

Schedule Form for Lump-Sum Pension Plans  
Reporting Year 2015

Determination of Plan Liabilities and Required Municipal Contribution for 2016

Relief Association: Rockville Fire Relief Association

County/ Stearns  
Counties:

Enter Annual benefit level in effect for 2015: 2,120

(If you change your benefit level before 12/31/2015, the SC must be recalculated at the new level.)

	2015	2016
<b>Subtotal of Page 1 Liability - Active Members</b>	529,958	566,930

**Active Member Information**

Please Enter Dates in this format: **12/22/2015**

	Name	Status	Date of Birth	Fire Department Entry Date	Leaves of Absence and Breaks in Service (months)	Return to Service Member ?	To end of 2015		To end of 2016	
							Years of Service	Accrued Liability	Years of Service	Accrued Liability
1	Rodney Schaefer	Active	07/03/1961	07/04/1979			36	76,320	37	78,440
2	Don Simon	Active	04/04/1948	06/01/1981			35	74,200	36	76,320
3	Keith Massmann	Active	07/12/1966	10/01/1986			29	61,480	30	63,600
4	Mike Schlangen	Active	12/04/1965	10/01/1986			29	61,480	30	63,600
5	Tim Massmann	Active	10/22/1969	07/01/1988			28	59,360	29	61,480
6	Raphael Walz	Paid	07/09/1957	08/01/1991			24	0	25	0
7	Brenda Lodermeier	Active	01/18/1958	11/01/1993			22	46,640	23	48,760
8	Ron Vossen	Active	06/20/1968	09/01/1996			19	39,093	20	42,400
9	Travis Rothstein	Active	09/13/1982	05/01/2003	6		12	20,394	13	22,684
10	Ricky Hansen	Active	06/30/1973	09/01/2003			12	20,394	13	22,684
11	Brian Knapek	Active	09/27/1971	01/01/2005			11	18,190	12	20,394
12	Nicholas Filla	Active	04/26/1983	04/16/2008			8	12,211	9	14,119
13	Zach Hansen	Active	01/22/1985	12/16/2009			6	8,692	7	10,430
14	Mark Notch	Active	03/09/1970	04/20/2011			5	7,081	6	8,692
15	Andrew Struffert	Active	08/25/1988	03/26/2012			4	5,512	5	7,081
16	Daniel Welle	Active	02/23/1985	03/26/2012			4	5,512	5	7,081
17	Jordan Schaefer	Active	03/02/1994	03/26/2012			4	5,512	5	7,081
18	Jeremy Gross	Active	01/05/1989	11/21/2013			2	2,629	3	4,028
19	Krystal Lingofelt	Active	10/25/1992	11/21/2013			2	2,629	3	4,028
20	Scott Perrault	Active	05/01/1980	11/21/2013			2	2,629	3	4,028
21		Choose Status						0		0
22		Choose Status						0		0
23		Choose Status						0		0
24		Choose Status						0		0
25		Choose Status						0		0
26		Choose Status						0		0
27		Choose Status						0		0
28		Choose Status						0		0
29		Choose Status						0		0
30		Choose Status						0		0
31		Choose Status						0		0

**Deferred Member Information** (fully or partially vested)

See separate instructions regarding completion of the below fields.

Please enter dates in this format: 12/22/2015

Total Deferred Member Liabilities 2015 13,911  
 Total Deferred Member Liabilities 2016 13,911

