OMB No. 0607-0585: Approval Expires 09/30/2002

FORM **F-11**
(6-30-2000)

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

2000 ANNUAL SURVEY OF LOCALLY ADMINISTERED PUBLIC-EMPLOYEE RETIREMENT SYSTEMS

RETURN TO

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

Data supplied by

Name

Title

Telephone

Area code | Number

In correspondence pertaining to this report, please refer to the Census File Number above your address.

(Please correct any error in name, address, and ZIP Code)

CENSUS USE ONLY	BEG	REV	EXP	END
	REP	DIFF	V98	

IMPORTANT

Please provide data for your fiscal year that ended between July 1, 1999 and June 30, 2000. Mark (X) appropriate box to indicate ending date of your government's fiscal year (12-month accounting period) and report data for this period only. **Use the fiscal year called for by this instruction even though a more recent one may be available.**

1999		2000	
☐ July	☐ October	☐ January	☐ April
☐ August	☐ November	☐ February	☐ May
☐ September	☐ December	☐ March	☐ June

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 the size of their service areas, the amount of the population served, and the extent and complexity of their financial accounts. We estimate public reporting burden for this collection of information to vary from 1.5 to 8.0 hours per response, with an average of 2.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Associate Director for Finance and Administration, Paperwork Reduction Project 0607-0585, Room 3104, FB 3, U.S. Census Bureau, Washington, DC 20233-0001.

BASIC INSTRUCTIONS AND SUGGESTIONS

Before filling out this form, please read carefully each part and all related definitions and instructions. **Note especially:**

1. Please report figures for your system's fiscal year that **ended between July 1, 1999 and June 30, 2000,** and indicate the closing date of the reported fiscal year in the space provided above.

2. 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. **Please complete all parts of the form.** If some items do not apply to your system, do not merely leave them blank, but enter "None" or a dash in the reporting space provided.

4. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.

5. If you have any questions, please call 1–(800)–242–4523.

CONTINUE WITH PART I ON PAGE 2

PLEASE RETAIN A COPY OF THE COMPLETED QUESTIONNAIRE FOR YOUR FILES

Part I FINANCES

Item	Amount — *Omit cents*
A. RECEIPTS DURING FISCAL YEAR — *Exclude amounts received from sale of investments and from repayment of loans made to members.*	
1. Employee contributions — Total amounts contributed by employees or withheld from their salaries for financing of benefits.	XØ1 $ .00
2. Government contributions	XØ4 .00
a. From parent local government — 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.*	
b. From other governments — State aid or shared taxes received by the system from the State government either directly or through the parent local government and amounts received from other local governments on behalf of their employees.	XØ5 .00
3. Earnings on investments — Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits on investment transactions and report at section A, line 4b. *Also exclude any recorded losses on investment transactions and report at section B, line 3c below.*	
a. Dividends — Z72 $ .00	
b. Other earnings on investments — Z73 .00	
c. Total earnings on investments — *Sum of items 3a through 3b* →	XØ8 .00
4. Other receipts	Z97 .00
a. Any amounts for transmittal to Federal Social Security system	
b. Gains on sale of investments — *Exclude unrealized gains. If specific information, on realized gains only, is not available, please provide an estimate and note this under Remarks on page 4.*	Z96 .00
c. Other — Private gifts or donations, and the like — *Specify*	Z95 .00
B. PAYMENTS DURING FISCAL YEAR — *Exclude amounts paid out for purchase of investments and for loans made to members.*	
1. Benefits paid — Retirement, disability, survivors, and other benefits	X11 .00
2. Withdrawals — Amounts paid to employees or former employees or their survivors, representing return of contributions made by employees during the period of their employment, and any interest on such amounts	X12 .00
3. Other payments — Administrative expenses and other costs or payments not representing benefit payments or withdrawals.	
a. Administration — *Include investment fees*	Z93 .00
b. Any amounts paid to Federal Social Security system	Z92 .00
c. Losses on sale of investments	Z91 .00
d. Other — *Specify*	Z9Ø .00
C. CASH AND INVESTMENTS AT END OF FISCAL YEAR	
1. Cash and short-term investments	
a. Cash on hand and demand deposits — Z88 $ .00	
b. Time or savings deposits — *Include certificates of deposit* — Z87 .00	
c. All other short-term investments, including securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous money market funds — Z68 .00	
d. Total cash and short-term investments — *Sum of items 1a through 1c* →	X21 .00
2. Federal Government securities	
a. Federal securities — Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank — Z89 $ .00	
b. 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 at item 5.* — X33 .00	
c. Total Federal Government securities — *Sum of items 2a and 2b* →	X3Ø .00
3. Corporate bonds (at book value)	
a. Federally-sponsored agency securities — Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA. — Z67 $ .00	
b. Other corporate bonds — *Include debentures, convertible bonds, and railroad equipment certificates.* — Z79 .00	
c. Corporate bonds (at book value) — *Sum of items 3a and 3b* →	X4Ø .00
4. Corporate stocks (at book value) — *Include common and preferred stocks, and warrants.*	X41 .00

