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

FORM
F-11 (2010)
(07-19-2011)

2010 Annual Survey of Locally 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)	
A. MEMBERS OF YOUR RETIREMENT SYSTEM - Exclude beneficiaries.		
1. ACTIVE MEMBERS - Current contributors in contributory systems, or employees in non-contributory systems.	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	

	Number of Payees (a)	Amount paid during month *Omit cents* (b)
B. BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH - Provide estimates if detailed data are not available.		
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

	Number of Payees (a)	Amount paid during month *Omit cents* (b)
C. RECIPIENTS OF LUMP-SUM PAYMENTS DURING MONTH REPORTED		
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

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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.	X01	$ .00

		Government Contributions
2. EMPLOYER (GOVERNMENT) CONTRIBUTIONS		
a. From parent local governments - Employer contributions from your government for financing of benefits and parent government contributions or appropriations for administration or other support of the system. Include any local taxes credited directly to your system.	X04	$ .00
b. From other governments - State aid or shared taxes received by the system from the state governments either directly or through the parent local government and amounts received from other local governments on behalf of their employees.	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. Interest Earnings.	Z71	$ .00
b. Dividend Earnings.	Z72	$ .00
c. Other Investment Earnings Specify.	Z73	$ .00
d. Total Earnings on Investments - Sum of items 3a through 3c.	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

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Part 4 HOLDINGS AND INVESTMENTS FOR DEFINED BENEFIT PLANS

A. TOTAL CASH AND SHORT-TERM INVESTMENTS

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

B. FEDERAL GOVERNMENT SECURITIES

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

C. CORPORATE BONDS

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

D. CORPORATE STOCKS -

Corporate Stocks

Include common and preferred stocks and warrants. . . . . Z78 — $ .00

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

Mortgages Held Directly

$ .00

F. OTHER SECURITIES

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

G. OTHER INVESTMENTS

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 REMARKS

Thank you for your report. Please return to

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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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