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2014 ANNUAL SURVEY OF PUBLIC PENSIONS Supplement to State-Administered Pension Plans

OMB No. 0607-0585: Approval Expires 07/31/2017

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/retire/ qa_retire.html Call 1-888-529-1963 weekdays, 7AM to 5PM ET • Email govs.pensions@census.gov In correspondence pertaining to this report, please refer to the User ID below the address box. REPORT ONLINE: It's fast and secure. Respond **User ID:** to this survey via the Internet at the following Web address using the supplied User ID and Password: -

GENERAL INSTRUCTIONS

Password:

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) for the retirement system listed in the mailing address (*Use the annual report if the retirement system does not have a CAFR*).
- 2. Report data for the same fiscal year reported on the F-12: State-Administered Defined Benefit Plans form.
- 3. Report for Defined Contribution and Postemployment Healthcare plans only.
- 4. 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 17, REMARKS section, at the end of the form.
- **5.** Report corporate stocks and bonds at market value, and adhere to Governmental Accounting Standards Board (GASB) guidelines when reporting gains and losses on investments.
- **6.** Report figures relating to all accounts and reserves of the 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.
- **7.** Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
- **8.** Use a black or blue ballpoint pen. Do not use pencil or felt-tip pen.



PAR	T 1 -	- PLAN	NFORMA		FUR L	JEFIN	MED C	JNIK	IROLIC	ON P	PLAN	IS								
1	Do	es this p	ublic ret	tireme	nt syst	tem o	offer a	defir	ned co	ntrik	butio	on pla	n?							
		Yes -	Go to 2																	
		No – 0	Go to 🧐																	
2	Are	e new er	nployees	cover	ed un	der ti	his de	fined	contri	ibuti	ion p	lan?								
		Yes				No														
3	List	t all def	ned con	tributi	on pla	ns th	at the	retir	ement	sys	tem	offers	s bel	ow.	Repo	rt sun	nmary	y da	ta	
	con	mbining	all defin	ed coi	ntribut	tion p	olans.													_
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Specify:

			Gains ar	nd Losses	
		\$Bil.	Mil.	Thou.	Dol.
A.	Realized net gains or losses on investments DCR092				
	Unrealized net gains or losses on				
Б.	investments				
_	TOTAL – (Sum of items A. through B.) z96DC/Z91DC				
T 4	- PAYMENTS FOR DEFINED CONTRIBUTION PLANS				
	nat was the amount of payments during the fiscal year	r?			
	cclude Amounts paid out for purchase of investments and loans	made to mer	mbers		
	Deferred retirement option plan (DROP) payments				
Δ	Withdrawals – Amounts paid to employees, former	\$Bil.	Mil.	Payments Thou.	Dol
Λ.	employees, or their survivors, representing return of	ф ЫІ.		Tilou.	D01.
	contributions made by employees during the period of their employment, and any interest on such amounts	. X12DC			
В.	Administrative expenses				
	Include				
	Investment feesOther administrative expenses	793DC			
_	Other payments - Specify: ✓				
О.	other payments - Specify.				
		. Z90DC			
		. 20050			
T 5	- CASH AND INVESTMENTS FOR DEFINED CONTRIBU	TION PLAN	S		
Wł	nat was the total amount of cash and investments (at	market valu	ie) held at t	he end of the	e fiscal
E	cclude				
	Receivables and securities lending collateral				
				Short-term tments	
		\$Bil.	Mil.	Thou.	Dol
A.	Cash and short-term investments				
	1. Cash on hand and demand depositszssdc				
	2. Time or savings deposits z _{87DC}				
	3. All other short-term investments				
	Include				
	Repurchase agreements				
	Commercial company paper				
	 Commercial company paper Finance company paper Bankers acceptances 				





	xclude ∙ Mortgag	e-backed securities (should be re	ported	\$Bil.	Mortgages Mil.	Held Directly Thou.	Dol.
	in item in Directly	B2a. or C.) held real property (should be rep	orted	Ψ511.			
		H1.)	_				
	vestment clude	s held in trust by other agenci	es		Other !	Securities	
	Funds aGuarantShare of	dministered by private agencies eed investment accounts funds in governmental investme		\$Bil.	Mil.	Thou.	Dol.
	ther inves	stments perty – Report only directly held p	ropertv.				
	Exclude	erty held in investment trusts (sho		\$Bil.	Other In	nvestments Thou.	Dol.
	Prop	rted in item H3.) erty held in pooled or partnership ements (should be reported in itel					
2.	State and	l local government securities	X35DC				
	Other inv		_				
	PropInves Specify:	erty held in investment trusts stments in real estate investment t	trusts (REITs)				
	Other sec						
7.	Include Share Direct Guar Annu Hedg	es held in conditional sales contra at loans and loans to members ratives anteed investment contracts uities and life insurance pe funds al funds not reported elsewhere	icts				
	• Mon	ey market mutual tunds <i>(should be</i>	reported				
	• Mon	ey market mutual funds <i>(should be</i> m A3.)	e reported				
	• Mon		e reported				
5.	Mone in ite Specify:		Z83DC				
5.	Mone in ite Specify:	m A3.)	Z83DC	\$Bil.	Cash and Mil.	Investments Thou.	Dol.

