



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday January 21, 2020 at 12:30 p.m.
Independence Room
1355 Capital Boulevard, Reno, NV 89502

1. Roll call*
2. Public comment — limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the October 15, 2019 minutes. **(For Possible Action)**
5. Discussion and action on signing §115 Other Post-Employment Benefit Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form—Jessica Atkinson **(For Possible Action)**
6. Review and consideration for approval of request for reimbursement of premiums – Rosalinda Rodriguez **(For Possible Action)**
7. Presentation of the Budget for calendar year 2020 –Michele Sullivan **(For Possible Action)**
8. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan*
9. Trustee comments and requests for future agenda items*
10. Public comment — limited to no more than three minutes per speaker*
11. Adjournment **(For Possible Action)**

NOTES:

1. The announcement of this meeting has been posted at the following locations: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), Reno City Hall (1 E. First St., Reno), Sparks City Hall (431 Prater Way, Sparks), Sparks Justice Court (1675 E. Prater Way, Sparks), Washoe County Courthouse (75 Court St., Reno), Washoe County Central Library (301 South Center St., Reno), Washoe County Administration (1001 East Ninth St., Reno), and at <http://www.tmwa.com>.
2. In accordance with NRS 241.020, this agenda closes three working days prior to the meeting. We are pleased to make reasonable accommodations for persons who are disabled and wish to attend meetings. If you require special arrangements for the meeting, please call 834-8002 before the meeting date.
3. The Board may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
4. Asterisks (*) denote non-action items.
5. Public comment is limited to three minutes and is allowed during the public comment periods. The public may sign-up to speak during the public comment period or on a specific agenda item by completing a "Request to Speak" card and submitting it to the clerk. In addition to the public comment periods, the Chairman has the discretion to allow public comment on any agenda item, including any item on which action is to be taken.



Section 115 Post-Retirement Medical Plan & Trust

*a single employer plan sponsored by
Truckee Meadows Water Authority*

DRAFT October 15, 2019 MINUTES

The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, October 15, 2019 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 12:30 p.m.

1. ROLL CALL AND DETERMINATION OF PRESENCE OF A QUORUM.

A quorum was present.

Voting Members Present:

Michele Sullivan
Charles Atkinson
Randall Van Hoozer

Voting Members Absent:

Sandra Tozi

Members Present

Rosalinda Rodriguez
Jessica Atkinson
Mike Venturino
Gus Rossi

Members Absent:

2. PUBLIC COMMENT

There was no public comment.

3. APPROVAL OF THE AGENDA

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.

4. APPROVAL OF THE JULY 16, 2019 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the July 16, 2019 meeting minutes.

5. REVIEW AND CONSIDERATION OF APPROVAL OF REQUEST OF REIMBURSEMENT OF PREMIUMS FOR MEDICARE SUPPLEMENT THROUGH MUTUAL OF OMAHA PAID FOR THROUGH SOCIAL SECURITY

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for Medicare supplement through Mutual of Omaha paid through Social Security.

6. REVIEW OF RETIREMENT BENEFITS INVESTMENT FUND (RBIF) PERFORMANCE REVIEW

Ms. Sullivan advised that as of June 30, 2019 we are back to having a positive rate of return by 8% which is a higher rate than the 6% assumption used in the actuary.

For informational purposes only, no action required.

7. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR 2020

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the meeting dates for 2020.

8. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF investment

9. PUBLIC COMMENT – LIMITED TO NO MORE THAN THREE MINUTES PER SPEAKER

Ms. Jessica Atkinson provided an update to the trustees regarding Open Enrollment for 2020 changes. There will be an approximate 4% premium increase for the CDS medical

plan. This increase will equalize the premiums between the two plans (HHP and CDS). Another notable change is that City of Reno will no longer have a Medicare Tier rate for members over 65 this too will be effective 01/01/2020. Informational material is being created to assist in communicating these changes to retirees on our plans. In addition, the HR department will be hosting Open Enrollment meetings specific for retirees to answer any questions they may have.

10. ADJOURNMENT

With no further business to discuss, Chairperson Sullivan adjourned the meeting at 12:40 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

Truckee Meadows Water Authority Standard Operating Procedure (SOP)			
Subject: Conflict of Interest and Disclosure Policy			Source: OPEB Plan Document
Department: §115 OPEB Trust Fund			Supersedes: N/A
Effective Date: 02/01/2017	Revision Date:	Reviewed Date: 02/21/2017	Page 1 of 7

Purpose:

The Board of Trustees of the Truckee Meadows Water Authority §115 OPEB Plan and Trust (the "Trust") recognize that honesty, integrity, accountability, responsibility, openness and disclosure of financial relationships and interests are absolutely essential to the administration of the Trust.

