



March 15, 2016

Ms. Debbie Wolfe
Chief Business Official
Ross School District
P.O. Box 1058
Ross, CA 94957

Re: Ross School District ("District") GASB 45 Valuation

Dear Ms. Wolfe:

This report sets forth the results of our GASB 45 actuarial valuation of the District's retiree health insurance program as of July 1, 2015.

In June, 2004 the Governmental Accounting Standards Board (GASB) issued accrual accounting standards for retiree healthcare benefits, GASB 43 and GASB 45. GASB 43/45 require public employers such as the District to perform periodic actuarial valuations to measure and disclose their retiree healthcare liabilities for the financial statements of both the employer and the trust, if any, set aside to pre-fund these liabilities. The District must obtain actuarial valuations of its retiree health insurance program under GASB 45 not less frequently than once every three years.

To accomplish these objectives the District selected Demsey, Filliger and Associates (DF&A) to perform an actuarial valuation of the retiree health insurance program as of July 1, 2015. This report may be compared with the valuation performed by DF&A as of July 1, 2012, to see how the liabilities have changed since the last valuation. We are available to answer any questions the District may have concerning the report.

Financial Results

We have determined that the amount of actuarial liability for District-paid retiree benefits is \$4,741,629 as of July 1, 2015. This represents the present value of all benefits expected to be paid by the District for its current and future retirees. If the District were to place this amount in a fund earning interest at the rate of 4.0% per year, and all other actuarial assumptions were exactly met, the fund would have exactly enough to pay all expected benefits.

This includes benefits for 26 retirees as well as 54 active employees who may become eligible to retire and receive benefits in the future. The valuation excludes employees hired after the beginning of the 2015-16 school year.

When we apportion the \$4,741,629 into past service and future service components under the Projected Unit Credit Cost Method, the past service liability (or "Accrued Liability") component is \$3,086,992 as of July 1, 2015. This represents the present value of all benefits earned to date assuming that an employee earns retiree healthcare benefits ratably over his or her career. The \$3,086,992 is comprised of liabilities of \$1,515,335 for active employees and \$1,571,657 for retirees. Because the District has not established an irrevocable trust for the pre-funding of retiree healthcare benefits, the Unfunded Accrued Liability (called the UAL, equal to the AL less Assets) is also \$3,086,992.

We have determined that Ross School District's "Annual Required Contributions", or "ARC", for the fiscal year 2015-16, is \$338,061. The \$338,061 is comprised of the present value of benefits accruing in the current year, called the "Service Cost", and a 30-year amortization of the UAL. We estimate that the District will pay approximately \$108,473 for the 2015-16 fiscal year in healthcare costs for its retirees, so the difference between the accrual accounting expense (ARC) and pay-as-you-go is an increase of \$229,588.

There are two adjustments to the ARC that are required in order to determine the District's Annual OPEB Cost (AOC) for the 2015-16 fiscal year. We have calculated these adjustments based on an estimated Net OPEB Obligation of \$409,923 as of June 30, 2015, resulting in an AOC for 2015-16 of \$330,752.

We show these numbers in the table on the next page and in Exhibit II. All amounts are net of expected future retiree contributions, if any.

Ross School District
Annual Liabilities and Expense under
GASB 45 Accrual Accounting Standard
Projected Unit Credit Cost Method

Item	Amounts for Fiscal 2015-16
Present Value of Future Benefits (PVFB)	
Active	\$3,169,972
Retired	<u>1,571,657</u>
Total: PVFB	\$4,741,629
Accrued Liability (AL)	
Actives	\$1,515,335
Retired	<u>1,571,657</u>
Total: AL	\$3,086,992
Assets	(0)
Total: Unfunded AL	\$3,086,992
Annual Required Contributions (ARC)	
Service Cost At Year-End	\$159,540
30-year Amortization of Unfunded AL	<u>178,521</u>
Total: ARC	\$338,061
Adjustments to ARC	
Interest on Net OPEB Obligation*	16,397
Adjustment to ARC*	<u>(23,706)</u>
Total: Annual OPEB Cost (AOC) for 2015-16	\$330,752

*Amounts based on estimated June 30, 2015 Net OPEB Obligation of \$409,923.

