



2012 CENSUS OF GOVERNMENTS SURVEY OF PUBLIC PENSIONS State Administered Defined Benefit Plans

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 EST
- **Email**
govs.pensions@census.gov

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

REPORT ON LINE: It's fast and secure. Respond to this survey via the Internet at the following web address using the supplied User ID and Password: <https://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) **and** the most recent actuarial report 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 Healthcare plans in your 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 the 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 your 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, and also any loans to system members.
6. Do **not** delay reporting to await final figures, if substantially accurate figures can be supplied on a preliminary basis.
7. Use a black or blue ball point pen. Do not use pencil or felt-tip pen.



17122011

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

Street 1

Street 2

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART 1 – RETIREMENT SYSTEM COVERAGE AND ORGANIZATIONAL INFORMATION

2 Which one of the following best describes your 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 your plan.
- B. All members of your 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.

PART 2 – PLAN INFORMATION FOR DEFINED BENEFIT PLANS

3 Are new employees covered under this defined benefit plan?

- Yes No

4 In addition to the defined benefit plan reported on this form, does this public retirement system offer a defined contribution plan?

- Yes No

5 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

6 What is the retirement system's fiscal year end date?

MM	DD	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 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	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>



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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.)

\$Bil.	Mil.	Thou.	Dol.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	1 2 3	4 5 6	7 8 0

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

\$Bil.	Mil.	Thou.	Dol.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	7 8 9 0

8 What was the total number of members of your retirement system during the last month of the fiscal year indicated in **7**?

Exclude
• Beneficiaries

A. Active members – Current contributors in contributory systems or employees in non-contributory systems.

	Number of Members
1. Employed by your state government Include • State institutions and agencies	<input type="text"/>
2. Employed by your local governments Include • Local agencies.	<input type="text"/>
3. TOTAL - (Sum of items A1. through A2.)..... Z01	<input type="text"/>

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	<input type="text"/>
2. Non-vested	<input type="text"/>
3. TOTAL - (Sum of items B1. through B2.)..... Z02	<input type="text"/>

9 What was the total number of retirees and beneficiaries and payments made during the last month of the fiscal year indicated in **7**? Provide estimates if detailed data are not available.

	Number of Retirees/ Beneficiaries	Amount Paid during Month			
		\$Bil.	Mil.	Thou.	Dol.
A. Former active members of system, retired on account of age or service Z03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Former active members of system, retired on account of disability Z04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Survivors of deceased former active members. Z05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 What was the total number of payees and amount of lump-sum payments made during the fiscal year indicated in **7**?

	Number of Payees	Amount Paid during Month			
		\$Bil.	Mil.	Thou.	Dol.
A. Withdrawals and other one time payments made to members of a deferred retirement option plan (DROP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 A. above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue with **10** on the next page



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C. Lump-sum (nonrecurrent) payments made to survivors of deceased former active members	Number of Payees	Amount Paid during Month			
		\$Bil.	Mil.	Thou.	Dol.
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART 5 – RECEIPTS/PAYMENTS FOR DEFINED BENEFIT PLANS

11 What was the amount of receipts during the fiscal year indicated in 7?

Exclude

- Amounts received from repayment of loans made to members

A. Employee contributions – Total amounts contributed by all member employees or withheld from their salaries for financing benefits

		\$Bil.	Mil.	Thou.	Dol.
1. State employees - From employees of the state government, including employees of state colleges and other state institutions and agencies. X01		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Local employees - From employees of the counties, cities, local public schools, and other local government agencies. X02		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B. Employer (government) contributions – Total amounts received from state and local governments for financial support of your system, including any taxes credited directly to the system.

		\$Bil.	Mil.	Thou.	Dol.
1. State government contributions		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
a. State contributions to own system on behalf of state employees. Z99		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. State contributions to own system on behalf of local employees. V87		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. TOTAL - (Sum of items 1a. through 1b.) X06		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Local government contributions – From counties, cities, local public schools, and other local government agencies. X05		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C. Earnings on investments – Interest, dividends, rents, and other earnings on investments.

Exclude

- Recorded profits on investments transactions (report in section E.)
- Recorded losses on investments transactions (report in section E.)

Include

- Interest
- Dividends
- Rents
- Other earnings on investments

		\$Bil.	Mil.	Thou.	Dol.
1. Rentals from the state government	Z98	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Interest earnings	Z71	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Dividend earnings	Z72	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Other investment earnings – Specify: ↴		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	Z73	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. TOTAL - (Sum of items C1. through C4.)	X08	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Continue with 11 on the next page



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D. Other receipts

Include

- Private gifts
- Donations

Specify:

Other Receipts											
\$Bil.	Mil.			Thou.			Dol.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Gains and losses on investments

Gains and Losses											
\$Bil.	Mil.			Thou.			Dol.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12 What was the amount of payments during the fiscal year indicated in 7?

Exclude

- Amounts paid out for purchase of investments
- Loans made to members

A. Benefit payment – Report annual amounts

Payments											
\$Bil.	Mil.			Thou.			Dol.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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C. Administrative expenses

Include

- Investment fees

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D. Other payments – Specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART 6 – CASH AND INVESTMENTS FOR DEFINED BENEFIT PLANS

13 What was the amount of cash and investments during the fiscal year indicated in **7**?

		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				
a.	Repurchase agreements				
b.	Commercial company paper				
c.	Financial company paper				
d.	Bankers acceptances				
e.	Money market mutual funds				
f.	Investments held in trust funds				
	Include				
	• Shares of collective investment funds				
	• Short-term investment funds and/or pools				
	• Employee benefit trust funds				
g.	TOTAL - (Sum of items A3a. through A3f.)				
4.	TOTAL - (Sum of items A1. through A3.) X68				

		Federal Government Securities			
		\$Bil.	Mil.	Thou.	Dol.
B. Federal government securities					
1.	Federal treasury securities – Obligations of the US 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. Report directly held mortgages in Section E below X33				
b.	Federally-sponsored agencies - Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, and Farm credit banks Z62				
3.	TOTAL - (Sum of items B1. through B2.) X30				



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Continue with **13** on the next page

C. Corporate bonds, domestic

Include

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

				Corporate Bonds			
	\$Bil.			Mil.		Thou.	Dol.

