

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
FORM  
**F-11(S) (2008)**  
(10/15/2008)

### 2008 Supplemental Survey of Locally Administered Public-Employee Retirement Systems

OMB No. 0607-0585: Approval Expires 06/30/2010

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

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 located 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:

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.
4. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
5. Use a black or blue ball point pen.

#### RESPONDENT INFORMATION:

Name of person completing report - *Please print*

Title of person completing report - *Please print*

Area Code Telephone Number Extension

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E-mail Address - *Please print*

#### Part 1

#### PLAN INFORMATION FOR DEFINED CONTRIBUTION PLANS

- A. Does your system offer a defined contribution plan? Yes  No   
If not, skip to part 5.
- B. Are new employees covered under this pension plan? Yes  No
- C. List all defined contribution plans that your system offers below.  
Report summary data combining all defined contribution plans.

Please continue on the next page

**Part 2**

**MEMBERSHIP AND BENEFITS FOR DEFINED CONTRIBUTION PLANS**

Please report the figures requested below, as of the last month of your fiscal year or the month nearest to that permitted by your records. If detailed figures are not available for an item, please enter an estimate and mark it with an asterisk (\*).

**MEMBERS OF YOUR RETIREMENT SYSTEM -**  
Exclude beneficiaries.

**Number of  
Participants**

- 1. **ACTIVE MEMBERS** - Current contributors in contributory systems, or employees in non-contributory plans . . . . . Z01DC
- 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.** . . . . . Z02DC

**Part 3**

**RECEIPTS/PAYMENTS FOR DEFINED CONTRIBUTION PLANS**

**A. RECEIPTS DURING FISCAL YEAR -** Report receipts for your fiscal year. Exclude amounts received from repayment of loans made to members.

- 1. **EMPLOYEE CONTRIBUTIONS -**  
Total amounts contributed by all member employees or withheld from their salaries for financing benefits. . . . . X01DC  **Employee Contributions** .00

2. **EMPLOYER (GOVERNMENT) CONTRIBUTIONS**

- a. **From parent local governments** - Employer contributions from your government for financing of benefits and parent government contributions or appropriations for administration or other support of the system. Include any local taxes credited directly to your system. . . . . X04DC  **Government Contributions** .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 . . . . . X05DC  .00

3. **EARNINGS ON INVESTMENTS** - Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits or recorded losses on investment transactions and report in Section B below. **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. **OTHER RECEIPTS** - Private gifts or donations, and the like. Specify. .  Z95DC  .00

**B. NET GAINS/LOSSES ON INVESTMENTS IN MARKET/FAIR VALUE -** Z96DC  
Include both realized and unrealized gains (losses). . . . . Z91DC  **Net Gains (Losses)**

**C. PAYMENTS DURING FISCAL YEAR -** Exclude amounts paid out for purchase of investments and for loans made to members.

- 1. **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. X12DC  .00

- 2. **ADMINISTRATIVE EXPENSES** - Include investment fees. . . . . Z93DC  .00

- 3. **OTHER PAYMENTS** - Specify. . . .  Z90DC  .00

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**EMPLOYEE RETIREMENT SYSTEM -**

Sum of items A through G . . . . .

Z81DC

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.00

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**Part 5**

**PLAN INFORMATION FOR POSTEMPLOYMENT HEALTHCARE PLANS**

- A. In addition to the defined contribution plans reported here, does your system offer a postemployment healthcare plan? If not, skip to Part 9. Yes  No
- B. Are new employees covered under this healthcare plan? Yes  No
- C. List all postemployment healthcare plans that your system offers below. Report summary data combining all postemployment healthcare plans.

**Part 6**

**MEMBERSHIP AND BENEFITS FOR POSTEMPLOYMENT HEALTHCARE PLANS**

Please report the figures requested below, as of the last month of your fiscal year or the month nearest to that permitted by your records. If detailed figures are not available for an item, please enter an estimate and mark it with an asterisk (\*).

**MEMBERS OF YOUR RETIREMENT SYSTEM -**  
Exclude beneficiaries.

**Number of  
Participants**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. <b>ACTIVE MEMBERS</b> - Current contributors in contributory systems, or employees in non-contributory plans.           <ul style="list-style-type: none"> <li>a. <b>Members who are at least 65 years of age.</b></li> <li>b. <b>Members who are under the age of 65.</b></li> <li>c. <b>Total active members -</b><br/>Sum of items 1a and 1b</li> </ul> </li> <li>2. <b>INACTIVE MEMBERS</b> - Former employees and employees on military or other extended leave without pay having retained retirement credits, but not currently receiving retirement benefit payments.           <ul style="list-style-type: none"> <li>a. <b>Inactive members who are at least 65 years of age.</b></li> <li>b. <b>Inactive members who are under the age of 65.</b></li> <li>c. <b>Total inactive members -</b><br/>Sum of items 2a and 2b</li> </ul> </li> </ul> | <p>Z20HC <input type="text"/></p> <p>Z21HC <input type="text"/></p> <p>Z01HC <input style="border: 2px solid blue;" type="text"/></p> <p>Z22HC <input type="text"/></p> <p>Z23HC <input type="text"/></p> <p>Z02HC <input style="border: 2px solid blue;" type="text"/></p> |
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**Part 7**

