



March 11, 2016

VIA EMAIL AND HAND DELIVERY

Mr. Dominick Fede, Chairman
City of Edgewater
P.O. Box 100
Edgewater, FL 32132

Re: City of Edgewater Firefighters' Pension Fund

Dear Mr. Fede:

Enclosed, for your review, are two (2) copies of the 2015 Annual Report on behalf of the above referenced Fund.

Prior to submitting the Report to the State, it will be necessary for you to obtain **notarized signatures** of Justin Nickels as Secretary and yourself as Chairman.

It is not necessary to wait for the Audit Report to submit your Annual Report.

We have prepared the financial sections of the Report with the fund assets and activity as compiled for the October 1, 2015, Actuarial Valuation. Any reconciliation to the Audit that is requested by the State will be handled by our office upon written request from the Division of Retirement.

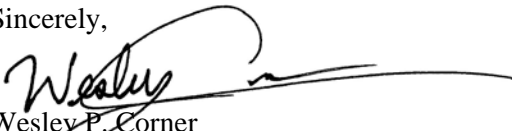
Please forward the "State" copy of the Report immediately upon signature and, when completed, the required CPA Audit Report to:

**Division of Retirement
Post Office Box 3010
Tallahassee, Florida 32315-3010**

The extra copy of the Report is for the Board's files.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,



Wesley P. Corner

WPC/le

Enclosure

cc with enclosure:

Ferrell Jenne, Plan Administrator (via email)
Jonathan C. McKinney, Finance Director (via email)

cc without enclosure:

Webb Shepard, CPA
Kenneth Harrison, Sr., Plan Attorney

2015 Annual Report

For The

City: EDGEWATER

MUNICIPAL FIREFIGHTERS' FUND



Please direct all correspondence to:

Municipal Police Officers' and Firefighters'
Retirement Trust Funds Office
Division of Retirement
Post Office Box 3010
Tallahassee, Florida 32315-3010

Phone (850) 922-0667

Fax (850) 921-2161

Toll Free (877) 738-6737

Web <http://www.myflorida.com/frs/mpf>

Email mpf@dms.myflorida.com

DATE RECEIVED

Annual Report

Audit

Actuarial Valuation

APPROVED:

Financial _____

Statistical _____

Plan _____

ANNUAL REPORT FOR YEAR 2015
Information provided in this report is public record

EDGEWATER
(CITY / DISTRICT)
CITY OF EDGEWATER FIREFIGHTERS' PENSION FUND
(NAME OF FUND)
P.O. Box 100, Edgewater, Florida 32132
(ADDRESS OF FUND)

STATE OF Florida

COUNTY OF Volusia

We declare that the information given in this Annual Report and any attachments thereto is true and complete to the best of our information, knowledge and belief. We declare that the plan was created and continues to operate within the provisions of s. 175.041, F.S.

_____ CHAIRMAN *

Signature

Dominick Fede
Name of Chairman

*** Must be member of the
Board of Trustees**

P.O. Box 100, Edgewater, FL 32132-0100
Mailing Address

(386) _____ 424-2454 _____ dfede@cityofedgewater.org
Area Code Telephone Email

_____ SECRETARY *

Signature

Justin Nickels
Name of Secretary

P.O. Box 100, Edgewater, FL 32132-0100
Mailing Address

(386) _____ 424-2445 _____ jnickles@cityofedgewater.org
Area Code Telephone Email

THIS PAGE MUST BE NOTARIZED

CONTACT PERSON FOR ANNUAL REPORT:

The Municipal Police Officers' and Firefighters' Retirement Trust Funds Office is hereby authorized to contact the person listed above for additional information and/or corrections regarding the annual report.

data@foster-foster.com
Email

Bradley R. Heinrichs, F.S.A., E.A.
Name:

Consulting Actuary
Title

13420 Parker Commons Blvd, Ste 104
Fort Myers, FL 33912
Mailing Address

(239) 433-5500
Telephone

Chairman: Subscribed and sworn to before me this _____ day of _____, 20____
Personally known or produced identification Type of ID _____

Secretary: Subscribed and sworn to before me this _____ day of _____, 20____
Personally known or produced identification Type of ID _____

1. BOARD OF TRUSTEES
 Makeup of Board specified in:

Ordinance/Resolution 2014-O-20, Section 10.01, Dated 09/22/14

Names of Trustees

Trustees Elected/Appointed By*

Dominick Fede, Chairman

Paramedic appointed

Justin Nickels, Secretary

Firefighter/Paramedic appointed

Gary Butt

Board Appointed

Scott Hopkins

Council Appointed

Vacant – The Board is actively seeking to fill this position.

Council Appointed

* For each Trustee Specify: City / Police Commission Appointee, Police Officer, Elected Fifth Member, or Designated in Ordinance (example: Finance Director, City Clerk or Treasurer). Attach separate page, if necessary.

2. Required Quarterly Board Meetings. List the date (month, day, year) of one Board meeting in each quarter:

1st 12/15/14

2nd 03/23/15

3rd 06/15/15

4th 09/14/15

3. List all ordinances passed during this reporting period that affect your pension fund. An impact statement **must** be performed for each new ordinance. Any ordinance having no actuarial impact upon the plan **must** have a letter from your actuary attesting to this fact.