The ARC of \$338,061, shown above, should be used for the 2015-16 and 2016-17 fiscal years, but the Annual OPEB Cost for both years must include an adjustment based on the Net OPEB Obligation as reported in the preceding year's financial statement, which is not known precisely in advance.

When the District begins preparation of the June 30, 2015 government-wide financial statements, DF&A will provide the District and its auditors with complimentary assistance in preparation of footnotes and required supplemental information for compliance with GASB 45 (and GASB 43, if applicable).

Differences from Prior Valuation

The most recent prior valuation was completed as of July 1, 2012 by DF&A. The AL (Accrued Liability) as of that date was \$2,424,106 (see page 3 of the prior report), compared to \$3,086,992 as of July 1, 2015. In this section, we provide a reconciliation between the two numbers so that it is possible to trace the AL from one actuarial report to the next.

Several factors have caused the AL to change since 2012. The AL increases as employees accrue more service and get closer to receiving benefits. There are actuarial gains/losses from one valuation to the next, and changes in actuarial assumptions and methodology for the current valuation. To summarize, the most important changes were as follows:

1. There was a gain (a decrease in the AL) of \$157,117 due to increases in healthcare premiums less than expected.
2. There was a gain (a decrease in the AL) of \$2,020 due to a decrease in the PERS Health administrative fee from 0.37% of premium to 0.32% of premium.
3. We changed to more up-to-date mortality tables. This change increased the AL by \$155,273.
4. We increased the healthcare trend rate to 8% for 2015-16 graded down to an ultimate of 5% over the next three years. This change increased the AL by \$109,048.
5. We included the "implicit subsidy" as required by Actuarial Standard of Practice Number 6 (ASOP 6). Please see page 8 for further details. This change increased the AL by \$337,457.
6. There was a net census gain (a decrease in the AL) of \$19,846.

The estimated changes to the AL from July 1, 2012 to July 1, 2015 may be summarized as follows:

Changes to AL	AL
AL as of 7/1/12	\$2,424,106
Passage of time	240,091
Increases in premiums < expected	(157,117)
Change in PERS Health admin fee	(2,020)
Change in mortality tables	155,273
Change in healthcare trend rate	109,048
Valuation of implicit subsidy	337,457
Census (gain)	<u>(19,846)</u>
AL as of 7/1/15	\$3,086,992

Funding Schedules

There are many ways to approach the pre-funding of retiree healthcare benefits. In the *Financial Results* section, we determined the annual expense for all District-paid benefits. The expense is an orderly methodology, developed by the GASB, to account for retiree healthcare benefits. This amount will fluctuate from year to year based on the asset performance and as the population matures. However, the GASB 45 expense has no direct relation to amounts the District may set aside to pre-fund healthcare benefits.

The table on the next page provides the District with three alternative schedules for funding (as contrasted with expensing) retiree healthcare benefits. The schedules all assume that the retiree fund earns 4.0% per annum on its investments, a starting Fund 20 value of \$134,245 as of July 1, 2015, and that contributions and benefits are paid mid-year.

The schedules are:

1. A level contribution amount for the next 20 years.
2. A level percent of the Unfunded Accrued Liability.
3. A constant percentage (3%) increase for the next 20 years.

We provide these funding schedules to give the District a sense of the various alternatives available to it to pre-fund its retiree healthcare obligation. The three funding schedules are simply three different examples of how the District may choose to spread its costs.

By comparing the schedules, you can see the effect that early pre-funding has on the total amount the District will eventually have to pay. Because of investment earnings on fund assets, the earlier contributions are made, the less the District will have to pay in the long run. Of course, the advantages of pre-funding will have to be weighed against other uses of the money.

