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

FORM
F-11 (07-30-2012)

2012 CENSUS OF GOVERNMENTS
SURVEY OF PUBLIC PENSION PLANS
Locally-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 16, 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.

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Please continue on the next page

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 local 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

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Please continue on the next page

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

7 **What is the retirement system's fiscal year end date?** . . . . . (MM) (DD)

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.
–	123	456	780

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

$Bil.	Mil.	Thou.	Dol.
		7	890

9 **What was the total number of contributing members of the 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.

		Number of Members
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	

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.**

		Number of Members
1. Vested	DBM004	
2. Non-vested	DBM005	
3. **TOTAL –** *(Sum of items B1. through B2.)*	Z02	

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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 / DBP 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

		Employee Contributions ($Bil. Mil. Thou. Dol.)
A. Employee contributions – Amounts contributed by all member employees or withheld from their salaries for financing benefits	X01	

B. Employer (government) contributions

1. From parent local government(s)

Include
- Employer contributions from the government for financing of benefits
- Parent government contributions or appropriations for administration or other support of the system
- Local taxes credited directly to the system

		Employer (Government) Contributions ($Bil. Mil. Thou. Dol.)
	X04	

2. From state government

Include
- State aid
- Shared taxes received by the system from the state government either directly or through the parent local government
- Amounts received from other local governments on behalf of their employees

	X05	

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C. Earnings on investments

Include

- Interest
- Dividends
- Rents
- Other earnings on investments

Exclude

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

Investment Earnings

		$Bil.	Mil.	Thou.	Dol.
1. Interest	Z71				
2. Dividends	Z72				
3. Other investment earnings – *Specify:*	Z73				
4. **TOTAL –** *(Sum of items C1. through C3.)*	DBR074				

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).*

Gains and Losses

		$Bil.	Mil.	Thou.	Dol.
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				

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PART 6 – PAYMENTS FOR DEFINED BENEFIT PLANS

14 **What was the amount of payments during the fiscal year indicated in 8?**

Exclude
- Amounts paid out for purchase of investments and loans made to members
- Deferred retirement option plan (DROP) payments *(reported in 11)*

		Payments $Bil.	Mil.	Thou.	Dol.
A.	**Benefit payments –** *Report annual amounts.*				
1.	Retirement benefits Z13				
2.	Disability benefits Z14				
3.	Survivor benefits Z15				
4.	Other benefits Z16				
5.	**TOTAL –** *(Sum of items A1. through A4.)* X11				
B.	**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				
C.	**Administrative expenses**				
	Include • Investment fees • Other administrative expenses Z93				
D.	**Other payments –** *Specify:*				
	. . Z90				

PART 7 – CASH AND INVESTMENTS FOR DEFINED BENEFIT PLANS

15 **What was the total amount of cash and investments (at market value) held at the end of the fiscal year indicated in 8?**

Exclude
- Receivables and securities lending collateral

		Cash and Short-term Investments $Bil.	Mil.	Thou.	Dol.
A.	**Cash and short-term investments**				
1.	Cash on hand and demand deposits Z88				
2.	Time or savings deposits Z87				
3.	All other short-term investments **Include** • Repurchase agreements • Commercial company paper • Finance company paper • Bankers acceptances • Money market mutual funds X68				
4.	**TOTAL –** *(Sum of items A1. through A3.)* X21				

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B. Federal government securities

	Federal Government Securities $Bil. Mil. Thou. Dol.
1. Federal treasury securities – Obligations of the U.S. Treasury and Federal Financing Bank **Include** • Short-term notes Z89	
2. Federal agency a. Securities – Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA. **Exclude** • Directly held mortgages *(report in item F.)* X33	
b. Federally-sponsored agencies – Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, and Farm credit banks **Exclude** • SLM Corporation *(report in item C.)*. Z62	
3. **TOTAL –** *(Sum of items B1. through B2b.)*. X30	

C. Corporate bonds, domestic

Include

- Debentures and convertible bonds
- Railroad equipment certificates
- Asset-backed securities
- Commercial mortgage-backed securities
- Corporate collateralized mortgage-backed securities
- Private debt
- SLM Corporation Z63

Corporate Bonds $Bil. Mil. Thou. Dol.

D. Corporate stocks, domestic

Include

- Common and preferred stocks
- Warrants
- Private equity
- Venture capital
- Leveraged buy-outs

Exclude

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

Corporate Stocks $Bil. Mil. Thou. Dol.

E. Foreign and international securities

Include

- Foreign governments

Foreign and International Securities $Bil. Mil. Thou. Dol.
1. Foreign and international stocks. DBC103
2. Foreign and international bonds. DBC104
3. **TOTAL –** *(Sum of items E1. through E2.)*. Z70

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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.

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.

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.

2. State and local government securities X35

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

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

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

Cash and Investments
$Bil. Mil. Thou. Dol.

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

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PART 8 – REMARKS

16 **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 9 – CONTACT INFORMATION

17 **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.

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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 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.