

2005 Annual Survey of Locally Administered
Public-Employee Retirement Systems

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

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 emailed to:
govs.retire@census.gov

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

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) standards 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.

RESPONDENT INFORMATION:

Name of person completing report – Please print			Title of person completing report
Area Code	Telephone Number Number	Extension	Email Address

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 government 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 government’s fiscal year (12-month accounting period) and report data for this period only.
Use this fiscal year even though a more recent one may be available.

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

1. EMPLOYEE CONTRIBUTIONS – Total amounts contributed by all member employees or withheld from their salaries for financing benefits

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. From parent local governments –Employer contributions from your government for financing of benefits and parent government contributions or appropriations for administration and other support of the system. Include any local taxes credited directly to your system.....

b. From other governments – State aid or shared taxes received by the system from the state governments either directly or through the parent local government and amounts received from other local governments on behalf of their employees.....

3. EARNINGS ON INVESTMENTS -- Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits or recorded losses and report at C below.

a. Interest.....

b. Dividends.....

c. Other earnings on investments.....

d. TOTAL EARNINGS ON INVESTMENTS -- Sum of items 3a through 3c.....

B. NET GAIN (LOSSES) IN MARKET/FAIR VALUE OF INVESTMENTS

Include both realized and unrealized gains (losses).....

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

1. BENEFITS PAID – Report annual amounts

a. Retirement benefits

b. Disability benefits

c. Survivor benefits

d. Other benefits.

e. TOTAL BENEFITS PAID -- Sum of items 1a through 1d

2. WITHDRAWALS – Amounts paid to employees or former employees or their survivors, representing return of contributions made by employees during the period of their employment, and any interest on such amounts.....

4. OTHER PAYMENTS – Administrative expenses and other cost or payments not representing benefit payment or withdrawals.

1. ADMINISTRATION – Include investment fees.....

2. 2004

July

August

September

October

November

December

January

February

March

April

May

June

OTH

Specify.....

Part 3 HOLDINGS AND INVESTMENTS

A. TOTAL CASH AND SHORT TERM INVESTMENTS.....

B. FEDERAL GOVERNMENT SECURITIES

1. **FEDERAL SECURITIES** – Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank.....
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 E below.....

3. **TOTAL FEDERAL GOVERNMENT SECURITIES** – Sum of items B1 and B2.....

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.....
2. **OTHER CORPORATE BONDS** – include debentures, convertible bonds, and railroad equipment certificates.....
3. **TOTAL CORPORATE BONDS** –Sum of items C1 and C2.....

D. **CORPORATE STOCKS** -- Include common and preferred stocks and warrants.....

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

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.....
2. **SECURITIES OF STATE AND LOCAL GOVERNMENTS**.....
3. **FOREIGN AND INTERNATIONAL SECURITIES**.....
4. **OTHER** – include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify.....
5. **TOTAL OTHER SECURITIES** – Sum of items F1 through F4.....

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.....
2. **OTHER** – Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs – Specify.....
3. **TOTAL OTHER INVESTMENTS** – Sum of items G1 and G2.....

H. TOTAL HOLDINGS AND INVESTMENTS

Sum of items A through G

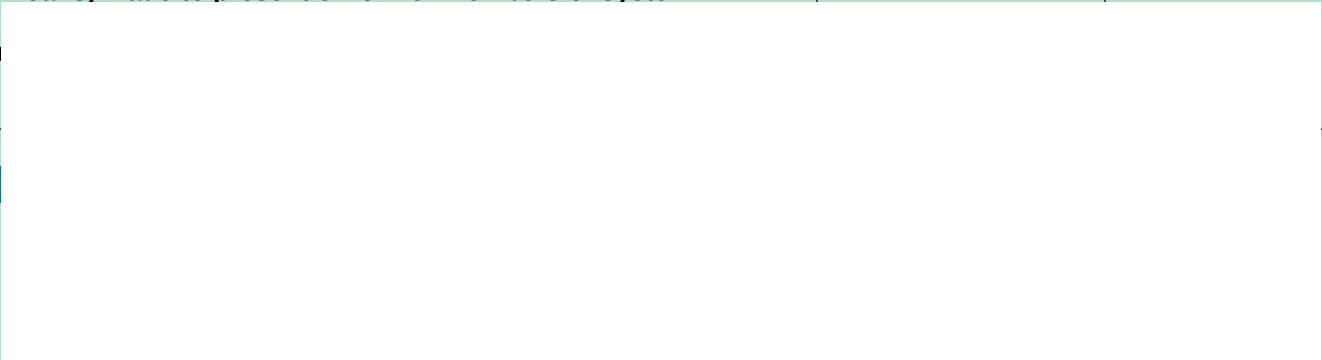


Part 5 MEMBERSHIP AND BENEFITS

Please report the figures requested below as of the last month of your fiscal year reported on page 2, 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 (*).

ITEM	Number of Employees	
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).....		
b. EMPLOYED BY LOCAL GOVERNMENTS (including local agencies).....		
c. TOTAL ACTIVE MEMBERS – sum of items 1a and 1b		
2. INACTIVE MEMBERS – Former employees and employees on military or other extended leave without pay, but having retained retirement credits but not currently receiving retirement benefit payments.		
B. BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH -- please provide estimates if detailed data not available	Number of Employees	Amount paid during month Omit cents
1. Former active members of system, retired on account of age or service		
2. Former active members of system, retired on account of disability		
3. Survivors of deceased former active members In column (a), report number of payees		
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		
2. L		

R



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 the size of their service areas, the amount of the 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, DC 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork **Project 0607-0585" as the subject.**