The Board of Trustees of the Trust (sometimes referred to as the "Board") deems it necessary and appropriate that the highest standards of ethical behavior, accountability and responsibility be maintained. To achieve this end, the Board has adopted the following Conflict of Interest and Disclosure Policy (the "Policy"). The purpose of this Policy is to protect the interests of the Trust and its participants when the Trust is contemplating entering into a transaction or arrangement that might benefit the private interest of a Trustee of the Trust. Even though the Trustees receive no compensation from the Trust for their service, the Board unanimously agrees that, in order to prevent any potential conflict of interest, there should be proper disclosure of those matters concerning potential conflicts that could arise. Full disclosure of any situation in doubt should be made so as to provide for an impartial and objective determination.

Definitions:

For the purposes of this Policy:

- An "interested person" shall mean a Trustee, officer, or member of a Trust committee with governing board delegated powers, who has a direct or indirect financial interest as defined below.
- An interested person has a "financial interest" if the person has, directly or indirect through business, investment or family:
 - An ownership interest or investment interest in any entity with which the Trust has a transaction or arrangement;
 - A compensation arrangement with the Trust or with any entity or individual with which the Trust has a transaction or arrangement; or
 - A potential ownership or investment interest in, or compensation arrangement with, an entity or individual with which the Trust is negotiating a transaction or arrangement.
- The term "family" means a parent, spouse, sibling, child, grandparent, grandchild, great-grandchild, in-law, or domestic partner of an interested party, or any step relation to an interested person.

Covered Persons:

This policy applies to the Trust and its Board. Trustees serve the participants of the Trust. All decisions of the Trustees are to be made solely on the basis of a desire to promote the best interests of the Trust and its participants.

Men and women of substance inevitably are involved in the affairs of other organizations. Trustees cannot consist of individuals entirely free from at least perceived conflicts of interest. Although most such potential conflicts are and will be deemed to be inconsequential, it is the Trustees' responsibility to ensure that they are made aware of situations that involve personal, familial, or business relationships that could be troublesome for the Trust. Thus, each Trustee and member of a Trust committee with governing board delegated powers is required to annually sign a statement which affirms that such person:

- Has received a copy of the Policy;
- Has read and understand the Policy;
- Has agreed to comply with the Policy;
- Has agreed to disclose any possible personal, familial, or business relationships that reasonably could give rise to a conflict of interest; and
- Understand that the Trust is exempt from Federal Income taxes and in order to maintain its federal tax-exempt status it must engage in activities which accomplish one or more of its tax-exempt purposes.

Policy:

General Policy Statement Defining Conflicts of Interest:

In addition to the specific circumstances that may be prohibited by federal or state law, the following situations may constitute an actual or potential conflict of interest:

- An interested person (as defined in Definition Section above) has a direct or indirect financial interest (as defined in Definition Section above) in a transaction involving the Trust;
- An interested person has a material financial interest in a transaction involving the Trust. This includes entities in which the interested person and all individuals or entities having significant relationships with the interested person own, in the aggregate, more than five (5) percent;
- An action by an interested person involving the Trust where the interested person may receive a personal gain or advantage;
- An action or transaction involving the Trust which has or may have an adverse effect or impact on the Trust and results or may result in the personal gain of an interested person or family member of an interested person;
- An action or transaction involving the Trust, where an interested person obtains or assists in obtaining for a third party an improper gain from, or an unfair advantage, of the Trust; and
- An interested person or family member serves on the governing board of another private or governmental entity or organization which directly or indirectly has oversight over Trust investments.

Disclosure and Procedures Relating Thereto:

- Duty to Disclose - In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the actual or possible conflict of interest and be given the opportunity to disclose all material facts to the Trustees of the proposed transaction or arrangement, even if such interest, relationship or responsibility has otherwise generally been disclosed to the Trust. In addition, an interested person is required to disclose any adjudication of bankruptcy within the most previous five (5) years.
- Determining Whether a Conflict of Interest Exists - After disclosure of the actual or potential conflict of interest and all other material facts, and after any discussion with the interested person who makes the disclosure, he/she shall leave the Board while the determination of a conflict of interest is discussed and voted upon. The remaining members of the Board shall decide if a conflict of interest exists.
- Procedures for Addressing the Conflict of Interest.
 - An interested person may make a presentation at the Board meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
 - The Chairperson of the Board may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
 - After exercising due diligence, the Board shall determine whether the Trust can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
 - If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine by a majority vote of the disinterested Trustees whether the transaction or arrangement is in the Trust's best interest, for its own benefit, and whether to enter into the transaction or arrangement. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