The table on the following page shows the required annual outlay under the pay-as-you-go method and each of the above schedules. **The three funding schedules include the "pay-as-you-go" costs; therefore, the amount of pre-funding is the excess over the "pay-as-you-go" amount.**

Treatment of Implicit Subsidy

We exclude the implicit subsidy from these funding schedules because we do not recommend that the District pre-fund for the full age-adjusted costs reflected in the GASB 45 liabilities shown in the first section of this report. If the District's premium structure changes in the future to explicitly charge under-age 65 retirees for the full actuarial cost of their benefits, this change will be offset by a lowering of the active employee rates (all else remaining equal), resulting in a direct reduction in District operating expenses on behalf of active employees from that point forward. For this reason among others, we believe that pre-funding of the full GASB liability would be redundant.

Ross School District

Sample Funding Schedules (Closed Group)

Starting Fund 20 Value of \$134,245 as of July 1, 2015

Fiscal Year	Pay-as-you-go	Level Contribution for 20 years	Level % of Unfunded Liability	Constant Percentage Increase
2015	\$108,473	\$278,725	\$653,823	\$215,572
2016	119,451	278,725	529,475	222,039
2017	142,592	278,725	432,583	228,701
2018	144,866	278,725	358,082	235,562
2019	157,363	278,725	299,525	242,628
2020	175,386	278,725	254,189	249,907
2021	185,553	278,725	219,535	257,404
2022	192,070	278,725	192,644	265,127
2023	218,897	278,725	171,550	273,080
2024	250,877	278,725	156,235	281,273
2025	254,239	278,725	145,611	289,711
2026	253,735	278,725	136,800	298,402
2027	267,857	278,725	129,168	307,354
2028	248,533	278,725	123,256	316,575
2029	271,561	278,725	116,836	326,072
2030	277,559	278,725	112,278	335,854
2031	232,417	278,725	108,204	345,930
2032	215,548	278,725	102,054	356,308
2033	230,040	278,725	95,804	366,997
2034	228,862	278,725	90,922	378,007
2035	227,462	0	86,374	0
2036	225,673	0	82,077	0
2037	223,672	0	77,961	0
2038	221,377	0	73,981	0
2039	232,921	0	70,099	0
2040	201,679	0	66,737	0
2041	196,489	0	62,427	0
2042	203,780	0	58,272	0
2043	185,958	0	54,585	0
2044	167,926	0	50,606	0
2045	161,305	0	46,486	0
2046	154,944	0	42,582	0
2047	137,823	0	38,885	0
2048	129,571	0	35,198	0
2049	131,329	0	31,742	0
2050	117,349	0	28,634	0
2055	70,518	0	15,469	0
2060	48,410	0	5,415	0
2065	33,859	0	1,621	0
2070	22,205	0	487	0

Note to auditor: when calculating the employer OPEB contribution for the year ending on the statement date, we recommend multiplying the actual District-paid premiums on behalf of retirees by a factor of 1.1623 to adjust for the implicit subsidy.

Actuarial Assumptions

In order to perform the valuation, the actuary must make certain assumptions regarding such items as rates of employee turnover, retirement, and mortality, as well as economic assumptions regarding healthcare inflation and interest rates. Our assumptions are based on a standard set of assumptions we have used for similar valuations, modified as appropriate for the District. For example, turnover rates are taken from a standard actuarial table, T-5, increased by 60% at all ages. This matches the District's historic turnover patterns. Retirement rates were also based on recent District retirement patterns. Both assumptions should be reviewed in the next valuation to see if they are tracking well with experience.

The discount rate of 4.0% is based on our best estimate of expected long-term plan experience. It is in accordance with our understanding of the guidelines for selection of this rate under GASB 45 for unfunded plans such as the District's. The healthcare trend rates are based on our analysis of recent District experience and our knowledge of the general healthcare environment.

A complete description of the actuarial assumptions used in the valuation is set forth in the "Actuarial Assumptions" section.

Projected Annual Pay-as-you go Costs

As part of the valuation, we prepared a projection of the expected annual cost to the District to pay benefits on behalf of its retirees on a pay-as-you-go basis. These numbers are computed on a closed group basis, assuming no new entrants, and are net of retiree contributions. Projected pay-as-you-go costs for selected years are as follows:

FYB	Pay-as-you-go
2015	\$108,473
2016	119,451
2017	142,592
2018	144,866
2019	157,363
2020	175,386
2025	254,239
2030	277,559
2035	227,462
2040	201,679
2045	161,305
2050	117,349
2055	70,518
2060	48,410
2065	33,859
2070	22,205

Valuation of Implicit Subsidy

In past GASB 45 valuations for the District, we have availed ourselves of the "community rating" exception to PERS Health (PEMHCA). This exception has permitted an actuary to ignore the effects of the use of a blended premium for active employees and early retirees (those under age 65) as is the case for PEMHCA. This unique treatment of PEMHCA resulted in actuarial estimates for PEMHCA agencies that were significantly lower than for most other insurance providers, and has been prevailing practice among California-based actuarial firms. The Actuarial Standards Board has amended Actuarial Standard of Practice Number 6 (ASOP 6) to virtually eliminate this practice for valuations beginning with the July 1, 2015 fiscal year. As shown on page 4 of this report, the Accrued Liability for the District's implicit subsidy is approximately \$337 thousand. The new GASB OPEB standards, expected to take effect in 2017, contain guidance that will require actuaries to continue to include this subsidy, where applicable, for all future OPEB valuations. Please feel free to call us at (818) 718-1266 if you would like further explanation of this change.

Breakdown by Employee/Retiree Group

Exhibit I, attached at the end of the report, shows a breakdown of the GASB 45 components (ARC, AL, Service Cost, and PVFB) by bargaining unit (or non-represented group) and separately by active employees (future retirees) and current retirees.

Net OPEB Obligation and Annual OPEB Cost (AOC)

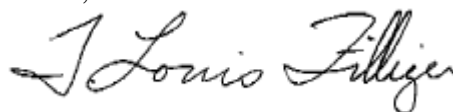
Exhibit II shows a development of the District's Net OPEB Obligation as of June 30, 2009 through June 30, 2015, and the Annual OPEB Cost ("AOC") for the fiscal years ending June 30, 2010 through June 30, 2016. The Net OPEB Obligation as of June 30, 2015 and the AOC for 2015-16 are estimates as of the date this report is being published.

Certification

The actuarial certification, including a caveat regarding limitations of scope, if any, is contained in the "Actuarial Certification" section at the end of the report.

We have enjoyed working with the District on this report, and are available to answer any questions you may have concerning any information contained herein.

Sincerely,
DEMSEY, FILLIGER AND ASSOCIATES



T. Louis Filliger, FSA, EA, MAAA
Partner & Actuary

Benefit Plan Provisions

This report analyzes the actuarially projected costs of the District's retiree health insurance program. Our findings and assumptions are based on census data as of July 1, 2015 and PEMHCA premiums blended 50-50 for calendar years 2015 and 2016.

Integrated medical/prescription drug coverage is provided through CalPERS under the Public Employees' Medical and Hospital Care Act (PEMHCA). Employees may choose from a variety of HMO and PPO options.

The District is deemed to contribute to employees' health insurance under PEMHCA, up to the statutory dollar amount, currently \$122/month for 2015 and \$125/month for 2016 (as indexed by the Medical CPI for future years). The District also contributes additional funds that may be used by the employee to defray the cost of medical insurance, up to a maximum of 120% of the Kaiser HMO single-party basic rate, \$857.34/month for 2015. In addition the District contributes the cost of single-party dental insurance (Delta Dental), vision insurance (VSP Vision), and Standard Life Insurance. Dependent coverage, if elected, and the additional cost, if any, of a more expensive medical plan option must be paid for by the employee or retiree.

The District offers the same health plans to its retirees as to its active employees, with the exception that once a retiree becomes eligible for Medicare (that is, reaches age 65), he or she must join a Medicare HMO or a Medicare Supplement plan under PEMHCA.

Statutory Minimum Benefit

Employees become eligible to retire and receive the PEMHCA statutory minimum benefit upon attainment of age 50 and 5 years of covered PERS service, or by qualifying disability retirement status. Benefits are paid for the lifetime of the retiree and, if applicable, the surviving spouse of the retiree. The District's contribution on behalf of all eligible retirees is determined under the "Unequal Contribution Method", under which the contribution for retirees is equal to the PEMHCA designated District contribution for active employees (\$122/month for 2015), times 5% multiplied by the number of years the District has participated in PEMHCA, to a maximum of 100% of the contribution for active employees after the District has been in PEMHCA for 20 years. 2015 is the District's 15th year in PEMHCA; therefore, the contribution for retirees is \$91.50 (75% of what it is for active employees). The District also pays a 0.32% of premium administrative charge for all retirees.

In addition to the statutory minimum described above, employees who retire after the later of age 55 and 10 years of service with the District may receive supplemental District benefits (medical, dental, vision and life insurance) according to their date of hire, as described on the following page.

Benefit Plan Provisions (Continued)
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Supplemental District-paid Benefits

For employees who have attained age 55 and completed 10 years of service at the time of their retirement, the District will contribute supplemental amounts according to the employee's date of hire, as follows:

(1) Hired prior to April 1, 1986 ("Tier 1"): Benefits payable for life up to the District caps applicable to active employees;

(2) Hired on or after April 1, 1986 but on or before June 30, 1999 ("Tier 2"): Benefits payable until age 65 up to the District caps applicable to active employees, reducing to 50% of such amount beginning at age 65 and for the retiree's further lifetime.

(3) Hired on or after July 1, 1999 ("Tier 3"): Benefits payable until age 65 up to the District caps applicable to active employees; no further supplemental benefits payable after age 65. (However, the retiree may continue to receive the statutory minimum contribution from the District for his or her further lifetime based on continued enrollment in PEMHCA).

All amounts described above will be offset by the District's statutory minimum contribution, which is made directly to PERS. If the statutory minimum contribution exceeds the amount described above, the statutory minimum will be paid in its entirety by the District.

Premiums

The following table shows January 1, 2015 monthly PERS Health (PEMHCA) premiums for retirees within the "Bay Area" region, and dental, vision, and life insurance premiums effective as of October 1, 2015:

	Blue Shield HMO	Kaiser HMO	PERS Choice PPO	PERS Care PPO
<u>Basic Plan</u>				
Retiree	\$928.87	\$714.45	\$700.84	\$775.08
Retiree + 1	1,857.74	1,428.90	1,401.68	1,550.16
Family	2,415.06	1,857.57	1,822.18	2,015.21
<u>Medicare Supplement</u>				
Retiree	\$352.63	\$295.51	\$339.47	\$368.76
Retiree + 1	705.26	591.02	678.94	737.52
Family	1,057.89	886.53	1,018.41	1,106.28

Dental, Vision & Life	Delta Dental	VSP Vision	Life Ins.
Retiree Only	\$51.47	\$9.30	\$1.39
Retiree 2 Party	102.95	19.43	1.39
Family	149.28	27.90	1.39

Valuation Data

Active and Retiree Census

Age distribution of retirees included in the valuation

Age	Count
Under 55	0
55-59	0
60-64	2
65-69	15
70-74	2
75-79	4
80-84	0
85-89	1
90+	<u>2</u>
Total	26
Average Age	70.00

Age/Years of service distribution of active employees included in the valuation

Years→	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35+	Total
<u>Age</u>									
<25	1								1
25-29	7	0							7
30-34	3	2	1						6
35-39	4	1	1	0					6
40-44	4	1	1	0	0				6
45-49	3	3	1	1	0	0			8
50-54	2	0	2	3	0	0	0		7
55-59	1	1	3	0	0	0	0	0	5
60-64	0	0	1	0	0	1	1	0	3
65+	<u>0</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u>
All Ages	25	9	10	6	2	1	1	0	54

Average Age: 45.00
Average Service: 7.98

Actuarial Assumptions

The liabilities set forth in this report are based on the actuarial assumptions described in this section.

Valuation Date:	July 1, 2015
Actuarial Cost Method:	Projected Unit Credit
Amortization Method:	30-year level dollar, open period
Discount Rate:	4.0% per annum
Return on Assets:	4.0% per annum
Pre-retirement Turnover:	According to Crocker-Sarason Table T-5 less mortality, increased by 60% at all ages. Sample rates are as follows:

Age	Turnover (%)
25	12.4%
30	11.6
35	10.0
40	8.2
45	6.4
50	4.1
55	1.5

Pre-retirement Mortality: RP-2014 Employee Mortality, without projection. Sample deaths per 1,000 employees are as follows:

Age	Males	Females
25	0.48	0.17
30	0.45	0.22
35	0.52	0.29
40	0.63	0.40
45	0.97	0.66
50	1.69	1.10
55	2.79	1.67
60	4.69	2.44

Post-retirement Mortality: RP-2014 Healthy Annuitant Mortality, without projection. Sample deaths per 1,000 retirees are as follows:

Age	Males	Females
55	5.74	3.62
60	7.78	5.19
65	11.01	8.05
70	16.77	12.87
75	26.83	20.94
80	44.72	34.84
85	77.50	60.50
90	135.91	107.13

Actuarial Assumptions (Continued)
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Claim Cost per Retiree or Spouse:

Age	Medical/Rx	Dental/Vision
50	\$10,981	\$729
55	12,730	729
60	14,757	729
64	16,609	729
65+	3,998	729

Retirement Rates:

Age	Percent Retiring*
55	10.0%
56	12.0
57	15.0
58	18.0
59	20.0
60	25.0
61	30.0
62	35.0
63	40.0
64	45.0
65	100.0

*Of those having met the eligibility for District-paid benefits. The percentage refers to the probability that an active employee reaching the stated age will retire within the following year.

Trend Rate:

Healthcare costs were assumed to increase according to the following schedule (life premiums assumed to remain level):

FYB	Medical/Rx	Dental/Vision	Medical CPI
2015	8.0%	4.0%	4.0%
2016	7.0	4.0	4.0
2017	6.0	4.0	4.0
2018+	5.0	4.0	4.0

Percent Married:

Future retirees - 0% eligible for District-paid spousal benefits.

Future District Cap:

The District cap on healthcare premiums was assumed to increase at the full healthcare trend rates for all future years.

Percent Waiving:

20% of future tier 3 retirees assumed to waive PEMHCA minimum benefits beginning at age 65.

Actuarial Certification

The results set forth in this report are based on our actuarial valuation of the health and welfare benefit plans of the Ross School District ("District") as of July 1, 2015.

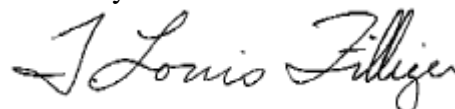
The valuation was performed in accordance with generally accepted actuarial principles and practices. We relied on census data for active employees and retirees provided to us by the District in October, 2015. We also made use of claims, premium, expense, and enrollment data, and copies of relevant sections of healthcare documents provided to us by the District.

The assumptions used in performing the valuation, as summarized in this report, and the results based thereupon, represent our best estimate of the actuarial costs of the program under GASB 43 and GASB 45, and the existing and proposed Actuarial Standards of Practice for measuring post-retirement healthcare benefits. We have assumed no post-valuation mortality improvements, consistent with our belief that there will be no further significant, sustained increases in life expectancy in the United States over the projection period covered by the valuation.

Throughout the report, we have used unrounded numbers, because rounding and the reconciliation of the rounded results would add an additional, and in our opinion unnecessary, layer of complexity to the valuation process. By our publishing of unrounded results, no implication is made as to the degree of precision inherent in those results. Clients and their auditors should use their own judgment as to the desirability of rounding when transferring the results of this valuation report to the clients' financial statements.

The undersigned actuary meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this report.

Certified by:



T. Louis Filliger, FSA, EA, MAAA Date: 3/15/16
Partner & Actuary

Ross School District
GASB 45 Valuation Results By Employee Classification

Exhibit I

	7/1/2015 Valuation Results Certificated and Certificated Mgmt	7/1/2015 Valuation Results Classified and Classified Mgmt	7/1/2015 Valuation Results Total All Groups
Present Value of Benefits			
Actives	\$ 2,023,314	\$ 1,146,658	\$ 3,169,972
Retirees	<u>1,447,342</u>	<u>124,315</u>	<u>1,571,657</u>
Total Present Value of Benefits (PVB):	\$ 3,470,656	\$ 1,270,973	\$ 4,741,629
Accrued Liability:			
Actives	\$ 756,475	\$ 758,860	\$ 1,515,335
Retirees	<u>1,447,342</u>	<u>124,315</u>	<u>1,571,657</u>
Total Accrued Liability (AL):	\$ 2,203,817	\$ 883,175	\$ 3,086,992
Assets*	<u>-</u>	<u>-</u>	<u>-</u>
Unfunded Accrued Liability ("UAL")	\$ 2,203,817	\$ 883,175	\$ 3,086,992
<u>GASB 45 ARC ("Annual Required Contributions")</u>			
Service Cost at Year-end	\$ 99,842	\$ 59,698	\$ 159,540
30-year amortization of UAL	<u>127,447</u>	<u>51,074</u>	<u>178,521</u>
Total ARC	\$ 227,289	\$ 110,772	\$ 338,061

*Assets are allocated for illustration purposes only; GASB 45 does not provide authority for this calculation.

	Amount
ARC for 2009-10	115,000
Interest on Net OPEB Obligation	-
Amortization adjustment to ARC	-
Annual OPEB Cost 2009-10	115,000
Employer Contribution	<u>(96,895)</u>
Change in Net OPEB Obligation 2009-10	18,105
Net OPEB Obligation 6/30/2009	-
Net OPEB Obligation 6/30/2010	18,105
ARC for 2010-11	118,000
Interest on Net OPEB Obligation	-
Amortization adjustment to ARC	-
Annual OPEB Cost 2010-11	118,000
Employer Contribution	<u>(121,846)</u>
Change in Net OPEB Obligation 2010-11	(3,846)
Net OPEB Obligation 6/30/2010	<u>18,105</u>
Net OPEB Obligation 6/30/2011	14,259
ARC for 2011-12	126,000
Interest on Net OPEB Obligation	700
Amortization adjustment to ARC	<u>(500)</u>
Annual OPEB Cost 2011-12	126,200
Employer Contribution	<u>(119,247)</u>
Change in Net OPEB Obligation 2011-12	6,953
Net OPEB Obligation 6/30/2011	<u>14,259</u>
Net OPEB Obligation 6/30/2012	21,212
ARC for 2012-13	245,286
Interest on Net OPEB Obligation	848
Amortization adjustment to ARC	<u>(1,227)</u>
Annual OPEB Cost 2012-13	244,907
Employer Contribution	<u>(118,263)</u>
Change in Net OPEB Obligation 2012-13	126,644
Net OPEB Obligation 6/30/2012	<u>21,212</u>
Net OPEB Obligation 6/30/2013	147,856
ARC for 2013-14	245,286
Interest on Net OPEB Obligation	5,914
Amortization adjustment to ARC	<u>(8,551)</u>
Annual OPEB Cost 2013-14	242,649
Employer Contribution	<u>(118,396)</u>
Change in Net OPEB Obligation 2013-14	124,253
Net OPEB Obligation 6/30/2013	<u>147,856</u>
Net OPEB Obligation 6/30/2014	272,109
ARC for 2014-15	245,286
Interest on Net OPEB Obligation	10,884
Amortization adjustment to ARC	<u>(15,736)</u>
Annual OPEB Cost 2014-15	240,434
Employer Contribution (estimated)	<u>(102,620)</u>
Change in Net OPEB Obligation 2014-15	137,814
Net OPEB Obligation 6/30/2014	<u>272,109</u>
Net OPEB Obligation 6/30/2015 estimated	409,923
ARC for 2015-16	338,061
Interest on Net OPEB Obligation	16,397
Amortization adjustment to ARC	<u>(23,706)</u>
Annual OPEB Cost 2015-16 estimated	330,752