Part I FINANCES — Continued

Item	Amount — *Omit cents*
C. CASH AND INVESTMENTS AT END OF FISCAL YEAR — Continued	X42
5. Mortgages held directly — *Exclude mortgage-backed securities, to be reported at 2b, 3a, or 3b; also exclude directly held real property, to be reported at item 7a.*	$ .00
6. Other securities	Amount — *Omit cents*
a. Investments held in trust by other agencies — *Include funds administered by private agencies, guaranteed investment accounts, and your share of funds in governmental investment accounts.*	Z84 $ .00
b. Securities of State and local governments	X35 .00
c. Foreign and international securities	Z69 .00
d. Other — *Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. — Specify*	Z83 .00
e. Total other securities — ***Sum of items 6a through 6d*** →	X44 .00
7. Other investments	Amount — *Omit cents*
a. Real property — *Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at 7b.*	X46 $ .00
b. Other — *Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs — Specify*	X47 .00
c. Total other investments — ***Sum of items 7a through 7b*** →	Z82 .00
TOTAL HOLDINGS AND INVESTMENTS — ***Sum of items C1 through C7*** →	Z81 .00
	Amount — *Omit cents*
Exhibit items **8. Corporate stocks at market value at end of fiscal year . .**	Z78 $ .00
Exhibit items **9. Corporate bonds at market value at end of fiscal year . . .**	Z77 .00

Part II MEMBERSHIP AND BENEFICIARIES

Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).

Item	Number (a)	Amount paid during month *Omit cents* (b)
A. MEMBERS OF YOUR RETIREMENT SYSTEM — ***Exclude beneficiaries.***		
1. Active members — Current contributors in contributory systems, or employees in non-contributory plans.	ZØ1	
2. Inactive members — Former employees and employees on military or other extended leave without pay, but having retained retirement credits. *Report below, under item B, former active members who are receiving retirement benefits.*	ZØ2	
B. BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH	ZØ3	ZØ8
1. Former active members of system, retired on account of age or service		$ .00
2. Former active members of system, retired on account of disability	ZØ4	ZØ9 .00
3. Survivors of deceased former active members — *In column (a), report number of payees.*	ZØ5	Z1Ø .00
C. RECIPIENTS OF LUMP-SUM PAYMENTS DURING MONTH REPORTED	ZØ6	Z11
1. Withdrawals and other one-time payments (other than loans) made to present or former members of system		.00
2. Lump-sum (nonrecurrent) payments made to survivors of deceased former active members	ZØ7	Z12 .00
D. ENTER HERE THE MONTH AND YEAR TO WHICH FIGURES REPORTED IN PART II APPLY	Month	Year

Part III MEMBERSHIP AND BENEFICIARIES — Continued

E. PLEASE INDICATE HERE THE FREQUENCY WITH WHICH PERIODIC PAYMENTS ARE MADE TO BENEFICIARIES OF YOUR SYSTEM — *Mark (X) one* →

☐ Monthly
☐ Quarterly
☐ Other — *Please explain* ↙

_____

_____

_____

_____

_____

F. COVERAGE UNDER OASDHI (SOCIAL SECURITY) — Please indicate whether any of the active members (current contributors) you have reported at A1 above, were also covered under the Federal Old Age, Survivors, Disability, and Health Insurance program, in connection with their governmental employment.

☐ All active members also covered by OASDHI
☐ None of the active members covered by OASDHI
☐ Some, but not all, active members also covered by OASDHI

How many of your active members (current contributors during the month reported in A1, above,) were also covered under OASDHI? *If exact figures are not available, please make an estimate and note this under "Remarks."* . . . . . .

Number
Z74

REMARKS