**RECEIPTS/PAYMENTS FOR POSTEMPLOYMENT HEALTHCARE PLANS**

<b>A. RECEIPTS DURING FISCAL YEAR - Report receipts for your fiscal year. Exclude amounts received from repayment of loans made to members.</b>			
<b>1. EMPLOYEE CONTRIBUTIONS -</b>			<b>Employee Contributions</b>
Total amounts contributed by all member employees or withheld from their salaries for financing benefits. . . . .	X01HC		.00
<b>2. EMPLOYER (GOVERNMENT) CONTRIBUTIONS</b>			
<b>a. From parent local governments -</b> Employer contributions from your government for financing of benefits and parent government contributions or appropriations for administration or other support of the system. Include any local taxes credited directly to your system. . . . .	X04HC		<b>Government Contributions</b> .00
<b>b. From other governments -</b> 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
<b>3. EARNINGS ON INVESTMENTS -</b> Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits or recorded losses on investment transactions and report in Section B below.			<b>Investment Earnings and Other Receipts</b>
<b>a.</b> Interest Earnings . . . . .	Z71HC		.00
<b>b.</b> Dividend Earnings. . . . .	Z72HC		.00
<b>c.</b> Other Investment Earnings Please specify. . . . .	Z73HC		.00
<b>d. Total Earnings on Investments -</b> Sum of items 3a through 3c . . . .	X08HC		.00
<b>4. OTHER RECEIPTS -</b> Private gifts or donations, and the like. Specify. .	Z95HC		.00
<b>B. NET GAINS/LOSSES ON INVESTMENTS IN MARKET/FAIR VALUE -</b>			<b>Net Gains (Losses)</b>
<b>Include</b> both realized and unrealized gains (losses). . . . .	Z96HC Z91HC		
<b>C. PAYMENTS DURING FISCAL YEAR - Exclude</b> amounts paid out for purchase of investments and for loans made to members.			<b>Payments</b>
<b>1. HEALTHCARE PREMIUMS TO INSURANCE CARRIERS . . . . .</b>	Z94HC		.00
<b>2. CLAIMS PAID . . . . .</b>	Z86HC		.00
<b>2. ADMINISTRATIVE EXPENSES -</b> Include investment fees. . . . .	Z93HC		.00
<b>3. OTHER PAYMENTS -</b> Specify. . . .	Z90HC		.00

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**Part 8 HOLDINGS AND INVESTMENTS FOR POSTEMPLOYMENT HEALTHCARE PLANS**

		Cash and Short-term Investments
<b>A. CASH AND SHORT-TERM INVESTMENTS</b>		
1.	<b>CASH ON HAND AND DEMAND DEPOSITS</b> . . . . .	Z88HC .00
2.	<b>TIME OR SAVINGS DEPOSITS</b> - Include certificates of deposit . . . . .	Z87HC .00
3.	<b>ALL OTHER SHORT-TERM INVESTMENTS</b> - include securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous money market funds. . . . .	Z68HC .00
4.	<b>TOTAL CASH AND SHORT-TERM INVESTMENTS</b> - Sum of items A1 through A3. . . . .	X21HC .00
<b>B. FEDERAL GOVERNMENT SECURITIES</b>		
<b>Federal Government Securities</b>		
1.	<b>FEDERAL TREASURY SECURITIES</b> - Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank. . . . .	Z89HC .00
2.	<b>FEDERAL AGENCY SECURITIES</b> - 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. . . . .	X33HC .00
3.	<b>TOTAL FEDERAL GOVERNMENT SECURITIES</b> - Sum of items B1 and B2. . . . .	X30HC .00
<b>C. CORPORATE BONDS</b>		
<b>Corporate Bonds</b>		
1.	<b>FEDERALLY-SPONSORED AGENCIES</b> - Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA . . . . .	Z62HC .00
2.	<b>CORPORATE BONDS, OTHER</b> - Include debentures, convertible bonds, and railroad equipment certificates . . . . .	Z63HC .00
3.	<b>TOTAL CORPORATE BONDS</b> - Sum of items C1 and C2. . . . .	Z77HC .00
<b>D. CORPORATE STOCKS</b>		
<b>Corporate Stocks</b>		
	Include common and preferred stocks, and warrants. . . . .	Z78HC .00
<b>E. MORTGAGES HELD DIRECTLY</b> - Exclude mortgage-backed securities, to be reported at B2, C1, or C2; also exclude directly held real property to be reported at item G1 . . . . .		
<b>Mortgages Held Directly</b>		
		X42HC .00
<b>F. OTHER SECURITIES</b>		
<b>Other Securities</b>		
1.	<b>INVESTMENTS HELD IN TRUST BY OTHER AGENCIES</b> - Include funds administered by private agencies, guaranteed investment accounts, and your share of funds in governmental investment accounts. . . . .	Z84HC .00
2.	<b>STATE AND LOCAL GOVERNMENT SECURITIES</b> . . . . .	X35HC .00
3.	<b>FOREIGN AND INTERNATIONAL SECURITIES</b> - Include corporate equities and corporate stocks. . . . .	Z70HC .00
4.	<b>OTHER SECURITIES</b> - Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. Specify. . . . .	Z83HC .00
5.	<b>TOTAL OTHER SECURITIES</b> - Sum of items F1 through F4 . . . . .	X44HC .00
<b>G. OTHER INVESTMENTS</b>		
<b>Other Investments</b>		
1.	<b>REAL PROPERTY</b> - Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at G2 . . . . .	X46HC .00
2.	<b>OTHER INVESTMENTS</b> - Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs - Specify. . . . .	X47HC .00
3.	<b>TOTAL OTHER INVESTMENTS</b> - Sum of items G1 and G2. . . . .	Z82HC .00
<b>H. TOTAL CASH AND SECURITY HOLDINGS OF PUBLIC</b>		
<b>Holdings and Investments</b>		

**EMPLOYEE RETIREMENT SYSTEM -**

Sum of items A through G . . . . .

Z81HC

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**Part 9**

**REMARKS**

**Thank you for your report. Please return to:**

U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

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](mailto:Paperwork@census.gov); use "**Paperwork Project 0607-0585**" as the subject.

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