			- 3 -
PAR	RT 6	- PLAN INFORMATION FOR POSTEMPLOYMENT HEALTHCARE PLANS	
9	Do	es this public retirement system offer a postemployment healthcare plan?	
		Yes – Go to 10	
		No – Go to 🛈	
10	Ar	e new employees covered under this postemployment healthcare plan?	
		Yes No	
1		t all postemployment healthcare plans that the retirement system offers below.	. Report summary
PAR	KT 7	- MEMBERSHIP AND BENEFITS FOR POSTEMPLOYMENT HEALTHCARE PLANS	
12	Wh	at was the total number of contributing members of the retirement system dur	ing the fiscal year?
	Ex	cclude	
	•	Beneficiaries	
	A.	Active members – Current contributors in contributory systems or employees in non-contributory systems.	Number of
		Employed by the local government(s)	Members
		Include	
		• Local agencies	
		2. Employed by the state government	
		Include	
		• State institutions and agencies	
		3. TOTAL – (Sum of items A1. through A2.)zo1HC	
	В.	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	
		2. Non-vested (on military or other extended leave only)	
		3. TOTAL – (Sum of items B1. through B2.)	



F	at	was the amount of receipts during the fiscal year?				
•		mounts received from sales of investments mounts received from repayment of loans made to members				
A.	all	mployee contributions – Total amounts contributed by member employees or withheld from their salaries for ancing benefits.	\$Bil.		• Contributi Thou.	ons Dol.
	1.	State employees – From employees of the state government, including employees of state colleges and other state institutions and agencies				
	2.	Local employees – From employees of the counties, cities, local public schools, and other local government agencies				
В.	rec su	nployer (government) contributions – Total amounts ceived from state and local governments for financial pport of the system, including any taxes credited rectly to the system.			r (Governme tributions	ent)
		State government contributions	\$Bil.	Mil.	Thou.	Dol.
		a. State contributions to own system on behalf of state employees				
		b. State contributions to own system on behalf of local employees				
		c. TOTAL – (Sum of items B1a. through B1b.) x06HC				
	2.	Local government contributions – From counties, cities, local public schools, and other local government agencies				
C.	Ea	rnings on investments				
	Inc	clude				
	•	Interest Dividends Rents Other earnings on investments				
	•	Dividends Rents		Investm	ent Earning	I S
	• • Ex	Dividends Rents Other earnings on investments	\$Bil.		n ent Earning Thou.	js Dol.
	Ex	Dividends Rents Other earnings on investments Clude Gains and losses on investment transactions	\$Bil.			
	1.	Dividends Rents Other earnings on investments Clude Gains and losses on investment transactions (should be reported in	\$Bil.			
	1. 2.	Dividends Rents Other earnings on investments Colude Gains and losses on investment transactions (should be reported in 14) Rentals from the state government	\$Bil.			
	1. 2. 3.	Dividends Rents Other earnings on investments Colude Gains and losses on investment transactions (should be reported in 14) Rentals from the state government	\$Bil.			
	1. 2. 3.	Dividends Rents Other earnings on investments Colude Gains and losses on investment transactions (should be reported in 14) Rentals from the state government	\$Bil.			
D.	1. 2. 3. 4.	Dividends Rents Other earnings on investments Colude Gains and losses on investment transactions (should be reported in (1)) Rentals from the state government. Z78HC Dividends Z72HC Other investment earnings – Specify: Z73HC TOTAL – (Sum of items C1. through C4.) HCR074	\$Bil.			
D.	1. 2. 3. 4. 5. Ott	Dividends Rents Other earnings on investments Colude Gains and losses on investment transactions (should be reported in 14) Rentals from the state government	\$Bil.			



	hat was the amount of net gains and losses on investn		ng the fiscal	, carr mopore	103303 43 4
ne	egative value (see HOW TO REPORT DOLLAR FIGURES on	Page 2).	Gaine a	nd Losses	
		\$Bil.	Mil.	Thou.	Dol.
		ΨΟΠ.	IVIII.	Tilou.	D01.
A.	Realized net gains or losses on investments HCR092				
В.	Unrealized net gains or losses on investments				
	Investments				
C.	TOTAL - (Sum of items A. through B.) Z96HC/Z91HC				
ART 9	- PAYMENTS FOR POSTEMPLOYMENT HEALTHCARE	PLANS			
	hat was the amount of payments during the fiscal year	r?			
	 Amounts paid out for purchase of investments and loans Deferred retirement option plan (DROP) payments 	made to m	embers		
		\$Bil		Payments Thou.	Dol.
Δ.	Healthcare premiums to insurance carriers	794HC			
7.		. 234110			
В.		. Z86HC			
C.	Administrative expenses Include				
	 Investment fees 				
	Other administrative expenses	. Z93HC			
D.	 Other administrative expenses. Other payments – Specify: 	. Z93HC			
D.	Other payments - Specify:	. Z93HC			
	Other payments - Specify:	. Z90HC	CARE PLANS		
ART 1	Other payments – Specify: O – CASH AND INVESTMENTS FOR POSTEMPLOYMEN hat was the total amount of cash and investments (at a	. z90HC			e fiscal year
ART 1 WI	Other payments - Specify: O - CASH AND INVESTMENTS FOR POSTEMPLOYMEN	. z90HC			e fiscal yea
ART 1 WI	Other payments – Specify: O – CASH AND INVESTMENTS FOR POSTEMPLOYMEN hat was the total amount of cash and investments (at a column second s	. z90HC T HEALTH market va	lue) held at t Cash and Inves	he end of the Short-term tments	
ART 1 WI	Other payments - Specify: O - CASH AND INVESTMENTS FOR POSTEMPLOYMEN hat was the total amount of cash and investments (at exclude Receivables and securities lending collateral Cash and short-term investments	. z90HC	lue) held at t Cash and	he end of the	e fiscal yea
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ART 1 WI	Other payments - Specify: O - CASH AND INVESTMENTS FOR POSTEMPLOYMEN that was the total amount of cash and investments (at exclude Receivables and securities lending collateral Cash and short-term investments 1. Cash on hand and demand deposits	. z90HC T HEALTH market va	lue) held at t Cash and Inves	he end of the Short-term tments	



Б.	Federal government securities 1. Federal treasury securities – Obligations of the U.S. Treasury and Federal Financing Bank				dera	I Go Mil		ıme		Sec	urit	Dol.	
			\$Bil			Y				ou.			
		Include • Short-term noteszsshc											
	2.	Federal agency a. Securities – Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA											
		Exclude Directly held mortgages (should be reported in item F.)							I				
		 Federally-sponsored agencies – Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, and Farm credit banks 											
		SLM Corporation (should be reported in item C.)ze2HC											
	3.	TOTAL – (Sum of items B1. through B2b.)хзонс											
C	Co	rporate bonds, domestic											
	•	Debentures and convertible bonds Railroad equipment certificates Asset-backed securities Commercial mortgage-backed securities Corporate collateralized mortgage-backed securities Private debt SLM Corporation	\$Bil			Cor Mil	pora	ate		nds iou.		Dol.	
D.	Co	rporate stocks, domestic											
	Ind	Common and preferred stocks Warrants Private equity Venture capital Leveraged buy-outs											
	•	clude Money market mutual funds (should be reported in item A3.) Other mutual funds (should be reported	\$Bil			Cor _l Mil	pora	te S		cks ou.		Dol.	
		in item H4.) Hedge funds (should be reported in item H4.) Z78HC											
Ε.		reign and international securities			lu 4		orei				le s		
		clude Foreign governments	\$Bil		me	Mil		ai 3		ou.	162	Dol.	
	1.	Foreign and international stocks HCC103								<u> </u>			
	2.	Foreign and international bonds HCC104							1	1	<u></u>		





PART 11 - REMARKS



Use this space for any explanations that may be essential in understanding the reported data.

Include

- · Any significant changes occurring within the last year
- · Any difficulties encountered in completing this form

PAR	T 12 -	CONTACT	INFORMATION

18 Who should be contacted to answer	questions about data r	eported on this form?
Name of contact person – Please print	Title of co	ontact person – Please print
Area code and phone number	Extension	Area code and fax number
Email Address – Please print		Date form was completed (MM) (DD) (YYYY)

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

17994120

NOTE: The U.S. Census Bureau receives its authorization to conduct this survey from Title 13, United States Code, Section 182. 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 2 hours to 8.5 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.