

**PUBLIC RETIREMENT SYSTEMS
FINANCIAL TRANSACTIONS REPORT
COVER PAGE**

Retirement System Name: _____

SCO Reporting Year: **20**_____

ID Number: _____

For the Fiscal Year Ended: _____ (MM/DD/YY)

Certification:

I hereby certify that, to the best of my knowledge and belief, the report forms fairly reflect the financial transactions of the agency in accordance with the requirements as prescribed by the California State Controller.

Fiscal Officer

Signature

Title

Name (Please Print)

Telephone Number

Date

Per Government Code section 7504, this report is due within six months after the end of the fiscal year. Public Employee Retirement Systems are also required to furnish an audited financial statement on an annual basis and, for defined benefit systems, an actuarial valuation report at least every three years. To meet the filing requirements, all portions must be received by the State Controller's Office.

Please complete, sign, and mail this cover page to either address below.

Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
P. O. Box 942850
Sacramento, CA 94250

Express Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
3301 C Street, Suite 740
Sacramento, CA 95816

Retirement System Name _____

Public Retirement Systems Financial Transactions Report

General Information

Fiscal Year 20__ System ID _____

Mailing Address			
Street1	<input type="text"/>	Retirement Administrator	<input type="text"/>
Street2	<input type="text"/>	Email	<input type="text"/>
City	<input type="text"/>		
State	<input type="text" value="CA"/>	Zip	<input type="text"/>
		<input type="checkbox"/>	Is Address Changed?

Report Prepared By			
First	<input type="text"/>	Firm Name	<input type="text"/>
Middle Initial	<input type="text"/>	Telephone	<input type="text"/>
Last	<input type="text"/>	Fax No.	<input type="text"/>
Title	<input type="text"/>	Email	<input type="text"/>

Independent Auditor			
Firm Name	<input type="text"/>	Street1	<input type="text"/>
First	<input type="text"/>	Street2	<input type="text"/>
Middle Initial	<input type="text"/>	City	<input type="text"/>
Last	<input type="text"/>	State	<input type="text" value="CA"/>
		Zip	<input type="text"/>
		Telephone	<input type="text"/>
		Email	<input type="text"/>

Additional Information		Actuary/Actuary Firm	<input type="text"/>
Date of Valuation Report	<input type="text"/>	Street1	<input type="text"/>
Type of Plan	<input type="text"/>	Street2	<input type="text"/>
		P.O. Box	<input type="text"/>
		City	<input type="text"/>
		State	<input type="text" value="CA"/>
		Zip	<input type="text"/>
		Telephone	<input type="text"/>

Retirement System Name _____

Public Retirement Systems Annual Report

Comments

Fiscal Year 20__

System ID

General Comment

Statement of Plan Assets

LGRS 701

Name of System _____

Fiscal Year 20 _____

Assets		
Cash and Cash Equivalents	1	\$
Receivables:		
Contributions	2	
Investments	3	
Other	4	
Investments at Fair Value:		
U. S. Government Obligations	5	
International Bonds	6	
Municipal Bonds	7	
Domestic Bonds	8	
Domestic Stocks	9	
International Stocks	10	
Mortgages	11	
Real Estate	12	
Venture Capital	13	
Short Term Investments	14	
Other Investments	15	
Fixed Assets: (Net of Accumulated Depreciation)	16	
Other Assets	17	
TOTAL ASSETS	18	
Liabilities		
Accounts Payable	19	
Investment Purchases Payable	20	
Accrued Expenses	21	
Other Current Liabilities	22	
TOTAL LIABILITIES	23	
NET ASSETS AVAILABLE FOR BENEFITS	24	

**Statement of Changes in Plan Net
Assets**

LGRS 702

Name of System _____

Fiscal Year 20 _____

Additions			
Contributions:			
Employer			
General	1	\$	
Safety	2		
Combined *	3		
Employee			
General	4		
Safety	5		
Combined *	6		
Other			
General	7		
Safety	8		
Combined *	9		
Investments:			
Interest	10		
Dividends	11		
Net Appreciation (Depreciation) in Fair Value of Investments	12		
Other Investment Revenue	13		
(Investment Expenses)	14		
Other Revenue	15		
TOTAL ADDITIONS	16		
* Report contribution amounts on these lines for plans that cover both general and safety categories but cannot separate contribution amounts.			
Comments			

