U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM F-11(S) (2008) (10/15/2008)  (10/15/	DRAFT DRAFT DRAFT DF	RAFT DRAFT DRAFT DRAFT DRAFT DRAFT
U.S. CENSUS BUREAU FORM F-11(S) (2008) (10/15/2008)  (10/15/2008)  CMB No. 0807-0885: Approval Expires 08/30/2010  RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please cell 1888-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  INTERNET RESPONSE  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 occated on the top line of the address section above.  GENERAL INSTRUCTIONS  General Instructions and instructions.  Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only. Report for Defined Contribution and Postemployment Healthcare plans only. Report for Defined Contribution and reserves of your system, including amounts for retirement, disability, survivors, and other benefits, as well as any amounts for administration of the system, and also any investment transactions relating to loans to system members.  Use a black or blue ball point pen. RESPONDENT INFORMATION: Name of person completing report - Please print  Title of person completing report - Please print  Title of person completing report - Please print		
Public-Employee Retirement Systems  OMB No. 0607-0585. Approval Expires 06/30/2010  RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please 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  INTERNET RESPONSE  You will only need your User ID to access the internet at the following web address: http://harvester.census.gov/sgfnet  Fou will only need your User ID to access the internet Torm. Your User ID is the Irist 14 digits of the 18 digit ID coated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report and CASB) guidelines when reporting gains and losses on investments.  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 tansactions relating to loans to system members.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
CMB No. 0607-0585. Approval Expires 06/30/2010  RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffresonville, IN 47132-0001  If you have any questions, please call 1-885-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  INTERNET RESPONSE  You may respond to this survey via the Internet at the following web address: http://marvester.census.gov/isgmet 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 occated on the top line of the address section above.  GENERAL INSTRUCTIONS  Setore filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  I. Report for Defined Contribution and Postemployment Healthcare plans only.  Report dead of the complete sucks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASE) guidelines when reporting gains and losses on investments.  Report figures relating to all accounts and reserves of your system, including amounts for retirement, dissbility, 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.  Do not delay reporting to a wait finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION: Name of person completing report - Please print	FORM	
OMB No. 0607-0585. Approval Expires 06/30/2010  RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please 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  INTERNET RESPONSE  You will only need your User ID to access the Internet torm. Your User ID is the Inst 14 digits of the 18 digit ID ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  Report in players relating to all accounts and reserves of your system, including amounts for retirement, dissability, 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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	F-11(S) (2008)	Public-Employee Retirement Systems
In correspondence pertaining to this report, please refer to the ID printed above your address.  RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please 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  INTERNET RESPONSE  You will only need your User ID to access the Internet at the following web address: http://harvester.census.gov/sgmet You will only need your User ID to access the Internet torm. Your User ID is the first 14 digits of the 18 digit ID ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  Report figures relating to all accounts and reserves of your system, including amounts for retirement, disability, survivors, and other benefits, as well as any yamounts 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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.	(10/15/2008)	
RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffersonville, iN 47132-0001  If you have any questions, please 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  INTERNET RESPONSE  You will only need your User ID to access the internet at the following web address: http://harvester.census.gov/sgmet  You will only need your User ID to access the internet at the rollowing web address: http://harvester.census.gov/sgmet  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 pocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Your especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Lead to be be bell point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		•
RETURN TO: U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please call 1-88-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  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 hirst 14 digits of the 18 digit ID coated on the top line of the address section above.  GENERAL INSTRUCTIONS  Setore filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  Report in whole dollars. Exclude transfers between reserves of the system, and also any investment transactions relating to loans to system members.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please call 1-888-59-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  INTERNET RESPONSE  You may respond to this survey via the Internet at the following web address: http://harvester.census.gov/sgmet You will only need your User ID to access the Internet torm. Your User ID is the first 14 digits of the 18 digit ID ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Setore filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only. Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments. Report highers 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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.		In correspondence pertaining to this report, please refer to the ID printed above your address.
1201 East 10th Street Jeffersonville, IN 47132-0001  If you have any questions, please call 1-88-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  INTERNET RESPONSE  rou may respond to this survey via the Internet at the following web address: http://harvester.census.gov/sg/met rou will only need your User ID to access the Internet form. Your User ID is the first 14 digits of the 18 digit ID ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Title of person completing report - Please print		
If you have any questions, please 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    Please correct any errors in name, address, or ZIP Code.		
please call 1-885-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  INTERNET RESPONSE  You may respond to this survey via the Internet at the following web address: http://harvester.census.gov/sgfinet 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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  Report tor Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Do not obtain the properting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Title of person completing report - Please print  Title of person completing report - Please print		
please call 1-88-529-1963 weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  INTERNET RESPONSE  You may respond to this survey via the Internet at the following web address: http://harvester.census.gov/sgfmet 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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Do not only the profits of the profits of the profits of the system and also any investment transactions relating to loans to system members.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Lespondent information:  Title of person completing report - Please print		
weekdays, 8:00 a.m. to 5:30 p.m. EST.  Questions can also be e-mailed to: govs.retire@census.gov  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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially: L. Report for Defined Contribution and Postemployment Healthcare plans only. 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		
Questions can also be e-mailed to: govs.retire@census.gov  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 occated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially: L. Report for Defined Contribution and Postemployment Healthcare plans only. 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.  J. Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  J. Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