Ord. Number	Date Passed	Impact Statement Date
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Ord. Number	Date Passed	Impact Statement Date
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4. CHAPTER FUNDS ONLY – List any benefit improvements implemented during this reporting period and the date effective: _____

5. MINIMUMS – Does the plan meet all chapter minimum benefits and standards as of July 1, 2015?
 Yes X No _____

If not, which minimums are missing? (attach additional pages if necessary) _____

6. COLLECTIVE BARGAINING AGREEMENT Not Applicable? _____

Effective date of current collective bargaining agreement: 10/01/13

Period covered: 3 years Next scheduled agreement: 10/01/16

7. DEFINED CONTRIBUTION PLAN – Date established 07/28/08

8. Has the plan submitted a **detailed accounting report** with this filing? Yes X / No _____
 Date provided to the plan sponsor: 01/05/16

9. Did the plan operate under an **administrative expense budget** for the fiscal year? Yes X / No _____
 Date provided to the plan sponsor: 09/24/15

City of Edgewater Firefighters' Pension Fund
Actual Expenses as of September 30, 2015

<u>Expenditure Type</u>	<u>Actual Amounts</u>
Actuary	\$ 15,504.00
Administrator	20,193.20
Attorney	9,750.00
IME Physician Fees	-
Auditor	-
Custodian of Funds	6,696.63
Fiduciary Insurance	2,699.26
School, Travel and Dues	600.00
Investment Consultant	14,500.00
IRS Determination Letter	
Miscellaneous	-
<u>Totals</u>	<u>\$ 69,943.09</u>

1. ACTUARIAL VALUATION

Contributions (Page 5, Line 3) for this reporting period were made in accordance with the valuation performed by:

Foster & Foster, Inc.

Name of Actuarial Firm

Bradley R. Heinrichs, F.S.A., E.A. 13420 Parker Commons Blvd, Ste 104 Ft. Myers, FL 33912
Contact Person Mailing Address

(239) 433-5500 data@foster-foster.com
Area Code Telephone Email

Date of Valuation 10/01/13 Period Covered 10/01/14 - 09/30/15

2. CERTIFIED PUBLIC ACCOUNTANT

James Moore and Company

Name of Firm

Webb Shepard 121 Executive Circle, Daytona Beach, FL 32114-1180
Contact Person Mailing Address

(386) 257-4100 webb.shepard@jmco.com
Area Code Telephone Email

3. MONEY MANAGER

Bowen, Hanes and Company

Name of Firm

David Kelly 3290 Northside Parkway, NW, Ste 880, Atlanta, GA 30327
Contact Person Mailing Address

(404) 995-5954 dkelly@bowenhanes.com
Area Code Telephone Email

4. PERFORMANCE EVALUATION

Bogdahn Group

Name of Firm

John Thinnis 4901 Vineland Rd., Ste 600, Orlando, FL 32811
Contact Person Mailing Address

(407) 520-5351 johnt@bogdahngroup.com
Area Code Telephone Email

09/30/15 through 09/30/15
Date of Evaluation Period Covered

5. LEGAL ADVISOR

Sugarman & Suskind

Name of Firm

Kenneth Harrison, Sr., 100 Miracle Mile Ste 300, Coral Gables, FL 33134
Attorney Mailing Address

(305) 529-2801 kenharrison@sugarmansuskind.com
Area Code Telephone Email

6. PLAN ADMINISTRATOR

Foster & Foster, Inc.

Name of Firm

Ferrell Jenne 13420 Parker Commons Blvd, Ste 104 Ft. Myers, FL 33912
Administrator Mailing Address

(239) 433-5500 ferrell.jenne@foster-foster.com
Area Code Telephone Email

City of Edgewater Firefighters' Pension Fund

RECONCILIATION TO CUSTODIAL/MANAGER STATEMENTS
September 30, 2015

<u>ASSETS</u>	COST VALUE	MARKET VALUE
Custodial/Manager Statements:		
Salem Trust Acct M03541	8,976,043.99	9,743,831.73
Total Custodial Statements	8,976,043.99	9,743,831.73
Receivables:		
State Contributions	4,694.41	4,694.41
Investment Income	13,145.10	13,145.10
Total Receivable	17,839.51	17,839.51
TOTAL ASSETS	8,993,883.50	9,761,671.24
<u>LIABILITIES AND NET ASSETS</u>		
Payables:		
Investment Expenses	5,000.00	5,000.00
Administrative Expenses	2,514.27	2,514.27
Prepaid City Contribution	33,756.31	33,756.31
Total Liabilities	41,270.58	41,270.58
Net Assets	8,952,612.92	9,720,400.66
TOTAL LIABILITIES AND NET ASSETS	8,993,883.50	9,761,671.24



ACCOUNT STATEMENT-515

Statement Period
Account Number

10/01/2014 through 09/30/2015
M03541
SALEM TRUST COMPANY
AS CUSTODIAN FOR THE
CITY OF EDGEWATER
FIREFIGHTERS PENSION FUND
MASTER ACCOUNT

