



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

FORM
F-12 (08-07-2012)

**2012 CENSUS OF GOVERNMENTS
SURVEY OF PUBLIC PENSIONS
State-Administered Defined Benefit Plans**

OMB No. 0607-0585: Approval Expires 06/30/2014

DUE DATE:

RETURN TO:

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

Need help or have questions?

- **Visit**
census.gov/govs/cog2012/
cog_finance.html
- **Call**
1-800-832-2839 weekdays,
7am to 5pm ET
- **Email**
govs.pensions@census.gov

In correspondence pertaining to this report, please refer to the User ID below the address box.

REPORT ONLINE: It's fast and secure. Respond to this survey via the Internet at the following web address using the supplied User ID and Password: respond.census.gov/aspp

User ID:

Password:

GENERAL INSTRUCTIONS

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

Note especially:

1. To complete this form, you will need the Comprehensive Annual Financial Report (CAFR) for the retirement system listed in the mailing address (*Use the annual report if the retirement system does not have a CAFR*).
2. Report figures for **Defined Benefit** plans only. Do **not** include Defined Contribution or other Postemployment Benefit plans in the data.
3. If you are including data for **any retirement system(s) administered in addition to the system identified** in the address box above, list retirement system(s) in **27**, REMARKS section, at the end of the form.
4. Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.
5. Report figures relating to all accounts and reserves of the system, including amounts for retirement, disability, survivors', and other benefits, as well as any amounts for administration of the system. Exclude transfers between reserves of the system.
6. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
7. Use a black or blue ballpoint pen. Do not use pencil or felt-tip pen.

Please continue on the next page



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1 Is your addressee title/department and mailing address the same as shown in the address label?☐Yes – Go to **2**☐

No – Enter correct information below

Addressee Title or Department

ATTN:

Street 1

Street 2

City

State

Zip Code

PART 1 – RETIREMENT SYSTEM COVERAGE AND ORGANIZATIONAL INFORMATION**2 Which one of the following best describes the retirement system? Mark "X" only one box.**☐

A

All contributions for retirement are forwarded to a private insurance carrier as premiums paid for the purchase of annuity policies for the members of the plan.

☐

B

All members of the plan belong to the Teachers Insurance and Annuity Association (TIAA) without any state- or locally-administered supplemental retirement coverage.

☐

C

Payments of service, disability, or survivor benefits are paid directly from the general funds of the administering government to the beneficiary. There is no separate retirement system fund.

☐

D

Employer and/or employee contributions finance the system. The system is a separate accounting fund from the administering state government.

PART 2 – PLAN INFORMATION FOR DEFINED BENEFIT PLANS**3 Which one of the following best describes the type of employees to whom active membership in the retirement system(s) is available? Mark "X" only one box.**☐

Policemen only

☐

Firemen only

☐

Policemen and firemen only

☐

School employees only – including non-teaching personnel as well as teachers

☐

Teachers only – instructional staff (including supervisory personnel, but not other school employees)

☐

Other specific group(s)

Specify group(s):

☐

General coverage – All employees (or all regular or full-time employees), subject only to the following exclusions

Specify exclusions:

4 Are new employees covered under this defined benefit plan?☐

Yes

☐

No

5 In addition to the defined benefit plan reported on this form, does this public retirement system offer a defined contribution plan?

☐

Yes

☐

No

6 In addition to the defined benefit plan reported on this form, does this public retirement system offer a postemployment healthcare plan?

☐

Yes

☐

No

PART 3 – ENDING DATE OF FISCAL YEAR

(MM) (DD)

7 What is the retirement system's fiscal year end date?

8 What was the retirement system's latest fiscal year end date that occurred before July 1, 2012? Use this fiscal year data to complete the remainder of this form even though more recent data may be available. . .

(MM) (DD) (YYYY)

PART 4 – MEMBERSHIP AND BENEFITS FOR DEFINED BENEFIT PLANS

HOW TO REPORT DOLLAR FIGURES

CORRECT marking example – Please print all information clearly in ordinary characters. (Use care to keep characters in their respective boxes.) To report a negative value, place the negative symbol inside box.

\$Bil. Mil. Thou. Dol.

INCORRECT marking example – Do not put slashes through "0" or "7".

\$Bil. Mil. Thou. Dol.

9 What was the total number of contributing members of your retirement system during the fiscal year indicated in **8**?

Exclude

- Beneficiaries

A. Active members – Current contributors in contributory systems or employees in non-contributory systems.

1. Employed by the local government(s)

Include

- Local agencies. Z75

2. Employed by the state government

Include

- State institutions and agencies Z76

3. **TOTAL** – (Sum of items A1. through A2.) Z01

Number of Members

B. 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.

1. Vested. DBM004

2. Non-vested DBM005

3. **TOTAL** – (Sum of items B1. through B2.) Z02

Number of Members

- 10** What was the total number of retirees and beneficiaries during the fiscal year indicated in **8**?
Provide estimates if detailed data are not available.

