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

F-11 (04-07-2015)

2015 ANNUAL SURVEY OF PUBLIC PENSION PLANS Locally-Administered Defined Benefit Plans

OMB No. 0607-0585: Approval Expires 09/30/2017

DUE DATE:

census.gov/govs/retire/

1-800-832-2839 weekdays,

ewd.pensions@census.gov

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

Need help or have

qa_retire.html

7AM to 5PM ET

auestions?

• Visit

Call

• Email

address box.

FORM

WORKSHEET

Do Not use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online.

Return to https://respond.census.gov for specific instructions that apply to your government.

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:

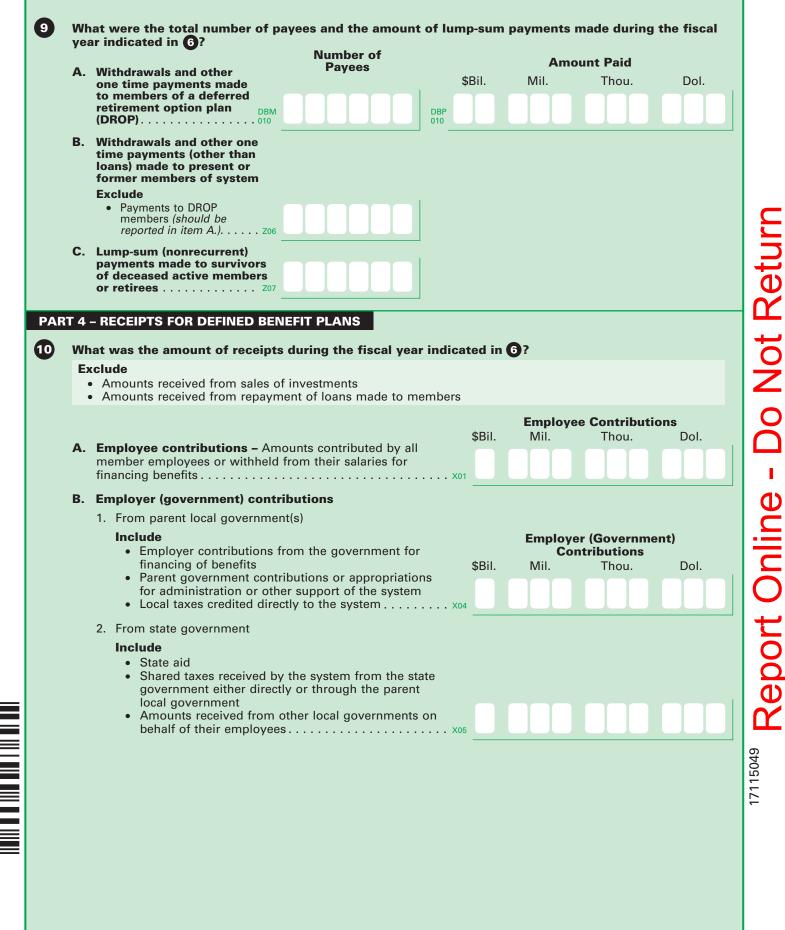
GENERAL INSTRUCTIONS

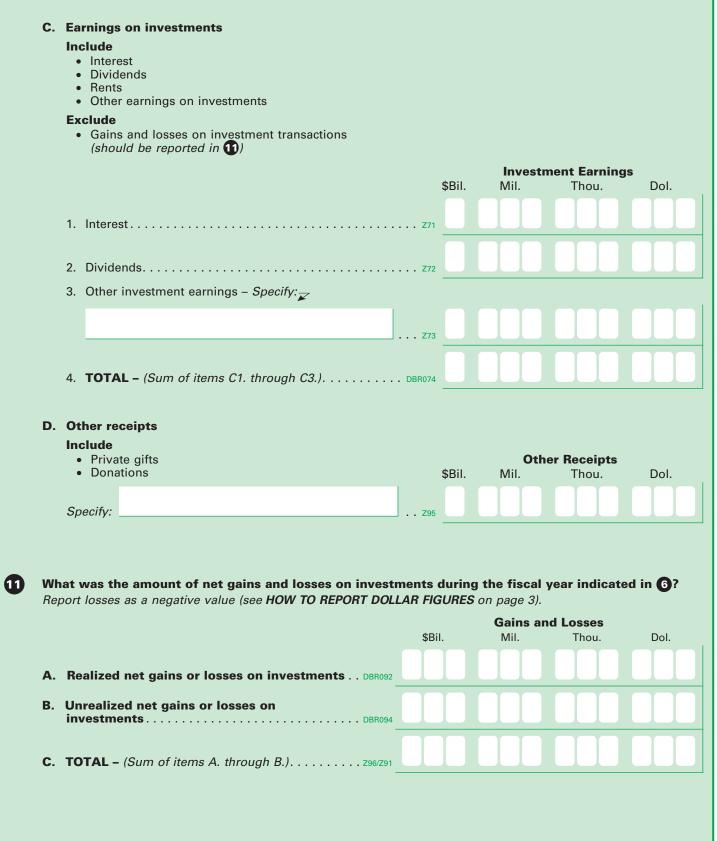
Please read carefully each part and all related definitions and instructions. Note especially:

- **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 (4), 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.