Please 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/sgmet 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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  I. Report for Defined Contribution and Postemployment Healthcare plans only.  Please correct any errors in name, address, or ZIP Code.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  B. 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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	5:30 p.m. EST.	
Please 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/sgmet 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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  I. Report for Defined Contribution and Postemployment Healthcare plans only.  Peport corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  Peport 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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Title of person completing report - Please print  Title of person completing report - Please print		
Please 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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  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.  3. Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  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	Questions can also be	
INTERNET RESPONSE You may respond to this survey via the Internet at the following web address: http://harvester.census.gov/sgmet 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 Ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before tilling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  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.  3. 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	- · · · · · · · · · · · · · · · · · · ·	
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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  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.  1. Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  3. Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	govs.retire@census.gov	
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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  General Instructions and instructions.  Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  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		
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 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 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 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 You will only need your User ID is the first 14 digits of the 18 digit ID You will only need your User ID is the first 14 digits of the 18 digit ID You will only need your User ID is the first 14 digits of the 18 digit ID You will only need your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digit ID Your User ID is the first 14 digits of the 18 digits ID Your User ID is the first 14 digits of the 18 digits ID Your User ID is the first 14 digits of the 18 digits ID Your User ID is the first 14 digits of the 18 digits ID Your User ID is the first 14 digits of the 18 digits ID Your User ID You		
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 ocated on the top line of the address section above.  GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  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		Please correct any errors in name, address, or ZIP Code.
General Instructions  And Instructions  General Instructions  And Instructions  And Instructions  General Instructions  And Instructions  General Instructions  And Instructions  General Instructions  General Instructions  General Instructions  General Instructions  And Instructions  General Instructions  Ge		
GENERAL INSTRUCTIONS  Health General Instructions and instructions and instructions.  GENERAL INSTRUCTIONS  Health General Instructions and instructions and instructions and instructions and instructions and instructions.  GENERAL INSTRUCTIONS  GENERAL INSTRUCTIONS  Health General Instructions and instructions and instructions and instructions.  GENERAL INSTRUCTIONS  Health General Instructions and instructions and instructions and instructions.  GENERAL INSTRUCTIONS  Health General Instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions and instructions.  Health General Instructions and instructions and instructions and instructions.  Health General Instruct		
GENERAL INSTRUCTIONS  Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  L. Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	ou may respond to this survey via the internet ou will only need your User ID to access the I	nternet form Your User ID is the first 14 digits of the 18 digit ID
Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  1. Report for Defined Contribution and Postemployment Healthcare plans only.  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.  3. Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  3. Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
Before filling out this form, please read carefully each part and all related definitions and instructions.  Note especially:  I. Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	OFN	EDAL INCEDITORIC
Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	GEN	ERAL INSTRUCTIONS
Report for <b>Defined Contribution</b> and <b>Postemployment Healthcare</b> plans only.  Report corporate stocks and bonds at <b>market value</b> , and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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. <b>Report in whole dollars.</b> Exclude transfers between reserves of the system, and also any investment transactions relating to loans to system members.  Do <b>not</b> delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen. <b>RESPONDENT INFORMATION:</b> Name of person completing report - <i>Please print</i> Title of person completing report - <i>Please print</i>	Before filling out this form, please read care	efully each part and all related definitions and instructions.
Report for Defined Contribution and Postemployment Healthcare plans only.  Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	lote especially:	
Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		stemployment Healthcare plans only.
Board (GASB) guidelines when reporting gains and losses on investments.  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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print	·	
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.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
Report in whole dollars. Exclude transfers between reserves of the system, and also any investment transactions relating to loans to system members.  Do not delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
transactions relating to loans to system members.  Do <b>not</b> delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
Do <b>not</b> delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - <i>Please print</i> Title of person completing report - <i>Please print</i>		
preliminary basis.  Use a black or blue ball point pen.  RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		
RESPONDENT INFORMATION:  Name of person completing report - Please print  Title of person completing report - Please print		anou ligaroo, ii ousotaritaan acourato ligaroo our so ouppilou ori a
Name of person completing report - <i>Please print</i> Title of person completing report - <i>Please print</i> Title of person completing report - <i>Please print</i>	. 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	Trains of person completing report 1 reads print	The or person compounts report it reads print
Area Code Telephone Number Extension E-mail Address - Please print		
	Area Code Telephone Number Extension	E-mail Address - <i>Please print</i>
PLAN INFORMATION FOR DEFINED CONTRIBUTION PLANS		contribution plan? Yes No
A. Does your system offer a defined contribution plan?  Yes No	· · · · · · · · · · · · · · · · · · ·	er this pension plan?
A. Does your system offer a defined contribution plan?  If not, skip to part 5.		· · · · — —
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No	Report summary data combining	all defined contribution plans.
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  Yes No I		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan? If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan? If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		
A. Does your system offer a defined contribution plan?  If not, skip to part 5.  B. Are new employees covered under this pension plan?  Yes No		