Violations of the Policy:

If the Board or committee has reasonable cause to believe an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the interested person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Resignation:

In circumstances where an interested person has a significant, ongoing and irreconcilable conflict, and where such personal or outside interest, relationship or responsibility significantly impedes the interested person's ability to carry out his or her fiduciary responsibility to the Trust, resignation from the Trust or termination of the conflicting interest may be appropriate and/or required. Should an ongoing and irreconcilable conflict arise, the Trustees have the authority to remove an interested person from office as a Trustee before the 60 days indicated in the Trust plan document entitled "Removal and Resignation of Trustee."

Records of Proceedings:

The minutes of the governing board and all committees with board delegated powers shall contain:

- Names of persons who disclosed or had a financial interest - The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's decision as to whether a conflict of interest in fact existed.
- Names of Persons Present for Discussions - The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Compensation:

- Trustee Precluded on Voting on own Compensation - A Trustee who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
- Committee Member Precluded on Voting on own Compensation - A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
- Prohibition from Providing Compensation Information - A Trustee or voting member of a committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Periodic Reviews:

To ensure the Trust operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- Compensation Arrangements and Benefits - Whether compensation arrangements and benefits, if any are reasonable, based on competent survey information, and the result of arm's length bargaining.
- Arrangements Conform to Trust's Policies, etc. - Whether partnerships, joint ventures, and arrangements with other organizations conform to the Trust's written policies, are properly recorded, reflect reasonable investment or payments for goods and services,

further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

- Use of Outside Experts – When conducting the periodic reviews as provided for above, the Trust may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

APPROVAL(S):



Michele Sullivan, Chairperson, OPEB
Board of Trustees

APPROVAL(S):



Chuck Atkinson, Vice Chairperson,
OPEB Board of Trustees

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§115 OPEB Plan and Trust

Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form

It is mandatory that the OPEB Plan and Trust has a disclosure on file at least once each year for each Trustee. Should there occur a change in status during the year, an amended disclosure form should be filed.

1. Have you been provided with a copy of the Policy?
☐ Yes ☐ No
2. Have you read and do you understand the Policy?
☐ Yes ☐ No
3. Do you agree to comply with the Policy, including the disclosure of any personal, familial, or business relationships that could give rise to a conflict of interest?
☐ Yes ☐ No
4. Do you understand that the Trust is exempt from Federal Income taxes and in order to maintain such status it must engage in activities which further its exempt purpose?
☐ Yes ☐ No
5. Is there any direct or indirect business relationship with the Trust between yourself or a member of your family that may represent a conflict of interest?
☐ Yes ☐ No
 - If Yes, please list or elaborate such relationships and the details of annual or potential financial benefit as you can best estimate them:
6. Did you or a member of your family receive, during the past 12 months, any gifts or loans from any source from which Trust goods or services or otherwise has significant business dealings?
☐ Yes ☐ No
 - If Yes, please list such loans or gifts, their source, and their approximate value:
7. Please identify your main employer and any consulting contracts or board seats you may have with Trust business partners, members or sponsors:
8. Please identify an business relations you may have with other Trustees and the nature of those:

Trustee Print Name

Date

Trustee Signature

DATE RANGE From 3-6-18 To 10-7-19

Employee #: _____

Phone #:

[illegible]

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: _____

10/24/19

OPEB Approval*: _____

Date: _____

Accounting Approval**: _____

Date: _____

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.

VALUE RX ENHANCED (HMO)

Senior Care
Plus 

Member #: [REDACTED]

Plan year: 2019

Name: [REDACTED]

PCP: HORNBACK, JENNIFER MD Phone: 775-851-5700

Primary Care Office: \$10

Specialist Office: \$40

OB/Gyn: \$10

Urgent Care: \$25

Emergency: \$90

Includes: Hearing, Vision, Preventative Dental, Fitness

Phone: 775-982-3112 or 888-775-7003 (TTY Relay Service 711)

Health Hotline: 775-982-5757 or 888-324-3243

Submit medical claims to: EDI Payor ID #88023

Or Mail to: PO Box 981703 El Paso, Tx 79998-1703

**WELLS
FARGO**

Wells Fargo Portfolio Checking

Activity summary

Balance on 3/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 3/31

Account number:

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General
Statement Policies can be found towards the
end of this statement.