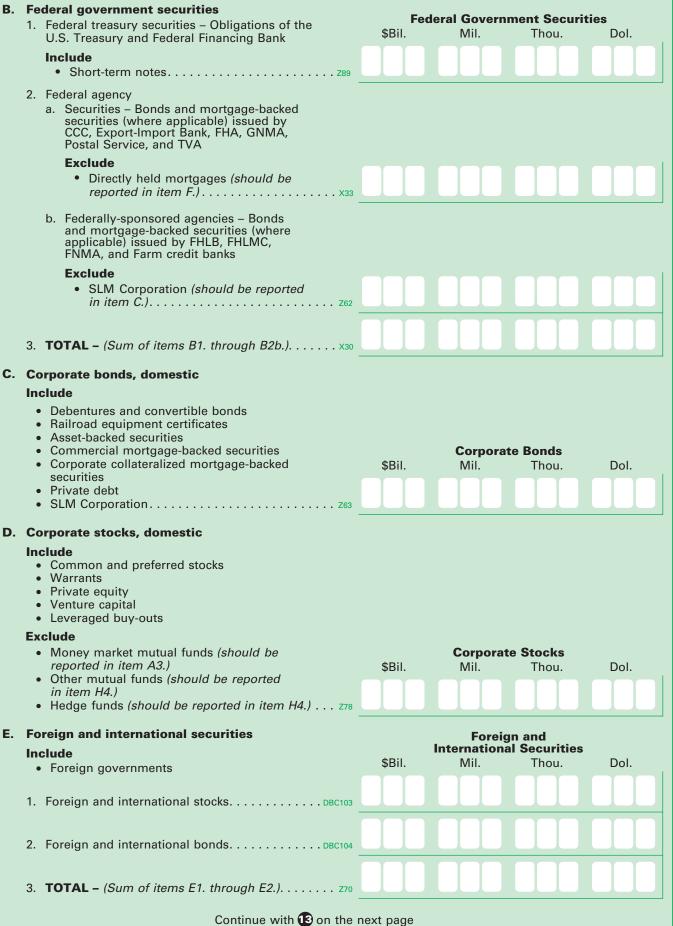
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	А.	Benefit payments – Report annual amounts.				
		1. Retirement benefits	Z13			
		2. Disability benefits	Z14			
		3. Survivor benefits	Z15			
		4. Other benefits	Z16			
		5. TOTAL – (Sum of items A1. through A4.)	X11			
	В.	Withdrawals – Amounts 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			
	С.	Administrative expenses				
		Include Investment fees				
		Other administrative expenses	Z93			
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Report Online

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PART 7 – REMARKS

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PART 8 – CONTACT INFORMATION		
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PART 8 – CONTACT INFORMATION	-	reported on this form? ontact person – Please print
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Who should be contacted to answer Name of contact person – Please print	Title of c	ontact person – Please print
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Who should be contacted to answer Name of contact person – Please print Area code and phone number COOD COOD COOD Email Address – Please print Thank y Retain a copy of the cooperation to conduct NOTE: The U.S. Census Bureau receives its authorization to conduct	Title of c Extension Could for completing completed question ct this survey from Title 13, United Sta	Area code and fax number Area code and fax number Date form was completed (MM) (DD) (YYYY) This form. nnaire for your records. ates Code, Sections 161 and 182. This form has been approved by th
Who should be contacted to answer Name of contact person – Please print Area code and phone number Area code and phone number Email Address – Please print Email Address – Please print Thank y Retain a copy of the of Office of Management and Budget (OMB) and given the number 06 confirms that we have approval from OMB to conduct this survey. I	Title of contract of this survey from Title 13, United Strattor of the survey from Title 13, Un	Area code and fax number Area code and fax number Date form was completed (MM) (DD) (YYYY) This form. nnaire for your records.

Use this space for any explanations that may be essential in understanding the reported data.

rease note that this is a hadonal 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: ECON Survey Comments 0607-0585, U.S. Census Bureau, 4600 Silver Hill Road, EMD-8K122, Washington, DC 20233. You may e-mail comments to <u>ECON.Survey.Comments@census.gov;</u> use ECON Survey Comments 0607-0585 as the subject.