system, including any taxes credited directly to the system.		
a. State government contributions - From state government, including state colleges and other state institutions and agencies.		
1. State contributions for **state** employees.	Z99	.00
2. State contributions for **local** employees.	V87	.00
3. Total State Contributions - Sum of items 2a1 and 2a2.	X06	.00
b. Local government contributions - From counties, cities, local public schools, and other local government agencies.	X05	.00

		Investment Earnings and Other Receipts
3. EARNINGS ON INVESTMENTS - Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits or recorded losses on investment transactions and report in Section B below.		
a. Rentals from the state government.	Z98	.00
b. Interest.	Z71	.00
c. Dividends.	Z72	.00
d. Other earnings on investments Please specify.	Z73	.00
e. Total Earnings on Investments - Sum of items 3a through 3d.	X08	.00
4. OTHER RECEIPTS - Private gifts or donations, and the like. Specify.	Z95	.00

		Net Gains (Losses)
B. NET GAINS (LOSSES) IN MARKET/FAIR VALUE OF INVESTMENTS - Include both realized and unrealized gains (losses).	Z96 Z91	.00

C. PAYMENTS DURING FISCAL YEAR - Exclude amounts paid out for purchase of investments and for loans made to members.

		Payments
1. BENEFITS PAID - Report **annual** amounts.		
a. Retirement benefits.	Z13	.00
b. Disability benefits.	Z14	.00
c. Survivor benefits.	Z15	.00
d. Other benefits.	Z16	.00
e. Total Benefits Paid - Sum of items 1a through 1d.	X11	.00
2. WITHDRAWALS - Amounts paid to employees, former employees, or their survivors, representing return of contributions made by employees during the period of their employment, and any interest on such amounts.	X12	.00
3. ADMINISTRATION - Include investment fees.	Z93	.00
4. OTHER PAYMENTS - Specify.	Z90	.00

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Part 3 HOLDINGS AND INVESTMENTS

		Cash and Short-term Investments
A. CASH AND SHORT-TERM INVESTMENTS		
1. **CASH ON HAND AND DEMAND DEPOSITS**	Z88	.00
2. **TIME OR SAVINGS DEPOSITS -** Include certificates of deposit	Z87	.00
3. **ALL OTHER SHORT-TERM INVESTMENTS,** including securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous money market funds.	Z68	.00
4. **TOTAL CASH AND SHORT-TERM INVESTMENTS -** Sum of A1 through A3.	X21	.00

		Federal Government Securities
B. FEDERAL GOVERNMENT SECURITIES		
1. **FEDERAL SECURITIES** - Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank.	Z89	.00
2. **FEDERAL AGENCY SECURITIES** - Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA. *Report directly held mortgages in Section E below.*	X33	.00
3. **TOTAL FEDERAL GOVERNMENT SECURITIES -** Sum of items B1 and B2.	X30	.00

		Corporate Bonds
C. CORPORATE BONDS		
1. **FEDERALLY-SPONSORED AGENCY SECURITIES** - Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA.	Z62	.00
2. **OTHER CORPORATE BONDS** - Include debentures, convertible bonds, and railroad equipment certificates.	Z63	.00
3. **TOTAL CORPORATE BONDS** - Sum of items C1 and C2	Z77	.00

		Corporate Stocks
D. CORPORATE STOCKS - Include common and preferred stocks, and warrants.	Z78	.00

		Mortgages Held Directly
E. MORTGAGES HELD DIRECTLY - Exclude mortgage-backed securities, to be reported at B2, C1, or C2; also **exclude** directly held real property to be reported at item G1.	X42	.00

		Other Securities
F. OTHER SECURITIES		
1. **INVESTMENTS HELD IN TRUST BY OTHER AGENCIES -** Include funds administered by private agencies, guaranteed investment accounts, and your share of funds in governmental investment accounts.	Z84	.00
2. **SECURITIES OF STATE AND LOCAL GOVERNMENTS**	X35	.00
3. **FOREIGN AND INTERNATIONAL SECURITIES -** Include corporate equities and corporate stocks.	Z70	.00
4. **OTHER -** Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify.	Z83	.00
5. **TOTAL OTHER SECURITIES -** Sum of items F1 through F4.	X44	.00

		Other Investments
G. OTHER INVESTMENTS		
1. **REAL PROPERTY -** Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at G2	X46	.00
2. **OTHER -** Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs - Specify.	X47	.00
3. **TOTAL OTHER INVESTMENTS -** Sum of items G1 and G2	Z82	.00

		Holdings and Investments
H. TOTAL HOLDINGS AND INVESTMENTS Sum of items A through G.	Z81	.00

Please continue on the next page

Part 4 MEMBERSHIP AND BENEFITS

Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are not available for an item, please enter an estimate and mark it with an asterisk (*).

		Number of Participants (a)
A.	**MEMBERS OF YOUR RETIREMENT SYSTEM - Exclude** beneficiaries.	
1.	**ACTIVE MEMBERS -** Current contributors in contributory systems, or employees in non-contributory plans.	
a.	**Employed by your state government** (including state institutions and agencies)	Z76
b.	**Employed by local governments** (including local agencies)	Z75
c.	**Total active members -** Sum of items 1a and 1b	Z01
2.	**INACTIVE MEMBERS -** Former employees and employees on military or other extended leave without pay having retained retirement credits, but **not currently receiving retirement benefit payments.**	Z02

		Number of Payees (a)	Amount paid during month *Omit cents* (b)
B.	**BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH -** Please provide estimates if detailed data is not available.		
1.	**Former active members of system, retired on account of age or service**	Z03	Z08 .00
2.	**Former active members of system, retired on account of disability**	Z04	Z09 .00
3.	**Survivors of deceased former active members**	Z05	Z10 .00

		Number of Payees (a)	Amount paid during month *Omit cents* (b)
C.	**RECIPIENTS OF LUMP-SUM PAYMENTS DURING MONTH REPORTED**		
1.	**Withdrawals and other one-time payments (other than loans) made to present or former members of system**	Z06	Z11 .00
2.	**Lump-sum (nonrecurrent) payments made to survivors of deceased former active members**	Z07	Z12 .00

Part 5 REMARKS

Thank you for your report. Please return to:

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

This form has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0585. Please note that we have displayed this number in the upper right hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number were not displayed, we could not request your participation in this survey.

Please note that this is a national form that applies to governments with wide differences in size of their service areas, the amount of population served, and the extent and complexity of their financial accounts. We estimate public reporting burden for this collection of information to vary from 1.0 to 8.0 hours per response, with an average of 2.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0585,U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use **"Paperwork Project 0607-0585"** as the subject.

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