Balance Sheet

	AS OF 10/01/2014		AS OF 09/30/2015	
	COST VALUE	MARKET VALUE	COST VALUE	MARKET VALUE
A S S E T S				
CASH	0.00	0.00	0.00	0.00
ACCRUED INCOME	12,559.87	12,559.87	13,145.10	13,145.10
TOTAL CASH & RECEIVABLES	12,559.87	12,559.87	13,145.10	13,145.10
CASH AND EQUIVALENTS				
SHORT TERM INVESTMENTS	542,473.81	542,473.81	304,779.08	304,779.08
TOTAL CASH AND EQUIVALENTS	542,473.81	542,473.81	304,779.08	304,779.08
FIXED INCOME				
CERTIFICATES OF DEPOSIT	50,000.00	50,060.50	50,000.00	50,077.50
U S GOVERNMENT OBLIGATIONS	78,544.90	88,608.69	78,678.60	88,143.48
COLLATERALIZED MTGE OBLIG	202,473.81	213,733.86	142,126.84	147,664.22
MUNICIPAL OBLIGATIONS	179,137.50	203,865.00	179,137.50	206,607.00
CORPORATE BONDS	1,943,787.02	1,973,197.05	2,295,052.02	2,307,747.70
TOTAL FIXED INCOME	2,453,943.23	2,529,465.10	2,744,994.96	2,800,239.90
EQUITIES				
COMMON STOCK	4,427,560.90	6,298,527.95	5,302,853.09	6,043,903.85
FOREIGN STOCK	345,204.54	563,413.40	623,416.86	594,908.90
TOTAL EQUITIES	4,772,765.44	6,861,941.35	5,926,269.95	6,638,812.75
TOTAL HOLDINGS	7,769,182.48	9,933,880.26	8,976,043.99	9,743,831.73
TOTAL ASSETS	7,781,742.35	9,946,440.13	8,989,189.09	9,756,976.83
L I A B I L I T I E S				
TOTAL LIABILITIES	0.00	0.00	0.00	0.00
TOTAL NET ASSET VALUE	7,781,742.35	9,946,440.13	8,989,189.09	9,756,976.83

City of Edgewater Firefighters' Pension Fund

STATEMENT OF ASSETS AND LIABILITIES
FOR THE PERIOD ENDING SEPTEMBER 30, 2015

ASSETS - MARKET VALUE

1. Cash, Checking and Savings	(From pg. 7)	0.00
2. Certificates of Deposit	(From pg. 7)	50,077.50
3. Short Term Investments	(From pg. 7)	304,779.08
4. Other Cash and Equivalents	(From pg. 8)	0.00
5. U. S. Bonds and Bills	(From pg. 8)	88,143.48
6. Federal Agency Guaranteed Securities	(From pg. 8)	0.00
7. Corporate Bonds	(From pg. 8)	2,455,411.92
8. Stocks	(From pg. 9)	6,638,812.75
9. Other Securities	(From pg. 9)	0.00
10. Real Estate	(From pg. 9)	0.00
11. Investments Held by Insurance Company	(From pg. 9)	0.00
12. Municipal Obligations	(From pg. 10)	206,607.00
13. Mutual Funds	(From pg. 10)	0.00
14. Accounts Receivable	(From pg. 10)	4,694.41
15. Accrued Income		13,145.10
16. TOTAL ASSETS		9,761,671.24

LIABILITIES

17. Refunds Payable		0.00
18. Pension Payable		0.00
19. Unpaid Expenses		7,514.27
20. DROP and Share Plan Payable		0.00
21. Prepaid City Contribution		33,756.31
22. TOTAL LIABILITIES		41,270.58
23. FUND BALANCE		9,720,400.66

Must agree with page 5, line 25

City of Edgewater Firefighters' Pension Fund

STATEMENT OF REVENUES, EXPENDITURES & CHANGES IN FUND BALANCE
FOR THE PERIOD ENDING SEPTEMBER 30, 2015

REVENUES

1.	Contributions from Members	(From pg. 14)	94,779.10
2.	Contributions from State of Florida	(From pg. 6)	150,763.30
3.	Contributions from City	(From pg. 6)	347,564.14
4.	Contributions from City - for Members		0.00
5.	Buybacks/Repayment of Contributions	(From pg. 17)	0.00
6.	Donations		0.00
7.	Unrealized Gains/Losses		(1,396,776.34)
8.	Interest and Dividends		159,564.98
9.	Gain from Sale of Investments		773,067.98
10.	TOTAL REVENUE		128,963.16

EXPENDITURES

11.	Retirement Pension Payments	(From pg. 12)	198,519.96
12.	Disability Pension Payments	(From pg. 12)	11,532.24
13.	Beneficiary Pension Payments	(From pg. 12)	0.00
14.	Total Pension Payments	(From pg. 12)	210,052.20
15.	Termination Payments	(From pg. 13)	0.00
16.	DROP Plan Payments	(From pg. 15)	0.00
17.	Insurance Premium Payments		0.00
18.	Expenses	(From pg. 6)	121,109.38
19.	Share Plan Payments		0.00
20.	_____		0.00
21.	Loss from Sale of Investments		0.00
22.	TOTAL EXPENDITURES		331,161.58
23.	NET INCREASE / (DECREASE) FOR THE YEAR		(202,198.42)
24.	FUND BALANCE - BEGINNING OF YEAR: October 1, 2014		9,922,599.08
	Must agree with <u>prior year</u> report page 5, line 25		
25.	FUND BALANCE - END OF YEAR: September 30, 2015		9,720,400.66
	Must agree with page 4, line 23		

1. TOTAL CALENDAR YEAR 2015 FIRE DEPARTMENT PAYROLL: 2,818,559.40

**** IMPORTANT ****

See Annual Report Instructions for details.

This figure must be on a calendar year basis. Department Payroll includes all employees of the Department (secretaries, dispatchers, firefighters or police officers, etc.), EXCEPT for Fire Department members included in the Florida Retirement System. **If lower than last year or significantly higher, please explain!**

Payroll increase explanation:

Increase due to a 3% wage increase, health insurance rate increase and 2 more employees being added.