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT
Please continue on the next page

Р	art 2	2	MEMBERSHIP AND BENE	FITS FOR DEFINED CO	NTRIBUTION PI	_ANS
to th	nat pe	ermit	the figures requested below, as ted by your records. If detailed mark it with an asterisk (*).			
			RS OF YOUR RETIREMENT SYS beneficiaries.	TEM -		Number of Participants
	1.		<b>FIVE MEMBERS -</b> Current contribution plans		Z01DC	
	2.	INA exte	CTIVE MEMBERS - Former emplo ended leave without pay having ret eiving retirement benefit paymen	oyees and employees on militar ained retirement credits, but <b>no</b>	ry or other ot currently	
		100	or the series of	100	202DC	
Pá	art 3		RECEIPTS/PAYMENTS F	OR DEFINED CONTRIB	UTION PLANS	
A.			TS DURING FISCAL YEAR - Repo amounts received from repaym		·s.	
	1.	Tota	PLOYEE CONTRIBUTIONS - al amounts contributed by all meml			Employee Contributions
	2.		r salaries for financing benefits PLOYER (GOVERNMENT) CONT		X01DC	.00
		a.	From parent local governments government for financing of bene contributions or appropriations fo	s - Employer contributions from fits and parent government radministration or other	your	Government Contributions
			support of the system. Include at to your system		X04DC	.00
		b.	From other governments - State by the system from the state government and local governments on behalf of the	ernments either directly or throu amounts received from other		.00
	3.	earr	RNINGS ON INVESTMENTS - Intendings on investments. Exclude any es on investment transactions and	y recorded profits or recorded	er	Investment Earnings and Other Receipts
		a.	Interest Earnings		. Z71DC	.00
		b.	Dividend Earnings		Z72DC	.00
		C.	Other Investment Earnings Please specify		Z73DC	.00
		d.	Total Earnings on Investments	- Sum of items 3a through 3c .	X08DC	.00
	4.		HER RECEIPTS - Private gifts onations, and the like. Specify		Z95DC	.00
В.			NS/LOSSES ON INVESTMENTS both realized and unrealized gains		Z96DC Z91DC	Net Gains (Losses)
C.			ITS DURING FISCAL YEAR - Exc e of investments and for loans mad			
	1.	thei	HDRAWALS - Amounts paid to end of the provided of their complexities and the provided of their complexities the provided of the	contributions made by employe	es	00
			ng the period of their employment,	·		.00
	2.	ADI	MINISTRATIVE EXPENSES - Inclu	uae investment fees	Z93DC	.00
	3.	OTI	HER PAYMENTS - Specify		Z90DC	.00

DRAFT DRAFT DRAFT D	DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT
Please co	ontinue on the next page
1 10000 00	ontinde on the next page