		Number of Retirees/ Beneficiaries					
A. Retirees of system, retired on account of age or service	Z03						
B. Retirees of system, retired on account of disability	Z04						
C. Survivors of deceased retirees	Z05						

- 11** What were the total number of payees and the amount of lump-sum payments made during the fiscal year indicated in **8**?

		Number of Payees	Amount Paid			
			\$Bil.	Mil.	Thou.	Dol.
A. Withdrawals and other one time payments made to members of a deferred retirement option plan (DROP)	DBM 010					
B. Withdrawals and other one time payments (other than loans) made to present or former members of system Exclude • Payment to DROP members (reported in item A.)	Z06					
C. Lump-sum (nonrecurrent) payments made to survivors of deceased active members or retirees	Z07					

PART 5 – RECEIPTS FOR DEFINED BENEFIT PLANS

- 12** What was the amount of receipts during the fiscal year indicated in **8**?

Exclude

- Amounts received from sales of investments
- Amounts received from repayment of loans made to members

- A. **Employee contributions** – Total amounts contributed by all member employees or withheld from their salaries for financing benefits.

		Employee Contributions			
		\$Bil.	Mil.	Thou.	Dol.
1. State employees – From employees of the state government, including employees of state colleges and other state institutions and agencies	X02				
2. Local employees – From employees of the counties, cities, local public schools, and other local government agencies	X01				

- B. **Employer (government) contributions** – Total amounts received from state and local governments for financial support of the system, including any taxes credited directly to the system.

		Employer (Government) Contributions			
		\$Bil.	Mil.	Thou.	Dol.
1. State government contributions					
a. State contributions to own system on behalf of state employees	Z99				
b. State contributions to own system on behalf of local employees	V87				
c. TOTAL – (Sum of items B1a. through B1b.)	X06				

Continue with **12** on the next page

2. Local government contributions – From counties, cities, local public schools, and other local government agencies. X05

Employer (Government) Contributions											
\$Bil.	Mil.			Thou.			Dol.				

C. Earnings on investments

Include

- Interest
- Dividends
- Rents
- Other earnings on investments

Exclude

- Gains and losses on investment transactions (report in 13)

1. Rentals from the state government Z98

2. Interest Z71

3. Dividends. Z72

4. Other investment earnings – Specify: ➤

.. Z73

5. **TOTAL** – (Sum of items C1. through C4.) DBR074

Investment Earnings											
\$Bil.	Mil.			Thou.			Dol.				

D. Other receipts

Include

- Private gifts
- Donations

- Specify: .. Z95

Other Receipts											
\$Bil.	Mil.			Thou.			Dol.				

- 13** What was the amount of net gains and losses on investments during the fiscal year indicated in 8? Report losses as a negative value (see **HOW TO REPORT DOLLAR FIGURES** on page 3).

- A. Realized net gains or losses on investments** . . DBR092

- B. Unrealized net gains or losses on investments.** DBR094

- C. TOTAL** – (Sum of items A. through B.). Z96/Z91

Gains and Losses											
\$Bil.	Mil.			Thou.			Dol.				



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Please continue on the next page

Federal Government Securities

- | | | | |
|--------|------|-------|------|
| \$Bil. | Mil. | Thou. | Dol. |
|--------|------|-------|------|

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

- [illegible]

- Directly held mortgages (*report in item F.*) X33

- □ □ □ □ □ □ □ □ □ □ □

- SLM Corporation (*report in item C.*) Z62

- QUESTION**

Corporate Bonds

\$Bil.	Mil.	Thou.	Dol.
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- 100% 100% 100% 100%

Corporate Stocks

\$Bil. Mil. Thou. Dol.

- 100% 100% 100% 100%

- Money market mutual funds (reported in A3.)
- Other mutual funds (report in item H4.)
- Hedge funds (report in item H4.) Z78

Foreign and International Securities

\$Bil.	Mil.	Thou.	Dol.
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- [illegible]

- [illegible]

- [illegible]

- 










F. Mortgages held directly**Exclude**

- Mortgage-backed securities (reported in item B2a. or C.)
- Directly held real property (report in item H1.) . . . X42

Mortgages Held Directly

\$Bil. Mil. Thou. Dol.

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G. Investments held in trust by other agencies**Include**

- Funds administered by private agencies
- Guaranteed investment accounts
- Share of funds in governmental investment accounts. Z84

Other Securities

\$Bil. Mil. Thou. Dol.

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H. Other investments

1. Real property – Report only directly held property.

Exclude

- Property held in investment trusts (report in item H3.)
- Property held in pooled or partnership agreements (report in item H3.) X46

Other Investments

\$Bil. Mil. Thou. Dol.