2. STATE OF FLORIDA PREMIUM TAX MONEY

Deposit Date	Amount	Deposit Date	Amount
08/31/2015	146,068.89	10/05/2015	4,694.41
			TOTAL STATE CONTRIBUTIONS
			150,763.30
(Page 5, Line 2)			

3. CITY CONTRIBUTIONS

Deposit Date	Amount	Deposit Date	Amount
10/17/2014	13,710.47	06/12/2015	13,727.71
10/28/2014	2,699.26	06/26/2015	11,941.43
10/31/2014	14,246.41	07/10/2015	14,542.66
11/14/2014	15,266.58	07/24/2015	13,236.37
11/28/2014	14,561.20	08/07/2015	14,528.52
12/12/2014	17,736.94	08/21/2015	12,845.54
12/26/2014	14,204.12	09/04/2015	13,949.33
01/09/2015	17,927.27	09/18/2015	12,527.19
01/23/2015	14,270.54		
02/06/2015	16,687.33		
02/20/2015	14,141.93		
03/06/2015	16,703.94		
03/20/2015	14,603.88		
04/03/2015	12,947.91		
04/17/2015	11,802.88		
05/01/2015	11,617.18		
05/15/2015	12,655.23		
05/29/2015	11,817.44		
			Prepaid City Contribution 09/30/2014
			26,421.19
			Prepaid City Contribution 09/30/2015
			<u>(33,756.31)</u>
			TOTAL CITY CONTRIBUTIONS
			347,564.14
(Page 5, Line 3)			

4. DETAIL OF EXPENSES

ADMINISTRATIVE EXPENSES

Item	Amount Paid	Item	Amount Paid
Legal	9,750.00	Schools, Travel, Dues	600.00
Actuarial	15,504.00	Administrator	20,193.20
Accounting	0.00	Miscellaneous	0.00
Fiduciary Insurance	2,699.26		
			Sub-Total Administrative Expenses
			48,746.46

INVESTMENT EXPENSES

Item	Amount Paid	Item	Amount Paid
Investment Manager	51,166.29	Performance Monitor	14,500.00
Custodial/ADR Fees	6,696.63	Miscellaneous	0.00
			Sub-Total Investment Expenses
			72,362.92

TOTAL EXPENSES 121,109.38
 (Page 5, Line 18)
 (6)

City of Edgewater Firefighters' Pension Fund
2015 ACTUARIAL CONFIRMATION OF THE USE OF STATE MONIES
(LOCAL LAW PLANS ONLY)

TO BE FORWARDED TO THE PLAN ACTUARY FOR COMPLETION AND RETURNED TO THE MUNICIPALITY AS SOON AS POSSIBLE, SO THAT IT MAY BE SUBMITTED TOGETHER WITH THE ANNUAL REPORT DUE ON MARCH 15, 2016.

The Plan's actuary must provide the following information in order for the MPF office to determine that State premium tax revenues are being used in accordance with the provisions of sections 175.351 and 185.35, Florida Statutes, as amended by Chapter 99-1, Laws of Florida.

A. Name of actuarial firm: Foster & Foster, Inc.

B. Date of most recent actuarial valuation: 10/1/13(AIS 08/22/14)

C. Use of State money -- Please provide the following information:

(1) Annual cost of qualifying benefit improvements -- *required minimum benefit improvements* or "*extra benefit*" improvements -- enacted during the fiscal year.

	<u>Recurring costs</u>	<u>One-time use ¹</u>	<u>Ordinance Number(s)</u>
1999-2014	\$28,214	<i>(Previously reported)</i>	<i>(Previously reported)</i>
2015	\$0	\$90,777.31	2008-O-06

¹ Per Ord 2008-O-06, Excess State Monies will be allocated to the Share Plan

(2) For the Fiscal Year 2015, please indicate the amount of State premium tax moneys that are available to be used by the plan sponsor toward the minimum required contributions. (NOTE: If there have been no qualifying benefit improvements since the enactment of Chapter 99-1, Laws of Florida, this amount can be no more than the 1997 base year amount.)

Fire	\$55,291.58
Fire Supplemental	\$4,694.41
Total	\$59,985.99

(3) Are there any remaining minimum benefit improvements required to be made subject to the provisions of Chapter 99-1, Laws of Florida? If yes, please identify. Attach additional page, if necessary.

YES NO x

(4) As of Fiscal Year End 2015, please provide the cumulative balance of additional premium tax revenues that are remaining to be used to provide future minimum or "extra benefit" improvements. If the sum total of all qualifying benefit improvements enacted since Chapter 99-1 exceeds the total additional premium tax revenues received this year, this may be a negative balance; however, negative balances are not cumulative. NOTE: Investment Earnings, if included, may not be negative in the aggregate.

Total Accumulated Balance 9/30/15 \$0.00

(Includes Cumulative Investment Earnings of \$0.)

D. Actuary representing the Plan:

Name: Douglas H. Lozen, EA, MAAA
(Please print)

Telephone: 239-433-5500



(Signature)

03/10/2016

(Date)

INVESTMENTS

City of Edgewater Firefighters' Pension Fund

1. INVESTMENT PROVISIONS:

- A. Ordinance No. 2014-O-20 Section 10.02 Date 09/22/2014
- B. Has the board adopted a **written investment policy** in accordance with the requirements of section 112.661, F.S., and submitted a copy of this policy to the Bureau of Local Retirement Systems?
 Yes X No Date 06/15/2015
- C. Has the board, pursuant to s. 112.661(9) , F.S., determined the **total expected annual rate of return** for the current year, for each of the next several years, and for the long term hereafter and submitted to the Local Retirement Office?
 Yes X No Date 03/24/2015
- D. Has the board prepared a **Summary Plan Description** in accordance with the requirements of section 112.66, F.S.? The SPD shall be furnished to a member upon employment and thereafter with each new biennial publication.
 Yes X No Date 03/04/2015
- E. Has the board complied with the divestiture provisions found in S.175.071 (8) F.S.?
 Yes X No
- F. NOTE: For valuations prepared after 1/1/16, all plans must use the mortality tables used in either of the two most recently published actuarial valuation reports of the Florida Retirement System, as required in section 112.63(1)(f), F.S.
Note: State premium tax moneys may not be released until the plan has complied with the statutory provisions. See instructions for details.

2. SCHEDULE OF INVESTMENTS AT MARKET VALUE

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at: Salem Trust		
(1) Cash, Checking and Savings		
* See Attached Investment Listing Detail		
	\$0.00	*
Total (Page 4, Line 1)		
(2) Certificates of Deposit		
* See Attached Investment Listing Detail		
	\$50,077.50	*
Total (Page 4, Line 2)		
(3) Short Term Investments		
* See Attached Investment Listing Detail		
	\$304,779.08	*
Total (Page 4, Line 3)		

2. SCHEDULE OF INVESTMENTS - continued

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at:		
Salem Trust		
<hr/>		
(4) Other Cash and Equivalents		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 4)	
(5) U. S. Bonds and Bills		
* See Attached Investment Listing Detail		
	\$88,143.48	*
	Total (Page 4, Line 5)	
(6) Federal Agency Guaranteed Securities		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 6)	
(7) Corporate Bonds		
* See Attached Investment Listing Detail		
	\$2,455,411.92	*
	Total (Page 4, Line 7)	

2. SCHEDULE OF INVESTMENTS - continued

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at: Salem Trust		
(8) Stocks		
* See Attached Investment Listing Detail		
	\$6,638,812.75	*
	Total (Page 4, Line 8)	
(9) Other Securities		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 9)	
(10) Real Estate		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 10)	
(11) Investments Held by Insurance Company		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 11)	

2. SCHEDULE OF INVESTMENTS - continued

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at: Salem Trust		

(12) Municipal Obligations

* See Attached Investment Listing Detail

\$206,607.00 *
Total (Page 4, Line 12)

(13) Mutual Funds

* See Attached Investment Listing Detail

\$0.00 *
Total (Page 4, Line 13)

(14) ACCOUNTS RECEIVABLE*

DUE FROM	**DATE OF PAYMENT	AMOUNT
State of Florida	10/05/2015	4,694.41
TOTAL ACCOUNTS RECEIVABLE		\$4,694.41
(Page 4, Line 14)		

* State of Florida Contribution may NOT be listed as a receivable if the Annual Report was not approved before the Plan's fiscal year end.

**Required for all receivables.

INSURED PLANS

TO BE FORWARDED TO INSURANCE COMPANY FOR COMPLETION AND RETURNED TO MUNICIPALITY AS SOON AS POSSIBLE, BUT PRIOR TO FILING DATE OF REPORT, MARCH 15, 2016.

A. NAME OF CARRIER: _____

B. TYPE AND CONTRACT NUMBER:

C. TYPE AND BASIS OF FUNDING:

CURRENT SERVICE:

PAST SERVICE:

D. NUMBER OF EMPLOYEES COVERED:

RETIREED:

NON-RETIREED:

E. DATE OF LAST PLAN AMENDMENT (IF ANY):

F. INSURANCE COMPANY REPRESENTATIVE HANDLING REPORT FOR MUNICIPALITY:

NAME:

TITLE:

PHONE NUMBER:

I have forwarded to the person completing this report a copy of the contract holder's account statement as of _____, (date) showing a balance of \$_____ (amount), invested with this company.

(Signature)

(Date)

NOTE:

A copy of the contract holder's account statement as of the reporting date of the Annual Report must be submitted with the Annual Report. The statement must show all changes to the reserve account. The contract holder's account statement is required even though pages 4 and 5 are completed by the insurance company.

IMPORTANT

Before completing pages 12, 13, 14 and 15, please read these instructions.

Pages 12, 13, 14 and 15, must be completed using the same reporting period as pages 1 through 11.

All statistical data on these pages should be based on employment as a certified (or to be certified within one year of employment) firefighter.

Complete all columns on each page.

The statistical data on this year's report will be compared to the statistical data on last year's report. Please check to be sure that all police officers are accounted for and that all dates are correct.

The totals on pages 12, 13, 14 and 15, must be the same as the totals on page 5, lines 1, 11, 12, 13, 15, and 16.

This page is intentionally not numbered.

FIREFIGHTERS' PENSION DATA

Number of Retired Firefighters on this Report: 6 + 0 Vested

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234)	Name (Please sort alphabetically) Last, First, MI	Date of Birth (MM/YYYY) (01/1901)	Date of Retire / Disability (Indicate with R / D)	Please Indicate if disability is: LOD=Line of Duty or NLOD=Non Line of Duty See Below*	Name of Beneficiary FIRST NAME ONLY (or terminated vested)	Pension Option Elected **	Monthly Pension Received By Retiree or Beneficiary	Total Received This Reporting Period
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>
XXX-XX-5379	BARLOW, TRACEY T.	08/1966	03/01/09 R		LAURIE	3A	4,393.34	52,720.08
XXX-XX-2792	COATES, BRUCE J.	07/1970	04/01/11 R		THERESA	3A	3,691.67	44,300.04
XXX-XX-8034	HAYES, MICHAEL	10/1966	12/01/09 R		CHERYL	3A	4,371.13	52,453.56
XXX-XX-4976	JOLLIE, JAMES	05/1965	12/01/12 R		APRIL	3A	3,254.24	39,050.88
XXX-XX-6787	NEWELL, DAVID	06/1977	05/28/08 D	NLOD	MICHELLE	3A	961.02	11,532.24
XXX-XX-3616	VOLA, WILLIAM	10/1956	11/01/11 R		WENDY	3A	832.95	9,995.40

*** Disability Categories:**

Indicate number of disabled Firefighters in each category.

1 - Heart Disease	_____
2 - Hypertension	_____
3 - Emphysema	_____
4 - Injury	_____
5 - Cancer	_____
6 - Other	_____ 1 _____
Total	_____ 1 _____

**** Pension Option Codes:**

1 - Life & 10 Yrs. Certain	
2 - Lifetime of Retiree Only	
3 - Joint & Survivor	
(A) 100%	(C) 66 2/3%
(B) 75%	(D) 50%
4 - Other (please specify)	
5 - DROP	

Subtotals:	<i>Retirement</i>	\$	198,519.96
	<i>Disability</i>	\$	11,532.24
	<i>Beneficiary</i>	\$	0.00
TOTAL:	Firefighters' Pension Payments	\$	210,052.20

(must agree with page 5, line 14)

FIREFIGHTERS' TERMINATIONS

Number of Terminated Firefighters on this Report: 0

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Sex <i>C</i>	Date of Birth MM/YYYY (01/1901) <i>D</i>	Date of Employment <i>E</i>	Date of Termination <i>F</i>	Reason Terminated <i>G</i>	Amount Refunded at Termination <i>H</i>

TOTAL:

Firefighters' Termination Payments \$ 0.00
(must agree with page 5, line 15)

FULLTIME FIREFIGHTERS' STATISTICAL EXHIBIT

Number of Active Fulltime Firefighters on this Report: 30
10/1/2015

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234)	Name (Please sort alphabetically) Last, First, MI	Date of Birth MM/YYYY (01/1901)	Sex	Age	Date of Employment as a Firefighter	Years of Credited Service in Fire Retirement Plan	Date of Entry into Fire Retirement Plan	Monthly Salary Used to Compute Pension Contribution	Total Cash Compensation Paid During this Reporting Period	Amount Contributed to Fund by Firefighter During Period (6%)
A	B	C	D	E	F	G	H	I	J	K
XXX-XX-8172	BARLOW, ROBERT G.	12/1994	M	20	12/22/13	1	12/22/13	3,437.48	41,249.80	2,475.00
XXX-XX-2982	BARLOW, TREVOR B.	08/1966	M	49	12/08/89	25	12/08/89	6,536.21	78,434.52	4,706.10
XXX-XX-8970	BLAIR, DAVID W.	08/1977	M	38	12/17/07	7	12/17/07	3,972.21	47,666.49	2,860.01
XXX-XX-5634	BRIDGES, BRIAN S.	07/1980	M	35	12/13/09	5	12/13/09	4,128.12	49,537.42	2,972.25
XXX-XX-4328	COUSINS, STEPHEN G.	02/1971	M	44	02/06/98	17	02/06/98	7,193.47	86,321.60	5,179.25
XXX-XX-2833	DAILEY, WILLIAM P.	06/1980	M	35	12/23/13	1	12/23/13	3,774.38	45,292.54	2,717.56
XXX-XX-4479	DANIGEL, JILL	10/1964	F	51	01/10/92	24	10/02/90	5,556.00	66,672.00	4,000.27
XXX-XX-7543	DE ROSIER, JOHN R.	09/1975	M	40	07/22/05	10	07/22/05	4,109.34	49,312.08	2,958.69
XXX-XX-8334	EPSTEIN, HERBERT	07/1959	M	56	06/13/15	0	06/13/15	3,409.19	12,273.10	736.39
XXX-XX-6340	EVERIDGE, BRYAN E.	06/1982	M	33	03/29/02	13	03/29/02	4,957.62	59,491.44	3,569.46
XXX-XX-6792	FEDE, DOMINICK T.	10/1974	M	41	10/08/04	10	10/08/04	4,538.49	54,461.83	3,267.68
XXX-XX-7165	HAYNES, JASON	03/1972	M	43	12/04/98	18	05/08/97	5,876.28	70,515.35	4,230.89
XXX-XX-5939	HAYWARD, KORY J.	10/1984	M	31	10/08/04	10	10/08/04	3,916.44	46,997.22	2,819.84
XXX-XX-3898	HAYWARD, RONALD J.	10/1961	M	54	12/04/98	16	12/04/98	5,416.10	64,993.24	3,899.56
XXX-XX-6929	HOLLAND, BRETT A.	10/1960	M	55	12/14/09	10	12/14/04	4,017.44	48,209.26	2,892.55
XXX-XX-8683	HUDSON, BRANDON	09/1983	M	32	04/25/03	12	04/25/03	4,893.75	58,725.04	3,523.53
XXX-XX-2036	LARISCY, JEFFREY	04/1970	M	45	12/04/98	16	12/04/98	4,932.53	59,190.41	3,551.52
XXX-XX-6610	LEWIS, REESE	10/1968	M	47	06/21/02	13	06/21/02	3,631.85	43,582.18	2,615.00
XXX-XX-3221	LEWIS, SHELLIE A.	08/1965	F	50	12/04/98	18	12/04/96	5,368.10	64,417.20	3,865.06
XXX-XX-9366	MEESKE, DENNIS	04/1976	M	39	06/21/02	13	06/21/02	5,056.57	60,678.79	3,640.70
XXX-XX-1181	NICKELS, JUSTIN T.	09/1978	M	37	01/05/09	6	01/05/09	4,231.28	50,775.37	3,046.54
XXX-XX-0829	PANTUSO, ASHLEY N.	10/1986	F	29	07/17/06	9	07/17/06	3,939.53	47,274.40	2,836.43

Name of Plan

FULLTIME FIREFIGHTERS' STATISTICAL EXHIBIT

Number of Active Fulltime Firefighters on this Report: 30
10/1/2015

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Date of Birth (MM/YYYY) (01/1901) <i>C</i>	Sex <i>D</i>	Age <i>E</i>	Date of Employment as a Firefighter <i>F</i>	Years of Credited Service in Fire Retirement Plan <i>G</i>	Date of Entry into Fire Retirement Plan <i>H</i>	Monthly Salary Used to Compute Pension Contribution <i>I</i>	Total Cash Compensation Paid During this Reporting Period <i>J</i>	Amount Contributed to Fund by Firefighter During Period (6%) <i>K</i>
XXX-XX-3650	RUTH JR., DANIEL	06/1968	M	47	08/20/93	22	08/20/93	5,862.01	70,344.17	4,220.69
XXX-XX-4679	SMITH, MEREDITH	03/1992	F	23	06/12/15	0	06/12/15	2,953.00	10,719.40	643.17
XXX-XX-2429	SPENCER, DAVID S.	03/1967	M	48	11/10/03	11	11/10/03	3,974.18	47,690.10	2,861.42
XXX-XX-2648	SWETS, GREGORY A.	07/1977	M	38	04/25/03	12	04/25/03	4,643.26	55,719.12	3,343.12
XXX-XX-7409	THOMAS, JEFFREY S.	09/1971	M	44	07/22/05	10	07/22/05	3,523.72	42,284.66	2,537.08
XXX-XX-4577	THOMPSON, TYLER R.	03/1991	M	24	11/05/12	2	11/05/12	3,976.76	47,721.09	2,863.28
XXX-XX-1157	WARD JR., DAVID D.	09/1967	M	48	11/26/04	10	11/26/04	3,750.74	45,008.82	2,700.55
XXX-XX-1574	WHITE, JAMES J.	09/1983	M	32	10/08/04	10	10/08/04	4,507.65	54,091.74	3,245.51

Subtotals: Fulltime Firefighters' Contributions	\$	94,779.10
*Terminated Firefighters' Contributions	\$	0.00
**Retired Firefighters' Contributions	\$	0.00
***DROP Firefighters' Contributions	\$	0.00
TOTAL: Fulltime Firefighters' Contributions	\$	94,779.10

(combine with total on page 14A)

CITY OF EDGEWATER FIREFIGHTERS' PENSION FUND
 Name of Plan

VOLUNTEER FIREFIGHTERS' STATISTICAL EXHIBIT

Number of Active Volunteer Firefighters on this Report: 0

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Date of Birth MM/YYYY (01/1901) <i>C</i>	Sex <i>D</i>	Age <i>E</i>	Date of Employment as a Firefighter <i>F</i>	Years of Credited Service in Fire Retirement Plan <i>G</i>	Date of Entry into Fire Retirement Plan <i>H</i>	Monthly Salary Used to Compute Pension Contribution <i>I</i>	Total Cash Compensation Paid During this Reporting Period <i>J</i>	Amount Contributed to Fund by Firefighter During Period (____%) <i>K</i>

Subtotal:	Volunteer Firefighters' Contributions	<u>\$ 0.00</u>
TOTAL:	Combined Firefighters' Contributions (must agree with page 5, line 1)	<u>\$ 94,779.10</u>

DROP PLAN PARTICIPANT BALANCE ROLLFORWARD

Number of Firefighters on this Report: 0

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234)	Name (Please sort alphabetically) Last, First, MI	Date of Birth MM/YYYY (01/1901)	Date of Employment	Date of Entry into DROP Plan	DROP Plan Rollforward					Ending Balance
					Beginning Balance	Additions			Distributions	
						Monthly	Fiscal Year	Interest Earned		
A	B	C	D	E	F	G	H	I	J	K = F+H+I - J

TOTALS \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

(MUST agree to prior year ending balance page 15)

Name of Plan

SHARE PLAN PARTICIPANT BALANCE ROLLFORWARD

Number of Firefighters on this Report: 30

Reporting Period 10/01/14 to 09/30/15

Social Security Number	Member Name	Date of Birth	Date of Employment	Complete Years of Credited Service*	Termination Date	Beginning Balance	Allocated State Monies	Earnings on Allocations and Balances	Forfeiture Additions	Distributions	Ending Balance
Active membership as of 09/30/15											
XXX-XX-8172	BARLOW, ROBERT G.	12/1994	12/22/13	1		0.00	274.24	(27.31)	0.00	0.00	246.93
XXX-XX-2982	BARLOW, TREVOR	08/1966	12/08/89	25		69,785.22	6,856.28	(4,186.10)	0.00	0.00	72,455.40
XXX-XX-8970	BLAIR, DAVID	08/1977	12/17/07	7		7,735.47	1,919.76	(579.53)	0.00	0.00	9,075.70
XXX-XX-5634	BRIDGES, BRIAN S.	07/1980	12/13/09	5		3,383.69	1,371.26	(306.44)	0.00	0.00	4,448.51
XXX-XX-4328	COUSINS, STEPHEN	02/1971	02/06/98	17		42,207.51	4,662.28	(2,583.18)	0.00	0.00	44,286.61
XXX-XX-2833	DAILEY, WILLIAM P.	06/1980	12/23/13	1		0.00	274.25	(27.32)	0.00	0.00	246.93
XXX-XX-4479	DANIGEL, JILL	10/1964	01/10/92	24		65,353.64	6,582.04	(3,936.32)	0.00	0.00	67,999.36
XXX-XX-7543	DE ROSIER, JOHN	09/1975	07/22/05	10		18,077.08	2,742.52	(1,180.62)	0.00	0.00	19,638.98
XXX-XX-8334	EPSTEIN, HERBERT	07/1959	06/13/15	0		0.00	0.00	0.00	0.00	0.00	0.00
XXX-XX-6340	EVERIDGE, BRYAN	06/1982	03/29/02	13		28,418.72	3,565.27	(1,781.72)	0.00	0.00	30,202.27
XXX-XX-6792	FEDE, DOMINICK	10/1974	10/08/04	10		18,077.08	2,742.52	(1,180.62)	0.00	0.00	19,638.98
XXX-XX-7165	HAYNES, JASON	03/1972	12/04/98	18		41,785.01	4,936.53	(2,589.29)	0.00	0.00	44,132.25
XXX-XX-5939	HAYWARD, KORY	10/1984	10/08/04	10		18,077.08	2,742.52	(1,180.62)	0.00	0.00	19,638.98
XXX-XX-3898	HAYWARD, RONALD	10/1961	12/04/98	16		38,760.34	4,388.03	(2,382.82)	0.00	0.00	40,765.55
XXX-XX-6929	HOLLAND, BRETT A.	10/1960	12/14/09	10		8,559.99	2,742.52	(702.87)	0.00	0.00	10,599.64
XXX-XX-8683	HUDSON, BRANDON	09/1983	04/25/03	12		24,971.50	3,291.02	(1,581.35)	0.00	0.00	26,681.17
XXX-XX-2036	LARISCY, JEFFREY	04/1970	12/04/98	16		38,760.34	4,388.03	(2,382.82)	0.00	0.00	40,765.55
XXX-XX-6610	LEWIS, REESE	10/1968	06/21/02	13		28,418.72	3,565.27	(1,781.72)	0.00	0.00	30,202.27
XXX-XX-3221	LEWIS, SHELLIE	08/1965	12/04/98	18		40,830.85	4,936.53	(2,541.39)	0.00	0.00	43,225.99
XXX-XX-9366	MEESKE, DENNIS	04/1976	06/21/02	13		28,418.72	3,565.27	(1,781.72)	0.00	0.00	30,202.27
XXX-XX-1181	NICKELS, JUSTIN	09/1978	01/05/09	6		5,272.60	1,645.51	(428.58)	0.00	0.00	6,489.53
XXX-XX-0829	PANTUSO, ASHLEY	10/1986	07/17/06	9		14,629.88	2,468.27	(980.26)	0.00	0.00	16,117.89
XXX-XX-3650	RUTH, DANIEL	06/1968	08/20/93	22		59,443.62	6,033.54	(3,585.01)	0.00	0.00	61,892.15

CITY OF EDGEWATER FIREFIGHTERS' PENSION FUND

Name of Plan

SHARE PLAN PARTICIPANT BALANCE ROLLFORWARD

Number of Firefighters on this Report: 30

Reporting Period 10/01/14 to 09/30/15

Social Security Number	Member Name	Date of Birth	Date of Employment	Complete Years of Credited Service*	Termination Date	Beginning Balance	Allocated State Monies	Earnings on Allocations and Balances	Forfeiture Additions	Distributions	Ending Balance
XXX-XX-4679	SMITH, MEREDITH	03/1992	06/12/15	0		0.00	0.00	0.00	0.00	0.00	0.00
XXX-XX-2429	SPENCER, DAVID	03/1967	11/10/03	11		21,524.29	3,016.77	(1,380.99)	0.00	0.00	23,160.07
XXX-XX-2648	SWETS, GREGORY	07/1977	04/25/03	12		24,971.50	3,291.02	(1,581.35)	0.00	0.00	26,681.17
XXX-XX-7409	THOMAS, JEFFREY	09/1971	07/22/05	10		18,077.08	2,742.52	(1,180.62)	0.00	0.00	19,638.98
XXX-XX-4577	THOMPSON, TYLER	03/1991	11/05/12	2		292.40	548.50	(69.31)	0.00	0.00	771.59
XXX-XX-1157	WARD, JR., DAVID	09/1967	11/26/04	10		18,077.08	2,742.52	(1,180.62)	0.00	0.00	19,638.98
XXX-XX-1574	WHITE, JAMES	09/1983	10/08/04	10		18,077.08	2,742.52	(1,180.62)	0.00	0.00	19,638.98
TOTALS				<u>331</u>		<u>\$701,986.49</u>	<u>\$90,777.31</u>	<u>(\$44,281.12)</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$748,482.68</u>