Overdraft protection

Your account is linked to the following for Overdraft Protection:

■ Savings - 5919676808

Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year
Total interest paid in **2018**

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 3/1					
3/4	Mobile Deposit				
3/5	Tmwa Util. Bill				
3/5	Nationstar DBA				
3/6	Hometown Debit				
3/6	Hometown Debit			45.00	
3/11	Check	1081			
3/13					
3/13					
3/14					
3/14					
3/15					
3/21	Purchase Authorized On 03/21 Winco Foods #12 9750 So V Reno NV P00589080700080255 Card 0609				
3/25	Verizon Wireless Payments				
3/26	Pub Employees-NV Pers				
3/26	Online Transfer to #1b05Z6Mc8G On 03/26/19				
3/26	NV Energy North Sppc Pymt				
3/27	Purchase Authorized On 03/27 Winco Foods #12 9750 So V Reno NV P00589086708008790 Card 0609				
3/29	Interest Payment				
Ending balance on 3/31					
Totals					

Summary of checks written (checks listed are also displayed in the preceding Transaction history section)

Number Date \$ Amount

Wells Fargo Portfolio Checking

Activity summary

Balance on 4/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 4/30

Account number: [REDACTED]

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**Worksheet to balance your account and General
Statement Policies can be found towards the
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- Savings - 5919676808

Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 4/1					
4/1	Online Transfer From [REDACTED] Savings [REDACTED] #1b05Zv9Nhj On 03/31/19		[REDACTED]		[REDACTED]
4/1	Citi Card Online Payment 190329 [REDACTED] [REDACTED]			[REDACTED]	[REDACTED]
4/2	Nationstar DBA MR Cooper [REDACTED]			[REDACTED]	[REDACTED]
4/3	Purchase Authorized On 04/03 Winco Foods #12 9750 So V Reno NV P00309093737032186 Card 0609			[REDACTED]	[REDACTED]
4/3	Tmwa Util. Bill [REDACTED]			[REDACTED]	[REDACTED]
4/5	Online Transfer From [REDACTED] #1b062Qhywn On 04/05/19		[REDACTED]		[REDACTED]
4/8	Hometown Debit [REDACTED]			[REDACTED]	[REDACTED]
4/8	Hometown Debit [REDACTED]			45.00	[REDACTED]
4/9	Check	1082		[REDACTED]	[REDACTED]
4/10	SSA Treas 310 Xxsoc Sec 041019 Xxxxx2220A SSA [REDACTED] [REDACTED]		[REDACTED]		[REDACTED]
4/10	SSA Treas 310 Xxsoc Sec [REDACTED]		[REDACTED]		[REDACTED]
4/11	Online Transfer From [REDACTED] #1b063Gy6Lv On 04/11/19		[REDACTED]		[REDACTED]
4/11	Nationstar DBA MR Cooper 190411 0645891714 [REDACTED]			[REDACTED]	[REDACTED]
4/11	Capital One Online Pmt 190411 910139910133087 [REDACTED]			[REDACTED]	[REDACTED]
4/12	ATM Withdrawal Authorized On 04/12 1111 S Austin Ave Georgetown TX 0007054 ATM ID 9987F Card 0609			[REDACTED]	[REDACTED]
4/12	Purchase Authorized On 04/12 Winco Foods #12 9750 So V Reno NV P00309102669355343 Card 9614			[REDACTED]	[REDACTED]
4/15	Online Transfer From [REDACTED] #1b063V3P9L On 04/14/19		[REDACTED]		[REDACTED]
4/15	Check	1083		[REDACTED]	[REDACTED]
4/16	Citi Card Online Payment 190415 [REDACTED] [REDACTED]			[REDACTED]	[REDACTED]
4/16	State Farm Ro 27 Sfpp 24 S 0371161924 [REDACTED]			[REDACTED]	[REDACTED]
4/17	Citi Card Online Payment 190416 112937120030577 [REDACTED] [REDACTED]			[REDACTED]	[REDACTED]

WELLS
FARGO

Wells Fargo Portfolio Checking

Activity summary

Balance on 5/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 5/31

Account number: [REDACTED]

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General
Statement Policies can be found towards the
end of this statement.