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2. State and local government securities X35

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3. Other investments

Include

- Property held in pooled or partnership agreements
- Property held in investment trusts
- Investments in real estate investment trusts (REITs)

Specify:

. . . X47

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4. Other securities

Include

- Shares held in conditional sales contracts
- Direct loans and loans to members
- Derivatives
- Guaranteed investment contracts
- Annuities and life insurance
- Hedge funds
- Mutual funds not reported elsewhere

Exclude

- Money market mutual funds (reported in item A3.)

Specify:

. . . Z83

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5. **TOTAL** – (Sum of items H1. through H4.) Z82

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Cash and Investments

\$Bil. Mil. Thou. Dol.

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- I. TOTAL** – (Sum of totals for items A. through H.) Z81



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PART 8 – ACTUARIAL INFORMATION FOR DEFINED BENEFIT PLANS

To complete this part, continue using the CAFR or annual report used to complete the previous parts of the form. Use this report even though more recent data may be available.

16 What is the actuarial valuation date of the actuarial information in the report? (MM) (DD) (YYYY)

17 What is the amount of funds associated with the actuarial accrued liability (AAL)?

A. Estimate of pension fund's actuarial accrued liability – This value can be obtained from the Schedule of Funding Progress report Z17

Actuarial Accrued Liability Amount
\$Bil. Mil. Thou. Dol.

B. Membership amounts – Amount of the actuarial accrued liability (AAL) for members and beneficiaries of the pension system.

1. Active members – Current contributors in contributory systems, or employees in non-contributory systems DBM013

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 DBM014

3. Beneficiaries receiving periodic benefit payments during month DBM015

18 What is the amount of covered payroll? This value can be obtained from the Schedule of Funding Progress report.

Covered Payroll
\$Bil. Mil. Thou. Dol.

19 What is the amount of employer normal cost or service cost? Report as a dollar amount or percentage of covered payroll. If only normal cost is available, report that value instead and mark "X" in the box below.

Normal or Service Cost
\$Bil. Mil. Thou. Dol.

☐ Reported amount represents total normal cost

OR

☐ %

20 Are members required to contribute to the normal cost or service cost?

☐ Yes – Go to **21**

☐ No – Go to **22**

Percentage of Covered Payroll Contributed

21 What percentage of covered payroll are members required to contribute? DBA001

☐ %

- 22** What is the amount of the retirement system's annual required contribution (ARC)? This value can be obtained from the Schedule of Employer Contributions report.

Annual Required Contribution												
\$Bil.			Mil.			Thou.			Dol.			
V10												

- 23** What is the actuarial cost method used to produce the above estimates? Mark "X" only one box.

☐ Entry Age / Entry Age Normal

☐ Projected Unit Credit

☐ Other – Specify:

- 24** What is the investment rate of return or discount rate used in the actuarial valuation?

Investment Rate or Discount Rate						
V12			.			%

- 25** Were cost-of-living adjustments (COLA) made to pension benefits during the fiscal year indicated in **8**?

☐ Yes – Go to **26**

☐ No – Go to **27**

- 26** What were the cost-of-living adjustments (COLA) made to pension benefits during the fiscal year indicated in **8**? Mark "X" all that apply.

If more than one box or 'Other adjustments made' is selected, explain different options in item **27.*

- 1 ☐ COLA adjustments were greater than the Consumer Price Index (CPI)
- 2 ☐ COLA adjustments were less than the Consumer Price Index (CPI)
- 3 ☐ COLA adjustments were equal to the Consumer Price Index (CPI)
- 4 ☐ Other adjustments made



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PART 9 – REMARKS**27****Use this space to:**

- a) **Explain any items that were difficult to classify;**
 b) **Provide additional information concerning any of the entities or other items on the form.**

PART 10 – CONTACT INFORMATION**28****Who should be contacted to answer questions about data reported on this form?**

Name of contact person – Please print

Title of contact person – Please print

Area code and phone number

Extension

Area code and fax number

E-mail Address – Please print

Date form was completed
(MM) (DD) (YYYY)

Thank you for completing this form.
Retain a copy of the completed questionnaire for your records.

NOTE: The U.S. Census Bureau receives its authorization to conduct this survey from Title 13, United States Code, Section 161. This form has been approved by the Office of Management and Budget (OMB) and given the number 0607-0585. Please note the number displayed 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 was not displayed, under the Paperwork Reduction Act, we could not request your participation in this voluntary survey. Information provided on this questionnaire compiled from or customarily provided in public records are exempt from confidential treatment as cited in Title 13, United States Code, Section 9.

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 population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 1.5 hours to 8 hours per response, with an average of 2.5 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, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use Paperwork Project 0607-0585 as the subject.