**Statement of Changes in Plan Net
Assets**

LGRS 703

Name of System _____

Fiscal Year 20 _____

Deductions		
Benefit Payments		
Service Retirement:		
General	1	\$
Safety	2	
Combined *	3	
Disability:		
General	4	
Safety	5	
Combined *	6	
Other:		
General	7	
Safety	8	
Combined *	9	
Member Refunds:		
General	10	
Safety	11	
Combined *	12	
Administrative Expenses	13	
Other Expenses	14	
TOTAL DEDUCTIONS	15	
Net Increase (Decrease) in Plan Assets	16	
Beginning of the Year Net Assets		
Held in Trust for Pension Benefits	17	
Adjustments:	18	
	19	
END OF THE YEAR NET ASSETS HELD IN TRUST FOR PENSION BENEFITS	20	
* Report benefit payment and refund amounts on these lines for plans that cover both general and safety categories but cannot separate benefit payment and refund amounts between general and safety members.		

Plan Membership

LGRS 704

Name of System _____

Fiscal Year 20____

			Active		Inactive	Retired Members				
		1.1 *	1	2	3	4	5	6	7	8
Employee Members		System Status	Vested	Non-Vested	Vested Members	Service Retired	Service Disability	Ordinary Disability	Survivors	TOTAL
General Members										
Tier I	1									
Tier II	2									
Tier III	3									
Tier IV	4									
Tier V	5									
Tier VI	6									
Safety Members										
Tier I	7									
Tier II	8									
Tier III	9									
GRAND TOTAL MEMBERS	10									

* System Status: 1- OPEN, 2 - CLOSED

Employer Members		1	2	3	4	5	6	7
		State	Counties	Cities	Special Districts	School Districts	Other	TOTAL MEMBERS
Number of Agencies	11							
Number of Members	12							

TIERS

Member's Annual Covered Payroll		1	2	3	4	5	6	7
		I	II	III	IV	V	VI	TOTAL PAYROLL
General	13							
Safety	14							

Contributions

LGRS 705

Name of System _____

Fiscal Year 20_____

	1	2	3	4	5	6	7	8	9
	General Tiers						Safety Tiers		
	I	II	III	IV	V	VI	I	II	III
Employer Rates - Recommend by Actuary (Rate Rounded to Nearest 100th, EXAMPLE: 99.99)									
Normal Cost	1								
UAAL Amortization	2								
TOTAL	3								
Employer Rates - Adopted by Governing Body (Report Rates in Effect at FISCAL YEAR END)									
Normal Cost	4								
UAAL Amortization	5								
TOTAL	6								

Employee Rates - Recommended by Actuary (Rate Rounded to Nearest 100th, EXAMPLE: 99.99)									
Age 25	7								
Age 35	8								
Age 45	9								
Single Rate	10								
Employee Rates - Adopted by Governing Body (Report Rates in Effect at FISCAL YEAR END)									
Age 25	11								
Age 35	12								
Age 45	13								
Single Rate	14								

Contribution Amounts		
Annual Required Contributions (ARC)	15	\$
Contributions Made	16	\$
Percentage of ARC Recognized	17	%

Statement of
Plan Identification,
Actuarial Economic Assumptions, and
Actual Rate of Return

LGRS 706

Name of System _____

Fiscal Year 20_____

Plan Identification		
Please Select Plan Identification:	Line 1	Code #
CODE		
1	Single-Employer Plan	
2	Agent Multiple-Employer Plan	
3	Cost-Sharing Multiple-Employer Plan	

Economic Assumption Rates		
	(Round To Nearest 100th, Example 99.99)	
Return on Investments:		
Real Rate of Return	2	%
Inflation Component (same as below)	3	
TOTAL	4	
Salary Scale:		
Merit, Longevity, and Productivity	5	%
Inflation Component (same as above)	6	
TOTAL	7	

Rate of Return		(From old LGRS 708 Line #11 & 12)		
		1	2	3
		1 Year	3 Years	5 Years
Dollar-Weighted Rate of Return	8	%	%	%
Time-Weighted Rate of Return	9			

**Statement of Funding Position and
UAAL Amortization Method**

LGRS 707

Name of System _____

Fiscal Year 20_____

Funding Position

Valuation Date (MM/DD/YYYY)	1	
Actuary:	2	
Actuarial Accrued Liability (ACL)	3	\$
Actuarial Value of Assets (AVA)	4	\$
Unfunded Actuarial Accrued Liability (UAAL)	5	\$
Funded Ratio (Rounded to Nearest Tenth, EXAMPLE: 99.9)	6	%
Annual Covered Payroll (ACP) (From LGRS 704)	7	\$
UAAL as a Percentage of ACP	8	%
Please Select the Method (Code #) Used to Determine Actuarial Accrued Liability (From Legend Below)	9	