Overdraft protection

Your account is linked to the following for Overdraft Protection:

- Savings - 5919676808

Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 5/1					
5/2	Tmwa Util. Bill 190430 0264293 [REDACTED]				
5/2	Nationstar DBA MR Cooper [REDACTED]				
5/2	Check	1084			
5/6	Purchase with Cash Back \$ 40.00 Authorized On 05/05 Safeway Store 2637 Kelso WA P00589125749152604 Card 0609				
5/6	Hometown Debit 190508 [REDACTED]				
5/6	Hometown Debit [REDACTED]			45.00	
5/8	SSA Treas 310 Xxsoc Sec 050819 Xxxxx2220A [REDACTED]				
5/8	SSA Treas 310 Xxsoc Sec 050819 Xxxxx3544A [REDACTED]		1,969.20		3,317.19
5/9	Capital One Mobile Pmt 190508 912839800410592 [REDACTED]				
5/13	Check	1086			
5/15	State Farm Ro 27 Sfpp 24 S 0371161924 Alan Reich				
5/16	Citi Card Online Payment [REDACTED]				
5/17	Check	1087			
5/20	Purchase Authorized On 05/19 Winco Foods #12 9750 So V Reno NV P00389139680796979 Card 0609				
5/22	Verizon Wireless Payments 190522 070706844600001 0000000070706844600001				
5/28	Pub Employees [REDACTED]				
5/28	Purchase with Cash Back \$ 20.00 Authorized On 05/25 Winco Foods #12 9750 So V Reno NV P00309145645351373 Card 0609				
5/30	NV Energy North Sppc [REDACTED]				
5/30	Check	1088			
5/31	Tmwa Util. Bill [REDACTED]				
5/31	Interest Payment		0.01		
Ending balance on 5/31					
Totals					

WELLS
FARGO

Wells Fargo Portfolio Checking

Activity summary

Balance on 6/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 6/30

Account number:

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

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Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 6/1					
6/3	Purchase Authorized On 06/01 Winco Foods #12 9750 So V Reno NV P00309152651176784 Card 0609				
6/3	Nationstar DBA MR Cooper				
6/6	Hometown Debit 190605				
6/6	Hometown Debit 190605			45.00	
6/7	Check	1089			
6/12	SSA Treas 310 Xxsoc Sec 061219 Xxxx222				
6/12	SSA Treas 310 Xxsoc				
6/14	State Farm Ro 27				
6/17	Deposited OR Cashier Check	1090			
6/17	Purchase Authorized On 06/17 Arco #42721 Ampm Carson City NV P00000000237796673 Card 9614				
6/17	Citi Card Online Payment 190614 142977804644060				
6/18	Mobile Deposit : Ref Number :608180858068				
6/19	Purchase Authorized On 06/19 Winco Foods #12 9750 So V Reno NV P00589170792172896 Card 9614				
6/20	Verizon Wireless Payments 190620 070706844600001 0000000070706844600001				
6/25	Pub Employees-NV Pers Check Xxxx0811				
6/27	Capital One Online Pmt				
6/28	NV Energy North Sppc Pymt				
6/28	Interest Payment				
Ending balance on 6/30					
Totals					

Summary of checks written (checks listed are also displayed in the preceding Transaction history section)



Wells Fargo Portfolio Checking

Activity summary

Balance on 7/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 7/31

Account number: [REDACTED]

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

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Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 7/1					
7/2	Nationstar DBA MR Cooper [REDACTED]				[REDACTED]
7/3	Tmwa Util. Bill 190701 0264293 [REDACTED]				[REDACTED]
7/3	Check	1091			[REDACTED]
7/8	Hometown Debit [REDACTED]				[REDACTED]
7/8	Hometown Debit [REDACTED]			45.00	[REDACTED]
7/10	SSA Treas 310 Xxsoc Sec 071019 Xxxxx2 [REDACTED]				[REDACTED]
7/10	SSA Treas 310 Xxsoc Sec [REDACTED]				[REDACTED]
7/12	Mobile Deposit : Ref Number :613120070198				[REDACTED]
7/15	Purchase Authorized On 07/15 Arco#07048Arco King City CA P00000000987524746 Card 0609				[REDACTED]
7/15	Citi Card Online Payment [REDACTED]				[REDACTED]
7/16	NV Energy North Sppc Pymt [REDACTED]				[REDACTED]
7/16	State Farm Ro 27 [REDACTED]				[REDACTED]
7/17	Purchase Authorized On 07/17 Winco Foods #12 9750 So V Reno NV P00309198628453119 Card 0609				[REDACTED]
7/22	Verizon Wireless Payments 190722 070706844600001 0000000070706844600001				[REDACTED]
7/26	Pub Employees [REDACTED]				[REDACTED]
7/29	Capital One Online Pmt [REDACTED]				[REDACTED]
7/31	Online Transfer From [REDACTED] #1b06M2Hfdd On 07/31/19				[REDACTED]
7/31	Interest Payment		0.01		[REDACTED]
Ending balance on 7/31					
Totals					

Summary of checks written (checks listed are also displayed in the preceding Transaction history section)

WELLS
FARGO

Wells Fargo Portfolio Checking

Activity summary

Balance on 8/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 8/31

Account number:

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General
Statement Policies can be found towards the
end of this statement.