D. Corporate stocks, domestic

Include

- Common and preferred stocks
- Warrants
- Private equity
- Venture capital
- Leverage buy-outs
- Investments in REITs

Exclude

- Short term money market mutual funds (reported in A3c. above)
- Other mutual funds (report in H.)
- Hedge funds (report in I.) Z78

				Corporate Stocks			
	\$Bil.			Mil.		Thou.	Dol.

E. Foreign and international securities

Include

- Corporate equities
- Corporate stocks

Exclude

- Foreign government (report in J.)

1. Corporate foreign stocks
2. Corporate foreign bonds
3. **TOTAL** - (Sum of items 2a. through 2b.) Z70

				Foreign and International Securities			
	\$Bil.			Mil.		Thou.	Dol.

F. Mortgages held directly

Exclude

- Mortgage-backed securities (to be reported in items B2., C1.)
- Directly held real property (report in item G1.) . . . X42

				Mortgages Held Directly			
	\$Bil.			Mil.		Thou.	Dol.

G. Other non-governmental securities

Include

- Funds administered by private agencies
- Guaranteed investment accounts
- Your share of funds in governmental investment accounts. Z84

				Other Securities			
	\$Bil.			Mil.		Thou.	Dol.

H. Mutual funds

Exclude

- Short term money market mutual funds (reported in A3e.)
- Hedge funds (report in I.)

				Mutual Funds			
	\$Bil.			Mil.		Thou.	Dol.

				Hedge Funds			
	\$Bil.			Mil.		Thou.	Dol.

I. Hedge funds.

Continue with 13 on the next page



17122078

J. Other investments

Other Investments
\$Bil. Mil. Thou. Dol.

1. Real property – Report only directly held property. (Report property held in investment trusts and in pooled or partnership agreements in item G2.) . . . X46

2. Other investments
Include
• Partnerships
• State and local government securities

Specify: . . . X47

3. Other securities
Include
• Shares held in conditional sales contracts
• Direct loans
• Foreign currency
• Foreign governments
• Derivatives
• Guaranteed investment contracts
• Annuities
• Life insurance
• Loans to members

Specify: . . . Z83

4. **TOTAL** - (Sum of items G1. through G3.) Z82

Holdings and Investments

\$Bil. Mil. Thou. Dol.

K. TOTAL - (Sum of totals A. through I.) Z81

PART 7 – ACTUARIAL INFORMATION FOR DEFINED BENEFIT PLANS

14 What is the date for your Actuarial Valuation Report? (MM) (DD) (YYYY)
Report the data for the Actuarial Valuation Report that corresponds to the fiscal year reported in **7**?

15 What is the amount of funds associated with the Actuarial Accrued Liability (ALL)?

Actuarial Accrued Liability Amount

\$Bil. Mil. Thou. Dol.

A. Estimate of pension fund's Actuarial Accrued Liability – This value can be obtained from the Schedule of Funding Progress report Z17

B. Membership amounts – Amount of the Actuarial Accrued Liability (AAL) for members and beneficiaries of your pension system

1. Active members - Current contributors in contributory systems, or employees in noncontributory systems

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

3. Beneficiaries receiving periodic benefit payments during month



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16 What is the amount of covered payroll? This value can be obtained from the Schedule of Funding Progress report.

Covered Payroll											
\$Bil.			Mil.			Thou.			Dol.		

17 What is the amount of Employer Normal Cost or Service Cost? Report as a dollar amount or percentage of Covered Payroll. If only Normal Cost is available, report that value instead and mark "X" box below.

Normal or Service Cost											
\$Bil.			Mil.			Thou.			Dol.		

Reported amount represents Total Normal Cost

OR

			%
--	--	--	---

18 Are members required to contribute to the Normal Cost or Service Cost?

- Yes
- No - Go to 20

Percentage of Covered Payroll Contributed

			%
--	--	--	---

19 What percentage of Covered Payroll are members required to contribute?

20 What is the amount of the pension fund's Annual Required contribution (ARC)? This value can be obtained from the Schedule of Employer Contributions report.

Annual Required Contribution											
\$Bil.			Mil.			Thou.			Dol.		

21 What is the Actuarial Cost Method used to produce the above estimates? Mark "X" only one box.

- Entry Age / Entry Age Normal
- Projected Unit Credit
- Attained Age
- Aggregate
- Frozen Entry Age
- Frozen Attained Age
- Other - Specify:

22 What is the Investment Rate of Return or Discount Rate used in the actuarial valuation?

Investment Rate or Discount Rate

			%
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23 Were Cost-of-Living Adjustments (COLA) made to pension benefits after retirement for fiscal year reported in **7**? Mark "X" all that apply.

**If more than one box is selected, explain different options in PART 8 - REMARKS.*

- Yes – COLA is greater than CPI
- Yes – COLA is less than CPI
- Yes – COLA is equal to CPI
- Yes – Other
- No

PART 8 – REMARKS

24 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.

[Large empty rectangular box for providing remarks]

PART 9 – CONTACT INFORMATION

25 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

**Thank you for completing this form.
Retain a copy of the completed questionnaire for your records.**

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 hour to 8 hours per response, with an average of 2.5 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.



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