Legend

Code

- 1 Entry Age
- 2 Frozen Entry Age
- 3 Attained Age
- 4 Frozen Attained Age
- 5 Projected Unit Credit
- 6 Unprojected Unit Credit
- 7 Aggregate
- 8 Other (Please Specify)

Unfunded Actuarial Accrued Liability (UAAL) Amortization

Please Select the Method (From Legend Below) Used to Amortize the Total Unfunded Actuarial Liability	10	
Total Unfunded Actuarial Liability Amortization Period (In Years)	11	
Years Remaining in Total Unfunded Actuarial Liability Amortization Period	12	
Year in Which the Total Unfunded Actuarial Liability is Expected to be Fully Amortized (YYYY)	13	

Legend

Code

- 1 Level Dollar Amount
- 2 Level Percentage of Projected Covered Payroll
- 3 Interest Only
- 4 No Amortization
- 5 Other (Please Specify)

Schedule of Funding Progress

LGRS 708

Name of System _____

Fiscal Year 20_____

	1	2	3	4	5	6	7	8
	Fiscal Year*	Actuarial Valuation Date	Actuarial Accrued Liability (AAL)	Actuarial Value of Plan Assets	Total Unfunded Actuarial Accrued Liability (UAAL) (Col. 3 - Col. 4)	Funded Ratio (Col. 4 / Col. 3)	Annual Covered Payroll (ACP)	UAAL As A Percentage of Annual Covered Payroll (Col. 5 / Col. 7)
1			\$	\$	\$	%	\$	%
2								
3								
4								
5								

NOTE: This form is to be completed only by the systems for their initial year of reporting.

* Please provide information of the past five consecutive years.

Schedule of Employer Contributions

LGRS 709

Name of System _____

Fiscal Year 20 _____

	1	2	3	4
	Fiscal Year *	Annual Required Contributions (ARC)	Contributions Made **	Percentage of ARC Recognized
1		\$	\$	%
2				
3				
4				
5				

NOTE: This form is to be completed only by the systems for their initial year of reporting.

* Please provide the information of the past five consecutive years.

** "Contribution Made" includes "Employer's Contributions" and "Other Contributions".

Statement of Service Retirement Benefit Policies

LGRS 710

Name of System _____

Fiscal Year 20 _____

		1	2	3	4	5	6	7	8	9
		General						Safety		
Eligibility:		I	II	III	IV	V	VI	I	II	III
Age	1									
Years of Service	2									
Age	3									
Years of Service	4									
Age	5									
Years of Service	6									
Age	7									
Years of Service	8									
Age Regardless of Service	9									
Years of Service Regardless of Age	10									
Cost of Living:										
Granted Position Last Held	11									
Indexed to Active Member Increase	12									
Indexed to Consumer Price Index	13									
Maximum Annual Increase	14									
None	15									
Other:	16									
Final Average Salary:										
Position Last Held	17									
Highest __ Year(s) Average	18									
Final __ Year(s) Average	19									
Compensation at Time of Retirement	20									
Percent Per Year of Service:	Age									
	50	21								
	55	22								
	60	23								
	65	24								
Social Security Coverage:*	25									
Benefit Comments:	26									

Note: This form is to be completed along with the other reporting forms (LGRS701-711) when a new system is established or whenever there is change or modification made to the system's service retirement benefit policies.

* Code: 1 – Integrated, 2 – Supplemental, 3 – None. (From old LGRS 705 Column # 1.)

Statement of Disability Benefit Policies

LGRS 711

Name of System _____

Fiscal Year 20_____

		1	2	3	4	5	6	7	8	9
Disability Benefits as a Percentage of Final Average Salary (FAS)		General Members						Safety Members		
		I	II	III	IV	V	VI	I	II	III
Non-Service Disability – Per Year	1									
– Maximum	2									
Service Disability – Per Year	3									
– Maximum	4									
Notes or Special Requirements:	5									

Note: This form is to be completed along with the other reporting forms (LGRS701-710) when a new system is established or whenever there is change or modification made to the system’s disability benefit policies.