MEETING

STATE OF CALIFORNIA

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

BOARD OF ADMINISTRATION

RISK AND AUDIT COMMITTEE

OPEN SESSION

ROBERT F. CARLSON AUDITORIUM

LINCOLN PLAZA NORTH

400 P STREET

SACRAMENTO, CALIFORNIA

TUESDAY, NOVEMBER 19, 2019 2:46 P.M.

JAMES F. PETERS, CSR CERTIFIED SHORTHAND REPORTER LICENSE NUMBER 10063

#### APPEARANCES

#### COMMITTEE MEMBERS:

- Mr. David Miller, Chairperson
- Ms. Lisa Middleton, Vice Chairperson
- Ms. Margaret Brown
- Ms. Fiona Ma, represented by Mr. Matthew Saha
- Ms. Stacie Olivares
- Mr. Jason Perez
- Ms. Betty Yee, represented by Ms. Lynn Paquin

### BOARD MEMBERS:

- Mr. Henry Jones, President
- Ms. Theresa Taylor Vice President
- Mr. Rob Feckner
- Ms. Eraina Ortega
- Ms. Mona Pasquil Rogers
- Mr. Ramon Rubalcava

#### STAFF:

- Ms. Marcie Frost, Chief Executive Officer
- Mr. Matthew Jacobs, General Counsel
- Ms. Marlene Timberlake D'Adamo, Chief Compliance Officer
- Ms. Beliz Chappuie, Chief Auditor
- Mr. Forrest Grimes, Chief Risk Officer
- Ms. Carrie Lewis, Committee Secretary

## APPEARANCES CONTINUED

# ALSO PRESENT:

Mr. Steve Franklin, BDO USA, LLP

Mr. Keith Hammond, BDO USA, LLP

Mr. Billy Kim, BDO USA, LLP

Ms. Sylvia Mak, BDO USA, LLP

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## PROCEEDINGS 1 CHAIRPERSON MILLER: Okay. So we'll call the 2 Risk and Audit Committee meeting to order. 3 And the first order of business is roll call. 4 COMMITTEE SECRETARY LEWIS: David Miller? 5 CHAIRPERSON MILLER: Here. 6 COMMITTEE SECRETARY LEWIS: Lisa Middleton? 7 8 VICE CHAIRPERSON MIDDLETON: Present. COMMITTEE SECRETARY LEWIS: Margaret Brown? 9 COMMITTEE MEMBER BROWN: Here. 10 COMMITTEE SECRETARY LEWIS: Matthew Saha for 11 Fiona Ma? 12 ACTING COMMITTEE MEMBER SAHA: Here. 1.3 COMMITTEE SECRETARY LEWIS: Stacie Olivares? 14 COMMITTEE MEMBER OLIVARES: Here. 15 16 COMMITTEE SECRETARY LEWIS: Jason Perez? COMMITTEE MEMBER PEREZ: Here. 17 COMMITTEE SECRETARY LEWIS: Lynn Paquin for Betty 18 Yee? 19 20 ACTING COMMITTEE MEMBER PAQUIN: Here. CHAIRPERSON MILLER: Okay. First order of 21 business is approval of the November 19, 2019 Risk and 2.2 23 Audit Committee timed agenda. COMMITTEE MEMBER BROWN: Move approval. 24 VICE CHAIRPERSON MIDDLETON: Second. 25

CHAIRPERSON MILLER: Moved by Ms. Brown, seconded by Ms. Middleton.

I'll call for the question.

All in favor say aye?

(Ayes.)

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CHAIRPERSON MILLER: Any opposed?

The ayes have it. The item passes.

And onto the Executive Report. I'll call on Marlene Timberlake D'Adamo.

CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO:

Good -- I had written good morning, but it's actually good afternoon now.

Thank you. Good afternoon, Mr. Chair, Madam Vice Chair, Committee members. Marlene Timberlake D'Adamo, CalPERS team member.

Today, we have two action items and one information item. The two action items are agenda items 6a, which is the independent auditor's report for fiscal career 2018-19. And agenda item 6b, the review o the independent auditor's management letter. Both items are being presented by Beliz Chappuie, CalPERS Chief Audit -- Auditor, and BDO, the independent auditor.

The last item on the agenda is an information agenda item intended to provide an overview of several areas of responsibility within CalPERS' integrated

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assurance functions. Second would be to furnish a brief history of the development of the Enterprise Risk

Management Framework, and provide an update on the current state of CalPERS enterprise risks, and to respond to Risk and Audit Committee direction provided on September 17th, 2019.
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The next Risk and Audit Committee meeting is scheduled February 19th, 2020 and includes the mid-year plans for Enterprise Compliance and Enterprise Risk Management.

Thank you, Mr. Chair. This concludes my report, and I'd be happy to take questions.

CHAIRPERSON MILLER: Okay. I'm not seeing any questions. So thank you, Ms. D'Adamo.

Moving on, we've got number 4, action consent items, and that's the approval of the September 17th, Risk and Audit Committee Meeting Minutes.

VICE CHAIRPERSON MIDDLETON: Move approval.

COMMITTEE MEMBER BROWN: Second.

CHAIRPERSON MILLER: Moved by Ms. Middleton, seconded by Ms. Brown.

So I'll call for the question.

All in favor aye?

(Ayes.)

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CHAIRPERSON MILLER: Any opposed?

Hearing none. The item passes.

Information consent items. I have had anybody raise any concerns or want any of those pulled off.

So we'll move on to our first action agenda item, the independent auditor's report. I'll call on Beliz Chappuie to present that.

Good afternoon.

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CHIEF AUDITOR CHAPPUIE: Good afternoon, Mr.

Chair and members of the Committee. Beliz Chappuie,

Office of Audit Services. Agenda Item 6a is an action

item. Staff is requesting the Risk and Audit Committee to

approve the Board's independent financial statement

auditor, BDO's audit reports for the fiscal year ended

June 30, 2019. BDO staff are here presenting with me

today. I would like to turn it over to them.

MR. KIM: Hello, Chairman, Vice chair, and members of the Committee. My name is Bill Kim, partner at BDO and represent BDO, your independent audit firm.

So thank you for us for this time for us to present the results of the audit to you. Scope of the audit was to cover the basic financial statements of CalPERS for the year ended June 30, 2019. We have three deliverables as part of agenda 6a that we have provided to you. Two of them relate to audit opinions and the other is related to our required communications report.

I'll first cover the two audit opinions first and then we'll go through the required communications. So attachment 1 is the independent auditor's opinion. So the opinion includes discussion on management's responsibility over the preparation and fair presentation of the financial statements. The auditor's responsibility is also covered within the report as well, and that is to provide an opinion as to whether the financial statements from a reasonable assurance standpoint is free of material misstatement.

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Happy to report our audit opinion is providing an unmodified opinion, which essentially means it's a clean report.

Attachment 3 is also another opinion that we are required to provide under Government Auditing Standards. It covers internal controls for financial reporting, as well as over compliance.

Happy to also report that there are no material weaknesses or significant deficiencies that we've identified during the audit. Also, from a compliance standpoint, the report concludes that we did not identify any specific noncompliance matters that could have a direct or material effect over the financial statements.

Now, in terms of the required communications report. So this is attachment 2, which includes

communication that are required by our auditing standards to provide to the governance body. I'll highlight a couple of different areas, you know, within the report, but not go through everything in there, a lot of which are just standard required communications that we're required to provide to you.

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So first off, I want to first commend management and their excellent cooperation and support. With the short time frame that we've had since June getting engaged and doing the work, it was really instrumental for them -- for all their support with all the requests that they provided us and all the questions that they've answered for us to be here today to -- in order to report to you.

So much credit goes to their hard work and support. Second, another positive sign of a successful audit is when there's no corrected misstatements proposed or identified by your auditors. And happy to report that that is the case this year. There are no corrected misstatements that our team specifically had identified and proposed to management to record.

Lastly, I also want to highlight a couple different areas of higher risk, and just to provide some more color as to the work performed over these areas.

So some of these higher risk areas are typically considered to be higher risk because they could be

involved with significant judgment, complexity, errors of estimate or a combination thereof.

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And so one of the first areas that we had done some additional work over is related to the estimated insurance claims liability. This is for the Health Care Fund. And so management uses and actuarial methodology based on historical claims data.

And as part of the audit, we perform procedures over the liability, perform various different analytical analyses, performed sent through a confirmation to third-party administrators, did some detail testing over the accuracy and completeness of over the inputs, particularly the historical claims data. We've also used our actuaries to assist us in reviewing the methodology calculation and the assumptions involved. And based upon the work we performed, we noted no issues.

One of the other areas I wanted to highlight also is related to the area of estimated liability for future policy benefits. This is specifically for the benefits that are paid for the beneficiaries related to the Long-Term Care Fund. So this liability is derived by management from a roll-forward method, including assumptions from the latest valuation report.

We've audited the roll-forward, including recalculation, and testing of the various different inputs

and including census information through sample testing. We've also utilized actuaries as well to assist us in reviewing the overall methodology, calculations, assumptions, including the discount rate. And overall, we took no exception to management's estimate.

estate, real asset investments. And over on the end of this table, we have Steve Franklin, who is also my colleague. He is a partner also specializing in investments. And so he responsible for assisting me in leading the work over the audit of the investment area. So he'll share about the work performed over this.

Steve.

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MR. FRANKLIN: Thank you, yes. Hi. Again, my name is Steve Franklin. I'm an audit partner at BDO. I focus in the asset management space of our practice. And I wanted to reiterate what Billy had mentioned earlier in that the investment -- so -- sorry, let me step back. As a part of the -- I was in charge of the investments auditing of the audit. And so whether it was from the -- you know, level 1, level 2, level 3 securities, I was in charge of that aspect, whereas Billy was in charge of the overall audit. That was my focus.

And I wanted to reiterate how the investment process went very smoothly. We had exceptional health

from the team. Michelle and everybody else in the investment group, in the Invo Office, and on the -- in the Finance Department. And so it was smooth and went very well -- very smoothly.

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The risk that we focused on was around the private equity real estate assets, which is the lag analysis. So there's a lag between when the initial reporting is as of -- the values are as of 3-31 versus the CAFR, which is as of 6-30. And we did our procedures over 3-31 and 6-30, where we sent confirmations to the underlying managers and we obtained -- we did testing over contributions and distributions, and -- in addition to that, along with some month other procedures.

The analysis, in order to get comfortable with the lag between 3-31 and 6-30, is we get analysis from management that identifies what the value would as of 6-30 if we had used those figures. And we obtained that analysis and then we do audit procedures over that including tying the balances as of 6-30 that management received to our work papers and the confirmation that we independently did with -- as part of our audit procedures.

And as part of that, we noted no issues. We -- everything seemed appropriate based on our procedures.

The one point to highlight related to that was the summary of audit adjustments. That was identified as

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part of management knew, and that's on the last page of
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    the attachment. And this is to note a difference in the
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    fair value between 3-31 and 6-30. And I wanted to
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    highlight that the amount was immaterial, so it was below
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    our materiality standards. This is an adjustment -- and
    adjusted misstatement that management new would be --
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    would knew -- be aware of because of the lag. And there's
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    a -- there's no control deficiencies -- significant
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    deficiencies or material weaknesses as a result of this.
             And we have this often on some of our clients.
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    And so -- and my understanding is that this is consistent
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    with the previous years as well, where we had this lag in
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    this adjustment.
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             And that's all I would like to say. I don't know
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    if any -- that's what I would conclude with.
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             MR. KIM: Yeah. So that concludes our
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   presentation for Agenda Item 6a and we're happy to take
    any questions.
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             CHAIRPERSON MILLER: Okay. Let's see. Questions
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    from the Committee?
             I'm seeing none.
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             Oh, you're light is on. Oh, there we go. Okay.
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    Yeah.
           Now, I'm seeing they're popping up.
             Okay. Margaret.
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COMMITTEE MEMBER BROWN: Thank you, Mr. Chair.

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| Thank you for the presentation.

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The question for the gentleman -- I'm sorry. I forgot your name again.

MR. FRANKLIN: Steve Franklin.

COMMITTEE MEMBER BROWN: Steve. Okay. I'm looking at attachment 2, page four of seven. And again, I'm looking at what you considered to be potential significant risks, which is the real asset investments in the Health Care Fund estimated insurance claims due. So on the real asset investment, it says you utilized valuation specialists, so are those in-house people or did you outsource that.

MR. FRANKLIN: Yes, they're in-house people.

14 Yeah.

COMMITTEE MEMBER BROWN: Is that you and other people on your team?

MR. FRANKLIN: It's not me personally. There's people within our -- within our firm that we would use. So it wasn't me personally but I coordinated, and spoke with them, and communicated with them.

COMMITTEE MEMBER BROWN: And so when you talk about the valuation methodology and the key assumptions included, is that what you're talking about how you go from 3-30 to 6 -- 3-31 to 6-30 or I was really more concerned about the testing or the sampling size, or your

sampling methodology, just how many or what's the dollar value that you tested?

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MR. FRANKLIN: Yeah. So we generally, as part of the standard GAAP -- you know, GAS audit procedures, we -- there's various methodologies you can use, whether you can -- and one of them is called -- is considered sampling. And we have done -- we did sampling as part of audit approach to value -- to test the valuation and the existence of the private equity and the real asset securities in the portfolio.

COMMITTEE MEMBER BROWN: So was there a dollar value of that sampling or just a number that you picked?

MR. FRANKLIN: We -- if you look at some -
COMMITTEE MEMBER BROWN: Is it 10, or 10 billion, or --

MR. FRANKLIN: Yeah, if you at the cover -- we covered, I would say out of the real estate -- and I don't have the numbers in front of me, but I would say we probably covered, I would say, 60 -- between 60 and 70 percent of the assets.

COMMITTEE MEMBER BROWN: Oh. Okay.

MR. FRANKLIN: So it was a significant amount. We -- also, part of what we do is we like to focus on the higher significant assets, so some of the biggest real estate ones. You know, we select those just because

they're so large and they're above our materiality, so we'll select those. And then we will select additional ones that may be lower -- have lower value. So we -- we tried to get significant coverage. That's, you know, as part of our -- our auditor judgment and our methodology, that's what we like to do.

COMMITTEE MEMBER BROWN: Great. So that's helpful to know that you tested between 60 and 70 percent, as opposed to between 10 and 15 percent. Big, big difference.

MR. FRANKLIN: Correct.

COMMITTEE MEMBER BROWN: And then I'd like to go on to I have it as page 61. The analysis at the very end, the observations. I think you talked about those a little bit.

MR. KIM: Yeah.

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agenda 6b.

committee member brown: You talked about the estimated claim liabilities. And did you talk to us about the PeopleSoft developers, about the segregation of duties as a finding? And my bigger concern is the status of prior year observations. It looks like two of them are still open, the third-party administrators and the census data. So I'm wondering what you think about those things?

MR. FRANKLIN: Yeah, so I think that's part of

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COMMITTEE MEMBER BROWN: Oh, I'm going ahead.
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    Okay. Well, I save those for later then.
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             Thank you.
             CHIEF AUDITOR CHAPPUIE: Thank you, Ms. Brown.
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    They're separate agenda items, so I'll just introduce
    those.
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             COMMITTEE MEMBER BROWN: Okay. I'll wait for
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   those.
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             CHIEF AUDITOR CHAPPUIE: Good afternoon again,
   Mr. Chair, and members of the Committee. Beliz Chappuie.
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   Agenda Item 6b --
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             CHAIRPERSON MILLER: No. Hang on. I've got more
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   questions.
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             CHIEF AUDITOR CHAPPUIE: Oh, I'm sorry.
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             CHAIRPERSON MILLER: I'm just trying to figure
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   this thing out with all these numbers here.
             CHIEF AUDITOR CHAPPUIE:
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                                      Okav.
             CHAIRPERSON MILLER: I don't have coordinating
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   names and numbers.
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             So, Ms. Middleton, and then we'll have Ms.
   Olivares after.
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             VICE CHAIRPERSON MIDDLETON: All right.
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             CHAIRPERSON MILLER: Yep, you've got it.
             VICE CHAIRPERSON MIDDLETON: Yeah. Very good.
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Thank you, Mr. Chair. And I want to thank Mr. Kim, Mr.

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Franklin, everyone from BDO that was involved. And the Chair and I have had an opportunity to speak with you on a few times leading up to today's meeting.

So this is overall what you would refer to as a clean audit?

MR. KIM: Yes, that is the case.

VICE CHAIRPERSON MIDDLETON: Okay. And I -you've made note of this, but I want to get you to repeat
it orally. Access to materials, was there anything that
you asked for that was not provided to you?

MR. KIM: No. Management had fully provided all the things that we needed and requested.

CHAIRPERSON MILLER: And access to people and individuals the same, were you able to interview, speak, and spend as much time as you needed with any individual that you asked to visit?

MR. KIM: Yes.

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you.

VICE CHAIRPERSON MIDDLETON: Okay. And was there any reluctance on the part of management to provide any of these materials?

MR. KIM: No. No, not to my knowledge. No. VICE CHAIRPERSON MIDDLETON: All right. Thank

CHAIRPERSON MILLER: Okay. It won't go.

Okay. And that should be you now, Ms. Olivares.

COMMITTEE MEMBER OLIVARES: Thank you.

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Thank you. It was a very thorough, I think, report. I wanted to understand what experience BDO has in analyzing or evaluating institutional investment plans?

MR. FRANKLIN: We have -- I've been in -- working in the industry for over 18 years. BDO serves some of the largest asset managers in the country, so they -- we work with several of the largest private equity firms, so some of the firms that Calpers actually invests in and some of the largest venture capital firms in this space.

We also have -- we also serve some asset managers as well. And I've been at a variety of firms across the country and have significant experience with Level 1, Level 2, Level 3 securities and doing audit procedures around those securities.

COMMITTEE MEMBER OLIVARES: Does BDO provide audit services for pensions of a similar size?

MR. FRANKLIN: You are the largest pension fund that we work with in the county. I know that my colleague Keith -- I don't know if maybe you want to comment.

MR. HAMMOND: Sure. Sure. BDO does one other statewide pension system. We audit the State of Delaware's pension system and as well as their OPEB plan. We also audit a number of large multi-billion dollar city pension plans. A number of those, while lower in dollar

value, are similar in asset mix, so portfolios that have over 20 percent in alternative investments. So from the government side, we would utilize somebody like Steve and his team's experience help us audit those alternative investments.

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COMMITTEE MEMBER OLIVARES: Thank you.

And I just wanted to know what the threshold is for materiality?

MR. FRANKLIN: Billy, do you want to comment on that?

MR. KIM: Yeah. Our materiality is based upon a measure of -- based upon total assets and so we look at a measure around one to two percent, so it's still --

COMMITTEE MEMBER OLIVARES: One --

MR. KIM: Yeah, one to two percent. So it's a pretty large -- you know, it comes out to a pretty large number.

COMMITTEE MEMBER OLIVARES: That's very significant for this size fund.

MR. KIM: Yeah, that is consistent with industry standard, in terms of what we -- you know, consistent with other engagements that we have, as well as other -- what other firms would be --

COMMITTEE MEMBER OLIVARES: I must have missed that in the report, because I don't think I saw that --

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that definition.
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             Okay. Thank you.
             CHAIRPERSON MILLER: Okay. Any -- don't look
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    like I have anymore questions.
                                    So this is an action item.
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    So I'll need a motion on 6a.
             COMMITTEE MEMBER BROWN: Move approval.
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             COMMITTEE MEMBER OLIVARES:
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                                          Second.
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             CHAIRPERSON MILLER: Okay. Moved and seconded.
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    That was moved by Ms. Brown, seconded by Ms. Olivares.
             I'll call for the question.
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             All in favor, aye?
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             (Ayes.)
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             CHAIRPERSON MILLER: Any opposed?
1.3
             Okay. Hearing none. The item passes.
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             We'll move on to 6b.
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             CHIEF AUDITOR CHAPPUIE: Good afternoon, Mr.
    Chair and members of the Committee. Beliz Chappuie again.
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             Agenda Item 6b is also an action item. Staff is
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    requesting the Risk and Audit Committee to approve the
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    Board's independent financial statement auditor, BDO's,
    draft management letter. I would like to turn it back
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    over to BDO staff.
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             MS. MAK:
                       Thank you, Mr. Chairman, Vice Chair,
   and members of the Committee. My name is Sylvia Mak.
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    a director with BDO.
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I'm here to present attachment 1 to Agenda Item 6b. This is our management letter as it relates to the findings of internal controls.

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We did observe two control deficiencies, either of which were significant deficiencies or material weaknesses. The first finding relates to the review of the estimated claims liability. The Health Claims Fund does record an estimated claims liability, which primarily consists of two different types of estimate, those that have been -- claims that have been reported, but not settled, as well as claims that are incurred, but not reported.

We did observe during the audit that the system doesn't necessarily have a comprehensive review process over the completeness and accuracy of such claims. Part of this has to do with just a legacy issue of not having access to the third-party administrator information -- claims information. And so one of our recommendations is that management work with those third-party administrators to obtain that information. Management has been working on that as it's working on updating its contracts.

And then once that information is received to be put into place controls to be able to reconcile the claims detail to the amount that's reported. Management has indicated to us that they believe that this will be put

into place as of January 1st, 2020. That kind of coincides with the start of the new contracts as well.

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The second finding relates to PeopleSoft and developer access and segregation of duties. PeopleSoft is the system's general ledger. We observed that the developers have access to the production environment. And that allows them to bypass the program change management controls. As part of our audit, however, we did take it a step further. We noted that there was that lack of segregation of duties, but we also went and said, okay, did this risk manifest itself during the year. We got access to the access logs, and we did not observe instances where the developers actually did go in and access the production environment.

Upon informing management of this finding, they took steps to correct it. And the developers no longer have access to the production environment.

So, at this time, I'll open it up for questions.

CHAIRPERSON MILLER: Okay. I have questions.

Ms. Brown.

COMMITTEE MEMBER BROWN: So before I get to my questions I tried to ask earlier, I want to -- I want to go back to Ms. Olivares question on 6a about materiality. I do agree with her. I mean, I think -- I would think typically one is two percent is fine. But our pension --

our fund is so big that one to two percent ends up becoming such a large number. So maybe we should look at setting a dollar threshold to that materiality, as opposed to just one to two percent, because I mean that's \$3 billion, right? So we want to -- we may want to take a look at that.

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All right. So back onto page 61, which is what you were just talking about, the findings you observed.

What I want to know about is table 2, the prior year observations. I don't like them when they carryover year after year. So I don't if that's for the staff to answer, Ms. Chappuie or if BDO has any comments on that. Did you ask our staff about what's going on with the open or unresolved items?

MS. MAK: We did inquire them of it. The open item as it relates to number two, the TPA oversight controls are -- that one is a actually very similar, if not the same to our observation number one.

COMMITTEE MEMBER BROWN: Um-hmm.

MS. MAK: The fifth one, as it relates to the census data, that -- the census data information, as you can imagine, given the number of members in the system, there's a lot of people. There's a lot of data. There is -- you know, it's virtually impossible to have a hundred percent accuracy in terms of that data.

Management has been working diligently to make sure they scrub that data, so if they come across errors that they're promptly corrected.

As part of our testing of the census data, we did not observe any instances where the data seemed unusual.

So -- or that would have created a material adjustment, as it relates to the financial statements.

We did observe instances where maybe the service date might have been off, but it wasn't off significantly. It might have been off by a day, a week, nothing in terms of -- it wasn't like a year off or two years off. But anything that we came across that looked unusual in terms of inconsistent data, we inquired of the staff and they were able to come back and show us support as to why -- what that -- where -- why there was that discrepancy.

COMMITTEE MEMBER BROWN: Thank you.

CHAIRPERSON MILLER: Seeing no more questions.

This is an action item. So I'm looking for a

motion.

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COMMITTEE MEMBER BROWN: Move approval.

CHAIRPERSON MILLER: Moved by Ms. Brown.

COMMITTEE MEMBER PEREZ: Second.

CHAIRPERSON MILLER: Seconded by Mr. Perez.

I'll call for the question.

All in favor, aye?

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(Ayes.) 1 CHAIRPERSON MILLER: Any opposed? 2 The ayes have it. The item passes. 3 And we'll move on to 7, information agenda items. 4 Back to you, Ms. D'Adamo. 5 (Thereupon an overhead presentation was 6 presented as follows.) 7 8 CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 9 Okay. Back to me. So this agenda item was designed to provide an overview of some of the functions 10 11 that make up CalPERS's integrated assurance framework. With the recent changes to the Board's composition, this 12 is an ideal time to review some of the functions within 1.3 our integrated assurance model. And accompanying me is in 14 this presentation are Forrest Grimes and Beliz Chappuie 15 16 who will each talk about their respective functions within integrated assurance. And so I'll start and then I'll 17 pass it off to each of them. 18 So appendix 1, this is slide 2 we're going to go 19 20 to. Oh, I'm the one that's going to it. Sorry about 21 that. (Laughter.) 2.2 23 --000--CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 24

this slide, for those of you who have been on the Board

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for a little while, will see this as familiar. This is the framework of how we describe our integrated assurance model. And so what we have here is the Board and the Risk and Audit Committee sort of covering all three areas. The executive and senior leadership covering first and second lines of defense. And then we have columns representing each of the first, second, and third lines of defense.

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And so for the way that we do integrated assurance, the first line of defense represents the program area management and employees. These are, what I call, sort of the boots on the ground. These are the folks that are actually writing the policies and procedures. They're doing the work. They're managing the risk. And we say that they own the risk and that compliance is their responsibility as well. So they're our first line -- what you'd call our first line of defense.

The second line of defense is, what we call, our -- is really the assurance part. And these functions perform both internal control functions, as well as provide assurance. And the assurance is really that the first line is operating the way that it's supposed to operate.

And so compliance and risk sits in that second line. Audits sits in that third line. And so as you see

in the third column, the third line of defense is audit.

And they basically go and they provide a review of the internal controls and they provide all the audits.

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And then underneath that, we just -- this is new to this slide is we've actually just described some of the functions within those three lines of defense. And sitting outside are other -- other entities that might interact within our three lines, which would be regulators and our external auditors, whom you've met -- just met.

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CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: So the next thing I wanted to really talk about was sort of moving on to compliance. And so the question might be well what is an effective Compliance Program? What is a Compliance Program supposed to do?

And the way that we look at compliance is that compliance is supposed to be effective in identifying, preventing, and detecting misconduct and noncompliance with laws, regs, and policies. So how does the Compliance Program do that?

Typically, it's formal and -- I call it formal and informal. Formal is really the independent review of the programs, the internal controls, it's the reporting, it's the benchmarking, it's all the documentation and the things that you say.

The informal is culture: culture, which promotes ethics, ethical behavior, and the CalPERS core value. And so the way that we have our Compliance Program structured it's a mix of both the culture and the formal.

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So this slide here, slide 3, on governance.

Three through seven I'll talk about four main elements of the Compliance Program. And these are designed to help us prevent, detect, and correct noncompliance and misconduct.

The elements are governance, culture and ethics, training and communication, and monitoring test -- monitoring and testing and reporting. So I will try to, within a minute for each slide, sort of walk through the slides.

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on the governance we do three things around governance and compliance. We maintain policy governance, which means that we maintain policies, we do work with the program areas to make sure the policies are appropriate, that they're appropriately authored, that they're appropriately set up. We really believe that policy is one of the main fundamental and foundational things that a Compliance Program can do. It's part of the prevent. Identify, prevent, detect, correct. And so we do a fair amount of work on policy governance.

We also, within policy, make sure that when

policies are implemented that stakeholders are included, that awareness is made, that really there's an effort to make sure that, as policies are created, that they really apply to the things that need to apply and they have the maximum effect.

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On delegations of authority, we actually maintain delegations of authority too. Delegations of authority are the -- it's the authority to provide certain activities or to do certain activities. And so we believe that delegations of authority are important, because they really provide role clarity, and they provide clarity to individuals about who's responsible for what, who has authority to do what, and it's -- again, it's a basic foundational item around governance.

And then four design compliance policies and procedures, we believe that the design and the implementation of compliance policies and procedures is another foundational way that a Compliance Program can be an effective program.

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CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: On culture and ethics. So I have a sign in my office upstairs that says "Culture Trumps Compliance". And those of us that are in the compliance business know that that is, in fact, true. You can train, you can do all kinds of

things. You can beat people over the head. But if you have a bad culture, you're going to be in trouble. And so we spend a lot of time on how to measure culture, how to make sure that our culture is moving in the right direction. And so up on the slide are fourth things that we do within our Compliance Program to help us manage, maintain, and improve our culture.

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So we measure CalPERS's culture. So we -- we conduct an annual survey of employee compliance awareness and we share those results with our integrated assurance partners and CalPERS leadership.

On the promote culture of integrity, we use a number of different tools to do this. We have discussion guides where we allow people to go out and talk about different compliance and ethics items with their groups. We do spotlight articles on inside CalPERS, where we have leadership discuss why ethics and compliance is important. And we do -- we sponsor activities during National Compliance and Ethics Week to engage team members in conversations about compliance and ethics in a relaxed informal atmosphere.

Promoting a culture of integrity is really important, and it has a really high organizational value for us.

On maintain reporting channels. Here, we produce

meaningful compliance reports that helpful fulfill oversight responsibilities at all levels. For instance, we do reporting to this Committee. And you saw that in the consent items. On a quarterly basis, we're doing reporting. We do reporting to executive and senior management. And we're also doing reporting at operational levels, which, in our case, would be like our Division training coordinators and our compliance liaisons.

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On the intake and triage employee reports, here this is really talking about our ethics helpline. Our ethics helpline is important. It is anonymous an confidential and it represents a mechanism through which individuals can go and seek redress or make complaints without fear of retribution or retaliation. The outcomes of our ethics helpline reporting is reported to this Board and senior leadership.

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CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: On training and communication, again, this is one of the foundational elements of a Compliance Program. It's about prevent, for the training. And communication is also about the prevent and detect. For us, on training and communication, we conduct education and training programs that communicate compliance requirements to team members, external service providers and Board members.

We tailor training to different groups. We provide and track online mandatory training for all employees. In addition, we provide more tailored small group training live training sessions to specific groups of people, like our covered persons and our Form 700 filers. We also offer live large group training annually on a variety of compliance-related topics. And finally, we provide the -- those in senior leadership positions with one-to-one compliance and ethics training as part of their onboarding. So we take -- we take training very seriously.

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On measure training effectiveness, we measure training effectiveness by testing the knowledge and comprehension after online training by sending out surveys after the training sessions. On the develop -- sorry -- and deliver communications content, we reinforce compliance policies and procedures and CalPERS commitment to an ethical culture with effective ongoing communications.

Our annual Compliance Communications Plan seeks to provide not only meaningful but timely compliance communications throughout the year. And by developing our plan on an annual basis, we ensure that team members are consistently reminded about key compliance and ethics issues. So, for instance, we do a gift policy reminder

around the holidays.

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Multiple communication channels are used, and we use inside CalPERS banners to coordinate with email messages. We do online quizzes to supplement formal memos. And we spread our message at CalPERS-wide events that help ensure compliance and ethics can be seen as something fun and approachable. And an example of that is where we do Compliance and Risk Week and for national Take Your Child to Work Day, we did an activity with the kids that came in on compliance.

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CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO:

This slide on monitoring and testing compliance reflects how we perform the monitoring and testing aspect. On track the legal and regulatory environment, we help ensure effective risk assessment mitigation, monitoring, and reporting in order to reduce regulatory risk, increase stakeholder trust, and support CalPERS's business strategy.

For legal and compliance risk, we -- our process includes strategies, tools, and partnerships needed to identify risks quickly, assess and mitigate risks appropriately, and report risks effectively to key stakeholders. So an example of this is our compliance risk assessments.

On the monitor risk exposure, compliance risk exposure, we monitor changes to CalPERS's risk exposure on an ongoing basis by monitoring both regulated employee activities and metrics related to the Compliance Program's activities. An example of that would be our Personal Trading Regulation and Form 700 monitoring activities.

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For test and audit, we test the existence and efficacy of policies, procedures, and controls through coordination with internal audits, enterprise risk, and the performance of our own compliance targeted reviews and monitoring activities.

Finally, on build risk-specific mitigation plans, we create a consistent approach to mitigating identified compliance risks by building risk-specific mitigation plans.

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CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO:

Reporting. Enterprise Compliance evaluates the effectiveness of the Program through metrics and benchmarks and reports that information to key stakeholders. I think of this as a feedback loop. And we do this in a number of different ways. On the slide, it's small for you to see, but it's an excerpt really of the types of reporting that you see quarterly from us. And we're reporting on a bunch of different topics.

We report to you quarterly. We report to the execs monthly. We report to the liaisons monthly. During times of training, we do weekly and daily reporting on training requirements. So when we're getting close to when training due dates come, we're constantly letting people know where we're at, and making sure that they're able to go -- go sit with the people that need to do the training, so that we can achieve maximum number of compliance with our training due dates.

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And then finally, we benchmark our own program maturity against our peers on an annual basis and we report our progress to the Risk and Audit Committee.

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CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: So this slide serves as a recap. And it's really meant for -- to visualize sort of how the Compliance Program helps support CalPERS' performance objectives. On the base is the foundation of governance, and then using training and communication, culture and ethics, monitoring and testing, and reporting. All of these things go together to help us achieve the CalPERS performance.

And then at the conclusion of this presentation,

I would like to talk about new work Enterprise and

Compliance is engaging with the Investment Office. This

fiscal year, Enterprise Compliance has assumed investment

compliance activities previously performed within the Investment Office.

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With the changes being undertaken in the Investment Office, including changes to strategies, movement of activities and people, we've decided to further segregate compliance activities between the Investment Office and the enterprise. In essence, compliance activities that may be deemed more second-line have been moved out of the Investment Office leaving Investment Office functions to perform first-line activities.

And if you recall, when we looked at slide number 2, we talked about first-line activities are those activities that are being performed in the business essentially. They're boots on the ground. It's the people that own the risk and that are doing the compliance.

So how are we doing this?

Some responsibilities have been moved completely over to compliance. An example or examples of those are placement agent determination and reporting, contract related disclosure and reporting, Form 700 advice and training, personal trading advice and training, business partner misconduct.

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Activities completed and owned by ICOR, which is Investment Controls and Operational Risk, will continue to be monitored as will activities completed by other activities of the -- other areas of the Investment Office. And this approach is similar to the monitoring of first-line defense activities in other areas of CalPERS. In this respect, compliance activities are being aligned to the role occupied by Enterprise Compliance, while investment control and operational risk will be aligned with ICOR. We believe that this separation will help to clarify roles and will provide appropriate segregation of duties and reduce potential for conflicts of interest with respect to compliance activities completed within the Investment Office. With that, I will take questions, if there are any. Any questions? CHAIRPERSON MILLER: No, not seeing any questions. CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: Thank you. CHAIRPERSON MILLER: Thank you very much.

And on to Summary of Committee Direction.

CHIEF RISK OFFICER GRIMES: Actually, there's

three parts to the presentation, Mr. Chair. 24

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CHAIRPERSON MILLER: Okay. My mistake.

CHIEF RISK OFFICER GRIMES: And I'm up next. Forrest Grimes.

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CHAIRPERSON MILLER: Okay. Welcome.

CHIEF RISK OFFICER GRIMES: I am the Chief Risk
Officer. And as such, I lead the Enterprise Risk
Management Division. That's commonly referred to as ERMD.
And the purpose of ERMD is to facilitate the development
and maintenance of a risk-intelligent culture and
framework, so that CalPERS risks are effectively managed.
Thank you.

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So for this part of the presentation, I've taken really a two-part -- a two-pronged approach. I want to provide you with a brief history of the development of the Enterprise Risk Management Program here at CalPERS and then really show you how ERMD supports the Committee's delegated authority obligations. And then secondly, I would like to report on the current state of enterprise risks by updating the dashboard profiles and heat map at the end.

So let's begin on page one of attachment 1. For Committee members, that would be page 75 of your Board books. The wheel diagram that you see on the screen and

before you depicts various touchpoints when ERMD actually interacted directly with this Committee.

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Back in 2016, ERMD began developing a new dashboard, risk profiles, and heat map that really became the cornerstone of the current enterprise risk management framework.

So this particular activity fulfilled the Committee's responsibility to approve and oversee enterprise risk management -- the enterprise risk management framework, which is part of your delegated authority.

Examples of those documents appear on page three of this presentation. And I'll see if I can get there for the audience. That's page 77 of your Board books, but I'm going -- those are just examples. We're going to get into more detail on those later. I'm going to go back to the wheel diagram on page 75 to really kind of get into what we've done and how this really has interplayed with the Risk and Audit Committee.

So basically, in January of 2017, ERMD conducted a workshop with the Board to explore risk appetites. And we brought back risk appetite statements in June of that year, which we presented to this Committee. This really satisfied the Committee's obligation from a delegation perspective to set risk appetite and tolerances, excluding

investment risk, which is actually done in the Investment Committee.

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So today, the Committee -- I guess a question I would ask, if I were you, is many of you were not here in January of 2017. So basically, how do you have input into the risk appetite of the Risk and Audit Committee today?

And that really would come later. Today, you actually provide risk appetite guidance to staff through risk tolerances that appear in the Strategic Risk Measure Dashboard. And that was presented to you in Agenda Item 5d as a consent item and attachment 2. And sometime, if you have time, look at pages 24 through 26, if you have aren't already, and you can see those risk measures and you can see the associated risk tolerances, which basically, I think, are a much more effective way of actually conveying your risk appetite to the team -- to the CalPERS team.

So ERMD also provides an annual workplan and the results of our annual risk assessment to the Committee each year. Review and approval of the workplan fulfills the Committee's obligation to approve and oversee risk management strategy. The annual risk assessment provides current data to help the Committee make risk-informed decisions to support your oversight role.

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CHIEF RISK OFFICER GRIMES: Slide two is page 76
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    of your Board books. And that summarizes really how ERMD
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    activities support the Committee's delegated authority
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                  The Risk and Audit Committee delegation is
    obligations.
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    very clear. And the first six items really do pertain to
    Enterprise Risk Management. And this really kind of ties
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    those obligations that you have as a Committee to the
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    functions that ERMD actually performs.
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             So before we go any further, I'm going to stop
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   here to see if you have any questions on the actual
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    framework and how we got to where we are today?
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             CHAIRPERSON MILLER: Yeah, we have a question
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   here from Mr. Jones.
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             PRESIDENT JONES: Oh, accident.
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             CHAIRPERSON MILLER: Oh, that was an accident.
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             Okay.
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             (Laughter.)
             CHAIRPERSON MILLER: Okay. No. I'm seeing --
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             PRESIDENT JONES: I am awake.
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             BOARD MEMBER FECKNER: You finally got it figured
   out and it wasn't --
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             (Laughter.)
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             CHAIRPERSON JONES: Yeah, I finally got it to
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    turn on. Okay.
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             (Laughter.)
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CHAIRPERSON MILLER: So, okay, well moving right along.

CHIEF RISK OFFICER GRIMES: Thank you for the softball question, Mr. Jones. I appreciate that.

(Laughter.)

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PRESIDENT JONES: You're welcome.

CHIEF RISK OFFICER GRIMES: Okay. I'm going to shift gears and provide the Committee with the results of our 2019 risk assessment and updates to the dashboard profiles and heat map. The dashboard that appears in attachment 2 -- and I'm going to see if I can get there.

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CHIEF RISK OFFICER GRIMES: That's page 78 of your Board books. This summarizes changes between 2018 and 2019. And this year pension funding, health care administration, and benefit administration experienced increases in perceived risk threats. As you can see, information security, governance and control environment, talent management, and business continuity saw reduced risk concerns, while stakeholder confidence risk remained unchanged.

The risk profiles that appear in attachment 4, and those really are spread out between pages 80 and 96 of your Board books, really provide the updates and the methodology that was used to actually make these changes.

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CHIEF RISK OFFICER GRIMES: The heat map included as attachment 3, and that's on page 79 your Board books, graphically depicts the results of this year's risk assessment compared to prior year results score based on probability, impact, and velocity.

And this concludes my portion of the presentation, and I'm happy to answer any questions that you have.

CHAIRPERSON MILLER: Questions?

I'm not -- there we go. Let me see, that is Ms. Olivares.

COMMITTEE MEMBER OLIVARES: Thank you for this presentation. I have a question about the information asset risk, information security.

CHIEF RISK OFFICER GRIMES: Yes.

COMMITTEE MEMBER OLIVARES: So earlier we talked about having \$50 million of cybersecurity insurance or just securing that policy. Do you feel like that's adequate?

CHIEF RISK OFFICER GRIMES: Yes, I do. I would really -- you know, I'm just going to suggest that we don't get into too much detail on the particulars of this particular item, just due to the sensitive nature.

25 | However, we did consult with outside counsel, we consulted

with our internal team, looked at our risk exposure in depth, and we feel that -- that that was the right number to choose.

COMMITTEE MEMBER OLIVARES: Thank you.

CHAIRPERSON MILLER: Okay. That's it for the questions there.

On to Ms. Chappuie.

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CHIEF AUDITOR CHAPPUIE: Thank you.

Moving on to the third line of defense, internal audit. Office of Audit Services, I'm going to use the acronym OFAS, is the internal audit function of CalPERS. The mission of OFAS is to provide independent assurance that CalPERS's assets are safeguarded, operating efficiency is promoted, and compliance is maintained with applicable laws, regulations, and policies.

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CHIEF AUDITOR CHAPPUIE: OFAS has a charter that is approved by the Risk and Audit Committee documenting OFAS's authority, responsibility, purpose, and independence, among other things.

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CHIEF AUDITOR CHAPPUIE: Pursuant to Government Code 13886.5, OFAS follows the International Professional Practices Framework in performing its work. We refer to the framework as the internal auditing standards, a.k.a.

the Red Book.

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CHIEF AUDITOR CHAPPUIE: The Risk and Audit

Committee oversees key internal auditor activities,

including the approval of OFAS's risk-based annual audit

plan. In preparing this plan, OFAS collaborates with ECOM

and ERMD in conducting risk assessment meetings with

Calpers management team and then providing assurance to

minimize the location of coverage.

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CHIEF AUDITOR CHAPPUIE: Once the audit plan is approved, OFAS performs the audit assignments. And audit assignment involves various steps. It first -- it starts with an entrance conference, where we engage with the auditee. Auditee can either be a CalPERS division unit for internal audits, or an agency for an employer compliance review.

Auditors then perform their audit procedures during the field work. They provide updates to the auditee on the progress of the audit assignment during the field work. They conduct a pre-exit meeting to share their preliminary observations with the auditee.

Then auditors return to their office to complete the documentation of their analysis and conclusions. And they issue a draft report with their observations to the

auditee and conduct an exit conference. The auditee responds to the draft report, which is then incorporated in the final report.

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Once the report is finalized, it is pre-released to the executive team and then released to the Board members. A copy of the report is sent to the auditee as well. After the final report is issued, OFAS monitors the corrective actions, in accordance with OFAS's audit resolution policy, and provides status reports to the executive team and the Risk and Audit Committee.

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CHIEF AUDITOR CHAPPUIE: And as documented in the Audit Resolution Policy, audit findings can be resolved in one of two ways, Division management implements the recommendation contained in the -- or recommendations contained in the report or Division management accepts the risk of not implementing the corrective action.

And this concludes my portion of the presentation and I am happy to answer any questions that you may have.

CHAIRPERSON MILLER: Okay. It looks like we have some questions. I have a quick question before we go to Committee members. You mentioned two ways to respond. Would a third be -- way be that Division management proposes a different solution, or rather than accept the recommendation or just not take the recommendation, not do

anything, maybe there's an alternative solution that they may choose to implement?

CHIEF AUDITOR CHAPPUIE: We don't have that option as available, so it generally fits in either/or.

CHAIRPERSON MILLER: Okay.

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Committee?

CHIEF AUDITOR CHAPPUIE: There's no third option.

CHAIRPERSON MILLER: Thank you.

Okay. We'll go to Mr. Jones.

PRESIDENT JONES: Yeah, thank you.

CHAIRPERSON MILLER: He's there this time.

PRESIDENT JONES: This time it's for real.

Yeah, this is relative to David's question. So what if the audit has strong recommendations to make change and there's still disagreement, there's no escalation process where it's forwarded up to the Audit

CHIEF AUDITOR CHAPPUIE: The escalation process would kick in if there's a disagreement. And either the General Counsel or myself disagree with that recommendation or disagreement, then we would have to escalate it up to the Risk and Audit Committee.

PRESIDENT JONES: Okay. So there it is -- there is an escalation.

CHIEF AUDITOR CHAPPUIE: Yeah, and that's also documented in our resolution.

PRESIDENT JONES: Okay.

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CHAIRPERSON MILLER: Okay. Ms. Middleton.

VICE CHAIRPERSON MIDDLETON: All right. Let's state right on that same theme. Have you had situations where you have made recommendations and those recommendations were not accepted?

CHIEF AUDITOR CHAPPUIE: It very rarely happens. I think there was only one incident that -- or case during the last four or five years. And that again, following the Audit Resolution Policy, which was -- I informed the Risk Management Division, Forrest, for him to track that for the organization. It wasn't significant enough for us to escalate it to the Risk and Audit Committee, but it's being tracked by ERMD Division.

VICE CHAIRPERSON MIDDLETON: And how is that ultimately resolved?

CHIEF RISK OFFICER GRIMES: There is a specific policy on how this works. The way that I've really treated this is that there is an internal organization committee, which consists of the executive team with their risk hats on called the Integrated Assurance Risk Council. And if there is anything like that, I certainly would not feel confident to make decisions on behalf of the organization to accept risk myself, so I would vet that with the internal team and they would ultimately advise

the rest of the team what we should be doing.

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VICE CHAIRPERSON MIDDLETON: All right. Thank
you. I'd like to go back to slide 100 of 106, which
discusses the audit plan. Could you review for us how you
go about as an independent auditor -- internal auditor
making your decisions as to what are going to be the areas
that you want to audit during the course of a year?

CHIEF AUDITOR CHAPPUIE: Sure. So every year, generally around springtime, we do various things. We conduct meetings with the senior management team. We conduct meetings with the executive team members. We also send a survey to the Board members seeking their input.

All of that goes into a risk assessment matrix. Then after the -- that feedback, we also incorporate our knowledge and information based on prior year audits. We have a universe of auditable activities in that spreadsheet.

VICE CHAIRPERSON MIDDLETON: Um-hmm.

CHIEF AUDITOR CHAPPUIE: Based on this feedback, we rank everything. And then, of course, we have limited resources every year. We don't have unlimited resources to conduct all the assignments in the universe, so it's based on the number of man-hours we have available to us, and taken into consideration the vacancies as well. So we draw the line, and then everything above that -- that

bubbles above that is basically presented to the Risk and Audit Committee on our audit plan for approval.

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VICE CHAIRPERSON MIDDLETON: Okay. And are you satisfied that you have the resources that you need to do the audits that are necessary?

CHIEF AUDITOR CHAPPUIE: Thank you for that question. I believe so. We have, for example, speaking for the employer compliance reviews, or public agency reviews, during the last four years, we've pretty much doubled the number of reviews we are completing just incorporating the LEAN processes in doing so without adding any additional staff. And we're doing something similar on the internal audits side, where we're just improving the efficiencies, applying LEAN practices again, improving the processes, and increasing the number of reviews we're completing. I personally feel like we have adequate coverage. However, I'm open to any suggestions and feedback, if we need to do more reviews. I'm happy to take that into consideration.

We do a lot more than other pension auditors and audit shops. I know that for sure, because we're members of the Association of Public Pension Funds Auditors and we meet with them twice a year. They conduct conferences and we do discuss and network with those folks. And several locations I heard from them that we're doing a lot more

than they are. However, that has been the demand or request from the Risk and Audit Committee and which we're happy to honor and continue to do so.

VICE CHAIRPERSON MIDDLETON: Okay. And ultimately, when it comes to a question of what gets audited, who makes that final decision?

CHIEF AUDITOR CHAPPUIE: I do.

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VICE CHAIRPERSON MIDDLETON: Thank you.

CHAIRPERSON MILLER: Thank you. Seeing no more questions, thank you for the presentations and all the fine work. It's very much appreciated.

And we'll move on to summary of Committee direction. Ms. D'Adamo.

CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: So

I did not specifically take summary of committee

direction, other than Ms. Brown's comment about looking at
the materiality of the thresholds for the audits. Is that
a direction or is that a thought?

COMMITTEE MEMBER BROWN: I'd like us to. I don't know if Ms. Olivares agrees.

CHAIRPERSON MILLER: There we go.

COMMITTEE MEMBER OLIVARES: Am I good?

Yes, I would like to see that. I would like to know the percentage between that one and two percent, and then the absolute value of that.

CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 1 So what is the absolute value of the one 2 to two percent? 3 COMMITTEE MEMBER OLIVARES: No. So in terms of 4 what we found, in terms of the materiality threshold, so 5 it's within one to two percent. 6 CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 7 8 Um-hmm. 9 COMMITTEE MEMBER OLIVARES: So where we are 10 percentage-wise within that range. CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 11 Okay. 12 COMMITTEE MEMBER OLIVARES: And then the absolute 1.3 value of that. 14 CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 15 16 Okay. COMMITTEE MEMBER OLIVARES: 17 Thank vou. CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: 18 19 Thank you. 20 CHIEF EXECUTIVE OFFICER FROST: Just as a suggestion on that Committee direction, the Chair and Vice 21 2.2 Chair could meet with your independent auditors. One of 23 the things that we would not have control over is how they

determine materiality, but you could certainly give input

and maybe reset some of those expectations as they do

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their audit next year.

CHAIRPERSON MILLER: Yeah. Ms. Middleton.

VICE CHAIRPERSON MIDDLETON: Yes. I think this question of what the standard materiality should be is an appropriate one to review, but I would want us to look at what are best practices. There are many other organizations that are of equivalent size to Calpers and we should be consistent with what is best practices within this industry.

CHIEF COMPLIANCE OFFICER TIMBERLAKE D'ADAMO: Gotit.

CHAIRPERSON MILLER: Okay. That's that.

And I don't have any indication of public comment.

 $\hbox{ And so I think, unless there are any objections,} \\ \hbox{I will adjourn the meeting.}$ 

(Thereupon the California Public Employees' Retirement System, Board of Administration, Risk & Audit Committee open session meeting adjourned at 3:49 p.m.)

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## CERTIFICATE OF REPORTER

I, JAMES F. PETERS, a Certified Shorthand
Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing California Public Employees' Retirement System,

Board of Administration, Risk & Audit Committee open

session meeting was reported in shorthand by me, James F.

Peters, a Certified Shorthand Reporter of the State of

California;

That the said proceedings was taken before me, in shorthand writing, and was thereafter transcribed, under my direction, by computer-assisted transcription.

I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of November, 2019.

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James & Potter

JAMES F. PETERS, CSR

Certified Shorthand Reporter

License No. 10063