## -DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT.

	Part	4 HOLDINGS AND INVESTMENTS FOR DEFINED CONTRIBU	JIION P	LANS Casii allu
A.	CAS	SH AND SHORT-TERM INVESTMENTS		Short-term
	1.	CASH ON HAND AND DEMAND DEPOSITS	Z88DC	.00
	2.	TIME OR SAVINGS DEPOSITS - Include certificates of deposit	Z87DC	.00
	3.	ALL OTHER SHORT-TERM INVESTMENTS - include securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous		
	4.	money market funds  TOTAL CASH AND SHORT-TERM INVESTMENTS -	Z68DC	.00
		Sum of items A1 through A3	X21DC	.00
В.	FED	PERAL GOVERNMENT SECURITIES		reuerai Governinent
	1.	<b>FEDERAL TREASURY SECURITIES -</b> Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank	Z89DC	.00
	2.	FEDERAL AGENCY SECURITIES - Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA.	Vaanc	00
	3.	Report directly held mortgages in Section E below	X33DC	.00
		Sum of items B1 and B2	X30DC	.00
C.	COF	RPORATE BONDS		Corporate Bonds
	1.	FEDERALLY-SPONSORED AGENCIES - Bonds and mortgage-backed securities (where applicable) issued by	70000	
	2.	FHLB, FHLMC, FNMA, Farm credit banks, and SLMA	Z62DC	.00
		bonds, and railroad equipment certificates	Z63DC	.00
	3.	TOTAL CORPORATE BONDS - Sum of items C1 and C2	Z77DC	.00
D.	COF	RPORATE STOCKS -		Corporate Stocks
	Inclu	ude common and preferred stocks, and warrants	Z78DC	.00
E.	MOI	RTGAGES HELD DIRECTLY - Exclude mortgage-backed securities, e reported at B2, C1, or C2; also exclude directly held real property	ļ	Mortgages Held Directly
		e reported at B2, C1, or C2; also <b>exclude</b> directly held real property e reported at item G1	X42DC	.00
F.	ОТН	IER SECURITIES		
	1.	INVESTMENTS HELD IN TRUST BY OTHER AGENCIES - Include funds administered by private agencies, guaranteed investment accounts, and your share of funds in		Other Securities
		governmental investment accounts	Z84DC	.00
	2.	STATE AND LOCAL GOVERNMENT SECURITIES	X35DC	.00
	3.	FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks	Z70DC	.00
	4.	OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans,		
		loans to members, etc. Specify	Z83DC	.00
	5.	TOTAL OTHER SECURITIES - Sum of items F1 through F4	X44DC	.00
G.	ОТН	HER INVESTMENTS		Other Investments
	1.	<b>REAL PROPERTY -</b> Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at G2		.00
	2.	OTHER INVESTMENTS - Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs -		
		Specify	X47DC	.00
	3.	TOTAL OTHER INVESTMENTS - Sum of items G1 and G2	Z82DC	.00
Н.	тот	AL CASH AND SECURITY HOLDINGS OF PUBLIC	F	loldings and Investments

-DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT-EMPLOYEE RETIREMENT SYSTEM -.00 Z81DC Please continue on the next page

	Part	5	PLAN INFORMATION FOR POSTEMPLOYMENT	HEA	LTH	CARE	PLANS
Α.	doe	s your	n to the defined contribution plans reported here, r system offer a postemployment healthcare plan? Yes to Part 9.		No		
В.					No		
C.	List Rep	all po ort su	stemployment healthcare plans that your system offers belommary data combining all postemployment healthcare plans	OW. IS.			
	Part	6	MEMBERSHIP AND BENEFITS FOR POSTEMPL	.OYM	ENT	HEAL	THCARE PLANS
	or th	ne moi	port the figures requested below, as of the last month of you nth nearest to that permitted by your records. If detailed fig ter an estimate and mark it with an asterisk (*).				able for an item,
			S OF YOUR RETIREMENT SYSTEM -				Number of
	Exc		eneficiaries.  IVE MEMBERS - Current contributors in contributory systems,				Participants
	_		nployees in non-contributory plans.  Members who are at least 65 years of age.		720	OHC	
			Members who are under the age of 65.			LHC	
			Total active members -			LHC	
	-		Sum of items 1a and 1b		201	Inc	
	2.	other	CTIVE MEMBERS - Former employees and employees on militar extended leave without pay having retained retirement credits, ot currently receiving retirement benefit payments.	ry or			
		a.	Inactive members who are at least 65 years of age.		Z22	2HC	
		b.	Inactive members who are under the age of 65.		Z23	ВНС	
		c.	Total inactive members - Sum of items 2a and 2b		Z02	2HC	

-DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT
Please continue on the next page

Pá	art 7	RECEIPTS/PAYMENTS FOR POSTEMPLOYMENT HE	EALTHCAR	E PLANS
Α.		CEIPTS DURING FISCAL YEAR - Report receipts for your fiscal year. clude amounts received from repayment of loans made to members.	Employee	
	1.	EMPLOYEE CONTRIBUTIONS - Total amounts contributed by all member employees or withheld from their salaries for financing benefits	X01HC	Employee 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		Government Contributions
		to your system	X04HC	.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	X05HC	.00
	3.	EARNINGS ON INVESTMENTS - Interest, dividends, rents, and other	Austric	.00
	Э.	earnings on investments. Exclude any recorded profits or recorded losses on investment transactions and report in Section B below.		Investment Earnings and Other Receipts
		a. Interest Earnings	Z71HC	.00
		b. Dividend Earnings	Z72HC	.00
		c. Other Investment Earnings Please specify	Z73HC	.00
		d. Total Earnings on Investments - Sum of items 3a through 3c	X08HC	.00
	4.	OTHER RECEIPTS - Private gifts		
		or donations, and the like. Specify	Z95HC	.00
B.		GAINS/LOSSES ON INVESTMENTS IN MARKET/FAIR VALUE - lude both realized and unrealized gains (losses)	Z96HC Z91HC	Net Gains (Losses)
C.		YMENTS DURING FISCAL YEAR - Exclude amounts paid out for chase of investments and for loans made to members.		Payments
	1.	HEALTHCARE PREMIUMS TO INSURANCE CARRIERS	Z94HC	.00
	2.	CLAIMS PAID	Z86HC	.00
	2.	ADMINISTRATIVE EXPENSES - Include investment fees	Z93HC	.00
	3.	OTHER PAYMENTS - Specify	Z90HC	.00

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT
Please continue on the payt page
Please continue on the next page

