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

FORM
F-12 (2010)
(07-19-2011)

2010 Annual Survey of State Administered Public-Employee Retirement Systems

OMB No. 0607-0585: Approval Expires 07/31/2014

RETURN TO
US Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

If you have any questions 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

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

Correct any errors in name, address, or ZIP Code.

INTERNET RESPONSE

You may respond to this survey via the Internet at the following Web address: **http://harvester.census.gov/sgfnet** You will only need your User ID to access the Internet form. Your User ID is the first 14 digits of the 18 digit ID located on the top line of the address section above.

IMPORTANT REQUEST

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 the space provided below.

Additional systems included in these data:

GENERAL INSTRUCTIONS

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

Note especially:

1. Report for **Defined Benefit** plans only. Do **not** include Defined Contribution or Healthcare plans in your data.

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*

Area Code - Telephone Number - Extension

E-mail Address - *Please print*

Please continue on the next page

Part 1 PLAN INFORMATION FOR DEFINED BENEFIT PLANS

A. Are new employees 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. In addition to the defined benefit plan reported here, does your system offer a postemployment healthcare plan? ☐ Yes ☐ No

D. Fiscal Year Ending Date

Mark (X) in the appropriate box below to indicate the *ending* date of your system's fiscal year. Report figures for your system's fiscal year that ended between July 1, 2009 and June 30, 2010.

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

2009		2010	
☐ July	☐ October	☐ January	☐ April
☐ August	☐ November	☐ February	☐ May
☐ September	☐ December	☐ March	☐ June

Part 2 MEMBERSHIP AND BENEFITS FOR DEFINED BENEFIT PLANS

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

		Number of Participants (a)	Amount paid during month *Omit cents* (b)
A.	**MEMBERS OF YOUR RETIREMENT SYSTEM - Exclude** beneficiaries.		
1.	**ACTIVE MEMBERS -** Current contributors in contributory systems, or employees in non-contributory systems.		
a.	**Employed by your state government** (include state institutions and agencies)	Z76	
b.	**Employed by your local governments** (include 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	
B.	**BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH -** Provide estimates if detailed data are not available.	Number of Payees (a)	Amount paid during month *Omit cents* (b)
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
C.	**RECIPIENTS OF LUMP-SUM PAYMENTS DURING MONTH REPORTED**	Number of Payees (a)	Amount paid during month *Omit cents* (b)
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

Please continue on the next page

Part 3 RECEIPTS/PAYMENTS FOR DEFINED BENEFIT PLANS

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. EMPLOYER (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 to own system on behalf of **state** employees.	Z99	$ .00
2. State contributions to own system on behalf of **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 Earnings.	Z71	$ .00
c. Dividend Earnings.	Z72	$ .00
d. Other Investment Earnings 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 ON INVESTMENTS IN MARKET/FAIR VALUE - 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. BENEFIT PAYMENTS - 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 Benefit Payments - 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. ADMINISTRATIVE EXPENSES - Include investment fees.	Z93	$ .00
4. OTHER PAYMENTS - Specify.	Z90	$ .00

Please continue on the next page

Part 4 HOLDINGS AND INVESTMENTS FOR DEFINED BENEFIT PLANS

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 -** Include 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 items A1 through A3. . . . . X21 — $ .00

Federal Government Securities

B. FEDERAL GOVERNMENT SECURITIES

1. **FEDERAL TREASURY SECURITIES -** Obligations of the US 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 AGENCIES -** Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA. . . . . Z62 — $ .00
2. **CORPORATE BONDS, OTHER -** 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. **STATE AND LOCAL GOVERNMENT SECURITIES**. . . . . X35 — $ .00
3. **FOREIGN AND INTERNATIONAL SECURITIES -** Include corporate equities and corporate stocks. . . . . Z70 — $ .00
4. **OTHER SECURITIES -** 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 INVESTMENTS -** Include venture capital, partnerships, real estate investment trusts, and leveraged buyouts. Specify. . . . . X47 — $ .00
3. **TOTAL OTHER INVESTMENTS -** Sum of items G1 and G2. . . . . Z82 — $ .00

Holdings and Investments

H. TOTAL CASH AND SECURITY HOLDINGS OF PUBLIC EMPLOYEE RETIREMENT SYSTEM - Sum of totals A through G. . . . . Z81 — $ .00

Please continue on the next page

Part 5 ACTUARIAL INFORMATION FOR DEFINED BENEFIT PLANS

Some of the estimates requested below can be found in the system's Comprehensive Annual Financial Report (CAFR) or Actuarial Valuation Report. For instance, the Actuarial Accrued Liability and Covered Payroll can be obtained from the Schedule of Funding Progress. The Annual Required Contribution can be obtained from the Schedule of Employer Contributions. GASB mandates that these schedules be published as part of the Required Supplementary Information to the system's basic financial statements.

A. Provide an estimate of the pension fund's Actuarial Accrued Liability (AAL). . . . Z17 $ .00

B. Provide an estimate of the pension fund's Covered Payroll. . . . . . Z18 $ .00

C. Provide an estimate of Employer Normal Cost.
Respond as a dollar amount or as a percentage of Covered Payroll. . . . . . Z19 $ .00

(If only Normal Cost is available, provide it instead and check below.)

OR

☐ **Reported amount(s) represent Total Normal Cost** V19 %

D. Provide an estimate of the pension fund's Annual Required Contribution (ARC). V10 $ .00

E. Check the Actuarial Cost Method used to produce the above estimates. V11

☐ **Entry Age / Entry Age Normal** ☐ **Frozen Entry Age**

☐ **Projected Unit Credit** ☐ **Frozen Attained Age**

☐ **Attained Age** ☐ **Other, Specify**

☐ **Aggregate**

F. Indicate the Investment Rate of Return used in the actuarial valuation. . . . . . V12 %

G. Are Cost-of-Living Adjustments (COLAs) made to pension benefits after retirement? V13

☐ **Yes - COLA is greater than CPI** ☐ **Yes - COLA is equal to CPI** ☐ **No**

☐ **Yes - COLA is less than CPI** ☐ **Yes - Other**

Part 6 REMARKS

Thank you for your report. Please return to

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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 1.5 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, US Census Bureau, 4600 Silver Hill Road, Room 3K138, Washington, DC 20233.
You may e-mail comments to paperwork@census.gov; use **"Paperwork Project 0607-0585"** as the subject.

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