<b>1</b>	Enter all information as it pertains to this member.				
Member Name:	<u>Keith Neu</u>	Benefit Level at Separation:	<u>875</u>	Months of Service Are Paid	<u>Yes</u>
Minimum Years Required to Vest:	<u>10</u>	DOB:	<u>11/27/1964</u>	Deferred Interest Paid (Select "Yes" if offered.) _____  If Interest is Paid, Choose Type: Choose Type Period Interest is Paid: Choose Interest Payment Period	
Service Dates: Entry:	<u>03/01/1984</u>	Separation:	<u>03/12/2000</u>		
LOAs and BIS (in months):	_____	Vesting %:	<u>84</u>		
Return to Service Member ?	_____ (Select "Yes" if applicable.)				
Total Service: Years:	<u>16</u>	Months (if paid):	<u>0</u>		
2015 Estimated Liability:	<u>0</u>	2016 Estimated Liability:		<u>0</u>	Status: Paid
For Relief ROR up to 5%, OSA ROR up to 5% or Board Set ROR up to 5% enter interest rates below.					
1984: _____ %	1989: _____ %	1994: _____ %	1999: _____ %	2004: _____ %	2010: _____ %
1985: _____ %	1990: _____ %	1995: _____ %	2000: _____ %	2005: _____ %	2011: _____ %
1986: _____ %	1991: _____ %	1996: _____ %	2001: _____ %	2006: _____ %	2012: _____ %
1987: _____ %	1992: _____ %	1997: _____ %	2002: _____ %	2007: _____ %	2013: _____ %
1988: _____ %	1993: _____ %	1998: _____ %	2003: _____ %	2008: _____ %	2014: _____ %
+Rate of return is calculated using the earnings projected on Page 4 of this form.				2009: _____ %	2015: _____ % +

<b>2</b>	Enter all information as it pertains to this member.				
Member Name:	<u>Bob Gross</u>	Benefit Level at Separation:	<u>1,500</u>	Months of Service Are Paid	<u>Yes</u>
Minimum Years Required to Vest:	<u>10</u>	DOB:	<u>10/19/1965</u>	Deferred Interest Paid (Select "Yes" if offered.) _____  If Interest is Paid, Choose Type: Choose Type Period Interest is Paid: Choose Interest Payment Period	
Service Dates: Entry:	<u>02/01/1987</u>	Separation:	<u>02/01/2007</u>		
LOAs and BIS (in months):	<u>0</u>	Vesting %:	<u>100</u>		
Return to Service Member ?	_____ (Select "Yes" if applicable.)				
Total Service: Years:	<u>20</u>	Months (if paid):	<u>0</u>		
2015 Estimated Liability:	<u>0</u>	2016 Estimated Liability:		<u>0</u>	Status: Paid
For Relief ROR up to 5%, OSA ROR up to 5% or Board Set ROR up to 5% enter interest rates below.					
1984: _____ %	1989: _____ %	1994: _____ %	1999: _____ %	2004: _____ %	2010: _____ %
1985: _____ %	1990: _____ %	1995: _____ %	2000: _____ %	2005: _____ %	2011: _____ %
1986: _____ %	1991: _____ %	1996: _____ %	2001: _____ %	2006: _____ %	2012: _____ %
1987: _____ %	1992: _____ %	1997: _____ %	2002: _____ %	2007: _____ %	2013: _____ %
1988: _____ %	1993: _____ %	1998: _____ %	2003: _____ %	2008: _____ %	2014: _____ %
+Rate of return is calculated using the earnings projected on Page 4 of this form.				2009: _____ %	2015: _____ % +

<b>3</b>	Enter all information as it pertains to this member.				
Member Name:	<u>Tom Maselter</u>	Benefit Level at Separation:	<u>875</u>	Months of Service Are Paid	<u>Yes</u>
Minimum Years Required to Vest:	<u>10</u>	DOB:	<u>09/24/1969</u>	Deferred Interest Paid (Select "Yes" if offered.) _____  If Interest is Paid, Choose Type: Choose Type _____ Period Interest is Paid: Choose Interest Payment Period _____	
Service Dates: Entry:	<u>06/01/1988</u>	Separation:	<u>08/01/2000</u>		
LOAs and BIS (in months):	_____	Vesting %:	<u>68</u>		
Return to Service Member ?	_____ (Select "Yes" if applicable.)				
Total Service: Years:	<u>12</u>	Months (if paid):	<u>2</u>		
2015 Estimated Liability:	<u>7,239</u>				
2016 Estimated Liability:	<u>7,239</u>	Status:	<u>Deferred</u>		
For Relief ROR up to 5%, OSA ROR up to 5% or Board Set ROR up to 5% enter interest rates below.					
1984: _____ %	1989: _____ %	1994: _____ %	1999: _____ %	2004: _____ %	2010: _____ %
1985: _____ %	1990: _____ %	1995: _____ %	2000: _____ %	2005: _____ %	2011: _____ %
1986: _____ %	1991: _____ %	1996: _____ %	2001: _____ %	2006: _____ %	2012: _____ %
1987: _____ %	1992: _____ %	1997: _____ %	2002: _____ %	2007: _____ %	2013: _____ %
1988: _____ %	1993: _____ %	1998: _____ %	2003: _____ %	2008: _____ %	2014: _____ %
+Rate of return is calculated using the earnings projected on Page 4 of this form.				2009: _____ %	2015: _____ % +

<b>4</b>	Enter all information as it pertains to this member.				
Member Name:	<u>Robert Massmann</u>	Benefit Level at Separation:	<u>900</u>	Months of Service Are Paid	<u>Yes</u>
Minimum Years Required to Vest:	<u>10</u>	DOB:	<u>10/07/1966</u>	Deferred Interest Paid (Select "Yes" if offered.) _____  If Interest is Paid, Choose Type: Choose Type _____ Period Interest is Paid: Choose Interest Payment Period _____	
Service Dates: Entry:	<u>06/01/1990</u>	Separation:	<u>12/31/2003</u>		
LOAs and BIS (in months):	<u>24</u>	Vesting %:	<u>64</u>		
Return to Service Member ?	_____ (Select "Yes" if applicable.)				
Total Service: Years:	<u>11</u>	Months (if paid):	<u>7</u>		
2015 Estimated Liability:	<u>6,672</u>				
2016 Estimated Liability:	<u>6,672</u>	Status:	<u>Deferred</u>		
For Relief ROR up to 5%, OSA ROR up to 5% or Board Set ROR up to 5% enter interest rates below.					
1984: _____ %	1989: _____ %	1994: _____ %	1999: _____ %	2004: _____ %	2010: _____ %
1985: _____ %	1990: _____ %	1995: _____ %	2000: _____ %	2005: _____ %	2011: _____ %
1986: _____ %	1991: _____ %	1996: _____ %	2001: _____ %	2006: _____ %	2012: _____ %
1987: _____ %	1992: _____ %	1997: _____ %	2002: _____ %	2007: _____ %	2013: _____ %
1988: _____ %	1993: _____ %	1998: _____ %	2003: _____ %	2008: _____ %	2014: _____ %
+Rate of return is calculated using the earnings projected on Page 4 of this form.				2009: _____ %	2015: _____ % +

<b>5</b>	Enter all information as it pertains to this member.				
Member Name:	<u>James Hartung</u>	Benefit Level at Separation:	<u>1,500</u>	Months of Service Are Paid	<u>Yes</u>
Minimum Years Required to Vest:	<u>10</u>	DOB:	<u>02/08/1961</u>		
Service Dates:	Entry: <u>07/01/2000</u>	Separation:	<u>07/01/2013</u>		
LOAs and BIS (in months):	<u>0</u>	Vesting %:	<u>72</u>		
Return to Service Member ?	(Select "Yes" if applicable.)				
Total Service: Years:	<u>13</u>	Months (if paid):	<u>0</u>		
2015 Estimated Liability:	<u>0</u>				
2016 Estimated Liability:	<u>0</u>	Status:	<u>Paid</u>		
For Relief ROR up to 5%, OSA ROR up to 5% or Board Set ROR up to 5% enter interest rates below.					
1984: <u>    </u> %	1989: <u>    </u> %	1994: <u>    </u> %	1999: <u>    </u> %	2004: <u>    </u> %	2010: <u>    </u> %
1985: <u>    </u> %	1990: <u>    </u> %	1995: <u>    </u> %	2000: <u>    </u> %	2005: <u>    </u> %	2011: <u>    </u> %
1986: <u>    </u> %	1991: <u>    </u> %	1996: <u>    </u> %	2001: <u>    </u> %	2006: <u>    </u> %	2012: <u>    </u> %
1987: <u>    </u> %	1992: <u>    </u> %	1997: <u>    </u> %	2002: <u>    </u> %	2007: <u>    </u> %	2013: <u>    </u> %
1988: <u>    </u> %	1993: <u>    </u> %	1998: <u>    </u> %	2003: <u>    </u> %	2008: <u>    </u> %	2014: <u>    </u> %
+Rate of return is calculated using the earnings projected on Page 4 of this form.				2009: <u>    </u> %	2015: <u>    </u> % +

Deferred Interest Paid  
(Select "Yes" if offered.)     

If Interest is Paid, Choose Type:  
Choose Type

Period Interest is Paid:  
Choose Interest Payment Period

<b>6</b>	Enter all information as it pertains to this member.				
Member Name:	_____	Benefit Level at Separation:	_____	Months of Service Are Paid	_____
Minimum Years Required to Vest:	_____	DOB:	_____		
Service Dates:	Entry: _____	Separation:	_____		
LOAs and BIS (in months):	_____	Vesting %:	_____		
Return to Service Member ?	(Select "Yes" if applicable.)				
Total Service: Years:	_____	Months (if paid):	_____		
2015 Estimated Liability:	_____				
2016 Estimated Liability:	_____	Status:	<u>Deferred</u>		
For Relief ROR up to 5%, OSA ROR up to 5% or Board Set ROR up to 5% enter interest rates below.					
1984: <u>    </u> %	1989: <u>    </u> %	1994: <u>    </u> %	1999: <u>    </u> %	2004: <u>    </u> %	2010: <u>    </u> %
1985: <u>    </u> %	1990: <u>    </u> %	1995: <u>    </u> %	2000: <u>    </u> %	2005: <u>    </u> %	2011: <u>    </u> %
1986: <u>    </u> %	1991: <u>    </u> %	1996: <u>    </u> %	2001: <u>    </u> %	2006: <u>    </u> %	2012: <u>    </u> %
1987: <u>    </u> %	1992: <u>    </u> %	1997: <u>    </u> %	2002: <u>    </u> %	2007: <u>    </u> %	2013: <u>    </u> %
1988: <u>    </u> %	1993: <u>    </u> %	1998: <u>    </u> %	2003: <u>    </u> %	2008: <u>    </u> %	2014: <u>    </u> %
+Rate of return is calculated using the earnings projected on Page 4 of this form.				2009: <u>    </u> %	2015: <u>    </u> % +

Deferred Interest Paid  
(Select "Yes" if offered.)     

If Interest is Paid, Choose Type:  
Choose Type

Period Interest is Paid:  
Choose Interest Payment Period

**Unpaid Installments**

Enter here the name of each member who has been paid portions of his pension benefit and who still has outstanding liabilities. Enter dates in this format: 12/22/2015

Name	Status	Birth Date	Entry Date	Separation Date	Amount Previously Paid	2015 Estimated Liability	2016 Estimated Liability
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						
	Unpaid Installment						

Totals

0	0
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**Calculation of Normal Cost**

	2015	2016	
Total Active Member Liabilities	529,958	566,930	
Total Deferred Member Liabilities	13,911	13,911	
Total Unpaid Installments	0	0	
Grand Total Special Fund Liability	A. 543,869	B. 580,841	
Normal Cost (Cell B minus Cell A)			C. 36,972

**Projection of Net Assets for Year Ending December 31, 2015**

Special Fund Assets at December 31, 2014 (RF-14 ending assets) 1 448,631

Projected Income for 2015

Fire State Aid (2014 fire state aid of \$12,742 may be increased by up to 3.5%)	D.	13,188
Supplemental State Aid (actual 2014 supplemental state aid)	E.	3,083
Municipal / Independent Fire Dept. Contributions	F.	
Interest / Dividends	G.	9,000
Appreciation / (Depreciation)	H.	13,432
Member Dues	I.	
Other Revenues	J.	

Total Projected Income for 2015 (Add Lines D through J) 2 38,703

Projected Expenses for 2015

Service Pensions	K.	78,760
Member Names:		
Keith Nev		
Bob Gross		
Raphael Walz		

Other Benefits	L.	
Administrative Expenses	M.	

Total Projected Expenses for 2015 (Add Lines J through M) 3 78,760

Projected Net Assets at December 31, 2015 (Add Lines 1 and 2, subtract Line 3) 4 408,574

**Projection of Surplus or (Deficit) as of December 31, 2015**

Projected Assets (Line 4)	5	408,574
2015 Accrued Liability (Page 4, cell A)	6	543,869
Surplus or (Deficit) (Line 5 minus Line 6)	7	(135,295)

**Calculation of Required Contribution**

Year Incurred	Deficit Information - Original		Deficit Information - Adjusted		
	Original Amount	Amount Retired as of 12/31/2014	Original Amount	Amount Retired as of 12/31/2015	Amount Left to Retire 1/1/2016
2006	0	0			
2007	0	0			
2008	0	0			
2009	157,316	157,316			
2010	57,671	27,507	57,671	33,274	24,397
2011	3,621	1,086	3,621	1,448	2,173
2012	17,672	3,534	17,672	5,301	12,371
2013	0	0			
2014	0	0			
2015			96,354		96,354
Totals	236,280	189,443	175,318	40,023	135,295

Normal Cost (Page 4, cell C)	8	36,972
Projected Administrative Expense	9	0
Amortization of Deficit (Total of Original Amount column x 0.10)	10	17,532
10% of Surplus (Line 7 x 0.10)	11	0
Fire and Supplemental State Aid	12	16,271
Member Dues	13	0
5% of Projected Assets at December 31, 2015 (Line 4 x 0.05)	14	20,429
Required Contribution (Add Lines 8, 9 and 10, subtract Lines 11, 12, 13 and 14. If negative, zero is displayed.)	15	17,804

**Enter 2014 Admin Exp here: 9**

**The required contribution must be made during 2016.**

This Schedule Form must be fully completed, certified by the relief association officers, forwarded to the municipal clerk/independent secretary on or before August 1, 2015, and submitted to the Office of the State Auditor to be eligible for Fire State Aid.

Officer Certification

We, the officers of the Rockville Fire Relief Association, certify that this Schedule Form was prepared under Minn. Stat. § 424A.092 and that the annual benefit level of \$2,120 per year of service was established according to the average amount of available financing.

We further certify that based on the financial requirements of the Relief Association's Special Fund for the 2015 calendar year, the required 2016 contribution is \$17,804. If the bylaws of the Relief Association changed in 2015, we have attached a copy of the amendment or updated bylaws. We have also enclosed a copy of the municipal/board ratification of this amendment if required under Minn. Stat. § 424A.092, subd. 6.

Signature of President [Signature]

Signature of Secretary [Signature]

Signature of Treasurer [Signature]

Ron	Vossen
First Name	Last Name
Brenda	Londemeier
First Name	Last Name
Zach	Hansen
First Name	Last Name

<u>1-11-16</u>
Date
<u>1-11-16</u>
Date
<u>1-11-16</u>
Date

Municipal Clerk / Independent Secretary Certification\*

\*See the form instructions for additional information about certification requirements.

I am the municipal clerk of Rockville / secretary of the \_\_\_\_\_ independent nonprofit firefighting corporation. I received on \_\_\_\_\_, the completed Schedule Form from the Rockville Fire Relief Association.

I have reviewed Line 15 of the Schedule Form. If Line 15 shows a required contribution, I certify that I will advise the governing municipal body or the independent nonprofit firefighting corporation of any required contribution at its next regularly scheduled meeting.

Signature of Municipal Clerk/Secretary of independent nonprofit firefighting corporation [Signature]

First Name Judith Last Name New

Date 1-5-2016

320-251-5834  
Business Telephone

Please provide the telephone numbers for the work location(s) at which you conduct relief association business.  
**THIS CONTACT INFORMATION IS PUBLIC; IT WILL BE AVAILABLE TO ANYONE ON REQUEST.**