	Part	8 HOLDINGS AND INVESTMENTS FOR POSTEMPLOYME		
A.	CAS	SH AND SHORT-TERM INVESTMENTS		Short-term
	1.	CASH ON HAND AND DEMAND DEPOSITS	Z88HC	.00
	2.	TIME OR SAVINGS DEPOSITS - Include certificates of deposit	Z87HC	.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.	Z68HC	.00
	4.	TOTAL CASH AND SHORT-TERM INVESTMENTS -	20000	.00
	4.	Sum of items A1 through A3	X21HC	.00
В.	FED	ERAL GOVERNMENT SECURITIES		Federal Government
	1.	<b>FEDERAL TREASURY SECURITIES -</b> Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank	Z89HC	.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	ХЗЗНС	.00
	3.	TOTAL FEDERAL GOVERNMENT SECURITIES -	Г	
•	001	Sum of items B1 and B2	X30HC	.00
C.	1.	RPORATE BONDS  FEDERALLY-SPONSORED AGENCIES - Bonds and		<b>Corporate Bonds</b>
	1.	mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA	Z62HC	.00
	2.	CORPORATE BONDS, OTHER - Include debentures, convertible bonds, and railroad equipment certificates	Z63HC	.00
	3.	TOTAL CORPORATE BONDS - Sum of items C1 and C2	Z77HC	.00
D.	COF	RPORATE STOCKS -	г	Corporate Stocks
		ude common and preferred stocks, and warrants	Z78HC	.00
E.	MOI	DTCACES HELD DIDECTLY - Evolude mortgage-backed securities		
		RTGAGES HELD DIRECTLY - Exclude mortgage-backed securities, e reported at B2, C1, or C2; also exclude directly held real property e reported at item G1	X42HC	Mortgages Held Directly .00
F.	to be			
F.	to be	e reported at item G1		
F.	OTH	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.	X42HC Z84HC	Other Securities
F.	to be	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.  STATE AND LOCAL GOVERNMENT SECURITIES	X42HC	.00 Other Securities
F.	to be OTH 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.	X42HC Z84HC	Other Securities
F.	to be OTH 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.  STATE AND LOCAL GOVERNMENT SECURITIES - FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans,	X42HC Z84HC X35HC	Other Securities .00
F.	to be OTH 1. 2. 3.	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.  STATE AND LOCAL GOVERNMENT SECURITIES - FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional	X42HC Z84HC X35HC	Other Securities .00
F.	to be OTH 1. 2. 3.	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.  STATE AND LOCAL GOVERNMENT SECURITIES  FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc.  Specify.	X42HC Z84HC X35HC Z70HC	.00 Other Securities .00 .00
F.	to be OTH 1.  2. 3. 4.	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.  STATE AND LOCAL GOVERNMENT SECURITIES  FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc.  Specify.	X42HC  Z84HC  X35HC  Z70HC	.00 Other Securities .00 .00 .00
	to be OTH 1.  2. 3. 4.	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.  STATE AND LOCAL GOVERNMENT SECURITIES  FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify.  TOTAL OTHER SECURITIES - Sum of items F1 through F4	Z84HC X35HC Z70HC Z83HC X44HC	.00 Other Securities .00 .00 .00 .00
	1. 2. 3. 4. OTH	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.  STATE AND LOCAL GOVERNMENT SECURITIES - FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify	Z84HC X35HC Z70HC Z83HC X44HC	.00 Other Securities .00 .00 .00 .00 Other Investments
	to be OTH 1.  2. 3. 4.  5.  OTH 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.  STATE AND LOCAL GOVERNMENT SECURITIES  FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify.  TOTAL OTHER SECURITIES - Sum of items F1 through F4  IER INVESTMENTS  REAL PROPERTY - Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at G2  OTHER INVESTMENTS - Include venture capital, partnerships,	Z84HC X35HC Z70HC Z83HC X44HC	.00 Other Securities .00 .00 .00 .00 Other Investments
	to be OTH 1.  2. 3. 4.  5.  OTH 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.  STATE AND LOCAL GOVERNMENT SECURITIES  FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify.  TOTAL OTHER SECURITIES - Sum of items F1 through F4  IER INVESTMENTS  REAL PROPERTY - Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at G2  OTHER INVESTMENTS - Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs - Specify.	Z84HC X35HC Z70HC Z83HC X44HC	.00 Other Securities .00 .00 .00 .00 Other Investments .00
	to be OTH 1.  2. 3. 4.  5. OTH 1. 2.	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.  STATE AND LOCAL GOVERNMENT SECURITIES  FOREIGN AND INTERNATIONAL SECURITIES - Include corporate equities and corporate stocks.  OTHER SECURITIES - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify.  TOTAL OTHER SECURITIES - Sum of items F1 through F4.  IER INVESTMENTS  REAL PROPERTY - Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at G2  OTHER INVESTMENTS - Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs -	Z84HC X35HC Z70HC Z83HC X44HC X44HC X46HC	.00 Other Securities .00 .00 .00 .00 Other Investments .00

<b>EMPLOYEE RETIREMENT SY</b> Sum of items A through G	STEM - Please continue on the	 next page	Z81HC	.00
EMPLOYEE RETIREMENT SY Sum of items A through G	STEM - Please continue on the	next page	Z81HC	.00
EMPLOYEE RETIREMENT SY Sum of items A through G	STEMPlease continue on the	next page	Z81HC	.00
EMPLOYEE RETIREMENT SY Sum of items A through G	STEM - Please continue on the	next page	Z81HC	.00
EMPLOYEE RETIREMENT SY Sum of items A through G	STEM - Please continue on the	next page	Z81HC	.00
EMPLOYEE RETIREMENT SY Sum of items A through G	STEM - Please continue on the	next page	Z81HC	.00
EMPLOYEE RETIREMENT SY Sum of items A through G	STEM - Please continue on the	next page	Z81HC	.00

-DRAFT DRAFT DRAFT.

REMARKS	
Thank you for your report. Please return to:	U.S. Census Bureau
•	1201 East 10th Street Jeffersonville, IN 47132-0001
	Thank you for your report. Please return to:

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 4.0 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, U.S. Census Bureau, 4600 Silver Hill Road, Room 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0585" as the subject.

## **Census Use Only**

BEG	REV	EXP	END
REP	DIFF	V98	

-DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT