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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 INFORMATION FOR DEFINED CONTRIBUTION PLANS	
1	Doe	s this public retirement system offer a defined contribution plan?	
		Yes - Go to 2	
		No – Go to 9	
2	Are	new employees covered under this defined contribution plan?	
		Yes No	
3	List	all defined contribution plans that the retirement system offers below. <i>Report summary data</i>	
		bining all defined contribution plans.	
PAR	T 2 -	MEMBERSHIP AND BENEFITS FOR DEFINED CONTRIBUTION PLANS	
		CORRECT marking example – Please print all information clearly in ordinary Do not put slashes through "0" or "7".	
	W TO PORT	characters. (Use care to keep characters in their respective boxes.) To report a negative value, place the negative symbol inside box.	
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Specify:

			Gains a	nd Losses	
		\$Bil.	Mil.	Thou.	Dol
	Deslined and union or leaves or important and				
A.	Realized net gains or losses on investments DCR092				
В.	Unrealized net gains or losses on investments				
C.	TOTAL - (Sum of items A. through B.) Z96DC/Z91DC				
Т4-	- PAYMENTS FOR DEFINED CONTRIBUTION PLANS				
Wh	at was the amount of payments during the fiscal yea	ar?			
	clude				
	Amounts paid out for purchase of investments and loans Deferred retirement option plan (DROP) payments	s made to me	embers		
				Payments	
A.	Withdrawals – Amounts paid to employees, former employees, or their survivors, representing return of	\$Bil.	Mil.	Thou.	Dol
	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	Z93DC			
C.	Other payments Charifu				
	Other payments - Specify>				
	Other payments – Specify:				
	other payments - Specify.	Z90DC			
TE			O O O		
	- CASH AND INVESTMENTS FOR DEFINED CONTRIB	UTION PLAI			
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	Exclude	φD:1	Mortgages Hel		
	 Mortgage-backed securities (should be reported in item B2a. or C.) 	\$Bil.	Mil.	Thou.	Dol.
	Directly held real property (should be reported in item H1.)	DC			
. Ii	nvestments held in trust by other agencies				
li	nclude	¢D:I	Other Secu		Dal
	 Funds administered by private agencies Guaranteed investment accounts Share of funds in governmental investment accounts	\$Bil.	Mil.	Thou.	Dol.
	Other investments . Real property – Report only directly held property.				
•	Exclude • Property held in investment trusts (should be	\$Bil.	Other Inves	t ments Thou.	Dol.
	reported in item H3.) • Property held in pooled or partnership agreements (should be reported in item H3.) x48				
2	State and local government securities x35	DC C			
	. Other investments				
	Specify:x47	DC O			
4	. Other securities				
	 Include Shares held in conditional sales contracts Direct loans and loans to members Derivatives Guaranteed investment contracts Annuities and life insurance Hedge funds Mutual funds not reported elsewhere 				
	 Exclude Money market mutual funds (should be reported in item A3.) 				
	Specify: zsa	DC			
5	Specify:				
5			Cash and Inve	estments Thou.	Dol.

Yes - Go to No - Go to No - Go to Yes	oyment healthcare plan?
re new employees covered under this postemplo	oyment healthcare plan?
re new employees covered under this postemplo	oyment healthcare plan?
☐ Yes ☐ No	byment healthcare plan?
st all postemployment healthcare plans that the	
ata combining all postemployment healthcare pl	e retirement system offers below. <i>Report summ</i> <i>lans.</i>
3. , , . , . , . , . , . , . , . , .	
7 – MEMBERSHIP AND BENEFITS FOR POSTEMPI	LOYMENT HEALTHCARE PLANS
hat was the total number of contributing memb	ers of the retirement system during the fiscal y
Exclude	
Beneficiaries	
. Active members – Current contributors in contrib	nutary systems or amployage
in non-contributory systems.	
<i>, ,</i>	Number o Members
Employed by the local government(s)	
Include • Local agencies	775HC
Employed by the state government	
Include	
State institutions and agencies	z76HC
0. TOTAL (0. m. ///	
3. TOTAL - (Sum of items A1. through A2.)	
. Inactive members - Former employees and empl	loyees on military or other Number o
extended leave without pay having retained retiren	
receiving retirement benefit payments.	
1. Vested	HCM004
	e only)
2. Non-vested (on military or other extended leave	
Non-vested (on military or other extended leave	
 Non-vested (on military or other extended leave TOTAL - (Sum of items B1. through B2.) 	zozнс
	zozHC



	at was the amount of receipts during the fiscal year?						
•	Amounts received from sales of investmentsAmounts received from repayment of loans made to men	nbers					
Α.	Employee contributions – Total amounts contributed by all member employees or withheld from their salaries for financing benefits.	\$Bi		Employe	ee Contribu	ution	ı s Dol.
	State employees – From employees of the state government, including employees of state colleges and other state institutions and agencies						
	Local employees – From employees of the counties, cities, local public schools, and other local government agencies	. X01HC					
В.	Employer (government) contributions – Total amounts received from state and local governments for financial support of the system, including any taxes credited				er (Govern		t)
	directly to the system.	\$Bi	il.	Mil.	Thou.	-	Dol.
	State government contributions a. State contributions to own system on behalf of state employees	. Z99HC					
	b. State contributions to own system on behalf of local employees	. V87HC					
	c. TOTAL - (Sum of items B1a. through B1b.)	. X06HC					
	Local government contributions – From counties, cities, local public schools, and other local government agencies	. X05HC					
C.	Earnings on investments	_					
C.	Earnings on investments Include Interest Dividends Rents Other earnings on investments	_					
C.	Include Interest Dividends Rents Other earnings on investments Exclude	_		Investi	nent Earni	ings	
C.	Include Interest Dividends Rents Other earnings on investments	\$Bi	il.	Investr Mil.	nent Earni Thou.	ings	Dol.
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			Gains a	nd Losses	
		\$Bil.	Mil.	Thou.	Dol.
Δ	. Realized net gains or losses on investments HCR092				
	·				
В.	. Unrealized net gains or losses on investments				
С	. TOTAL – (Sum of items A. through B.) z96HC/Z91HC				
	9 – PAYMENTS FOR POSTEMPLOYMENT HEALTHCARE	PLANS			
	/hat was the amount of payments during the fiscal yea Exclude	ır?			
•	Amounts paid out for purchase of investments and loans	made to me	mbers		
	Deferred retirement option plan (DROP) payments			Payments	
		\$Bil.	Mil.	Thou.	Dol.
Λ	. Healthcare premiums to insurance carriers	704110			
^	Healthcare premiums to insurance carriers	Z94HC			
В.	. Claims paid	Z86HC			
C.	. Administrative expenses				
	Include Investment fees				
	Other administrative expenses	Z93HC			
D	• Other administrative expenses	Z93HC			
D	. Other payments – Specify: 📈				
	. Other payments – Specify:	Z90НС			
	. Other payments – Specify: 📈	Z90НС	ARE PLAN		
RT 1	. Other payments – Specify:	Z90HC			e fiscal ye
RT 1	Other payments - Specify: 10 - CASH AND INVESTMENTS FOR POSTEMPLOYMENT That was the total amount of cash and investments (at Exclude	Z90HC			e fiscal ye
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RT 1	Other payments - Specify: 10 - CASH AND INVESTMENTS FOR POSTEMPLOYMENT That was the total amount of cash and investments (at Exclude	z90HC NT HEALTHC market valu	e) held at t Cash and Inves	he end of the Short-term tments	
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RT 1 W	Other payments - Specify: 10 - CASH AND INVESTMENTS FOR POSTEMPLOYMENT That was the total amount of cash and investments (at exclude) • Receivables and securities lending collateral	z90HC NT HEALTHC market valu	e) held at t Cash and Inves	he end of the Short-term tments	
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RT 1 W	In Cash and short-term investments 1. Cash on hand and demand deposits	z90HC NT HEALTHC market valu	e) held at t Cash and Inves	he end of the Short-term tments	
RT 1 W	Include Repurchase agreements Repurchase agreements Commercial company paper Finance company paper Finance company paper Finance company paper Cash and short-term investments Repurchase agreements Commercial company paper Finance company paper	z90HC NT HEALTHC market valu	e) held at t Cash and Inves	he end of the Short-term tments	

В.	Federal government securities 1. Federal treasury securities – Obligations of the U.S. Treasury and Federal Financing Bank	Fe \$Bil.	ederal Government Securi Mil. Thou.	ties Dol.
	Include • Short-term noteszsshc			
	Federal agency a. Securities – Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA			
	Pirectly held mortgages (should be reported in item F.)			
	 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.)z62HC			
	3. TOTAL – (Sum of items B1. through B2b.)x30HC			
	Corporate bonds, domestic			
	Include Debentures and convertible bonds Railroad equipment certificates Asset-backed securities Commercial mortgage-backed securities Corporate collateralized mortgage-backed securities Private debt SLM Corporation	\$Bil.	Corporate Bonds Mil. Thou.	Dol.
D	Corporate stocks, domestic			
σ.	Include			
	 Exclude Money market mutual funds (should be reported in item A3.) Other mutual funds (should be reported 	\$Bil.	Corporate Stocks Mil. Thou.	Dol.
	in item H4.) • Hedge funds (should be reported in item H4.)zrshc			
Ε.	Foreign and international securities		Foreign and	
	Include • Foreign governments	\$Bil.	International Securities Mil. Thou.	Dol.
	Foreign and international stocks			
	2. Foreign and international bonds HCC104			





PART 11 – REMARKS

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

nclude

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

PART 12 - CONTACT INFORMATION

8 Who should be contacted to answer questions about data reported on this form?							
Name of contact person – Please print	Title of con	Title of contact 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.

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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.