Overdraft protection

Your account is linked to the following for Overdraft Protection:

■ Savings - 5919676808

Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 8/1					
8/2	Online Transfer From [REDACTED] #1b06Mlnc5F On 08/02/19				
8/2	Purchase Authorized On 08/02 Winco Foods #12 9750 So V Reno NV P00389214659498184 Card 0609				
8/2	Tmwa Util. Bill [REDACTED]				
8/2	Nationstar DBA MR Cooper [REDACTED]				
8/5	Check	1092			
8/6	ATM Withdrawal Authorized On 08/06 South Meadows Reno NV 0005982 ATM ID 9993R Card 0609				
8/6	Hometown Debit [REDACTED]				
8/6	Hometown Debit [REDACTED]			45.00	
8/8	Mobile Deposit : Ref Number :320080972521				
8/14	SSA Treas 310 Xxsoc Sec 081419 Xxxxx2220A SS [REDACTED]				
8/14	SSA Treas 310 Xxsoc [REDACTED]				
8/14	State Farm Ro 27 Sfpp 24 S 0371161924 Alan Reich				
8/15	Citi Card Online Payment 190814 [REDACTED]				
8/16	NV Energy North Sppc Pymt [REDACTED]				
8/21	Verizon Wireless Payments 190821 070706844600001 0000000070706844600001				
8/27	Pub Employees [REDACTED]				
8/27	Capital One Onli [REDACTED]				
8/30	Mobile Deposit : Ref Number :608300307547				
8/30	Check	1035			
8/30	Interest Payment		0.01		
Ending balance on 8/31					
Totals					

WELLS
FARGO

Wells Fargo Portfolio Checking

Activity summary

Balance on 9/1
Deposits/Additions
Withdrawals/Subtractions
Balance on 9/30

Account number: [REDACTED]

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General
Statement Policies can be found towards the
end of this statement.

Overdraft protection

Your account is linked to the following for Overdraft Protection:

- Savings - 5919676808

Interest you've earned

Interest paid this statement
Interest earned this statement period
Average collected balance
Annual percentage yield earned
Interest paid this year

Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
Beginning balance on 9/1					
9/3	Online Transfer [REDACTED] #1b06Rvbk3 On 09/01/19				
9/3	Online Transfer to [REDACTED] On 09/01/19				
9/3	Tmwa Util. Bill [REDACTED]				
9/3	Capital One Mobile Pmt [REDACTED]				
9/3	Capital One Online [REDACTED]				
9/4	Purchase Authorized On 09/04 Winco Foods #12 9750 So V Reno NV P00589247732741422 Card 9614				
9/4	Citi Card Online Payment 190903 [REDACTED]				
9/4	Citi Card Online Payment [REDACTED]				
9/4	Nationstar DBA MR Cooper [REDACTED]				
9/5	Citi Card Online Payment 190904 [REDACTED]				
9/9	Hometown Debit [REDACTED]				
9/9	Hometown Debit [REDACTED]			45.00	
9/11	SSA Treas 310 Xxsoc Sec 091119 Xxxxx2220A SSA Sevah D Reich				
9/11	SSA Treas 310 Xxsoc [REDACTED]				
9/11	Online Transfe [REDACTED] On 09/11/19				
9/13	NV Energy North Sppc Pymt [REDACTED]				
9/16	State Farm Ro 27 Sfpp 24 S [REDACTED]				
9/16	Capital One Online Pmt 190914 [REDACTED]				
9/17	Citi Card Online Payment 190916 [REDACTED]				
9/17	Citi Card Online Payment 190916 153067209777044 [REDACTED]				
9/17	Check	1094			
9/18	Check	1093			

WELLS FARGO**PORTFOLIO
CHECKING**

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Activity Summary

Current posted balance**Pending withdrawals/debits****Pending deposits/credits****Available balance**

Routing numbers

Activity

The Available Balance shown above reflects the most up-to-date information available on your account. The balances shown below next to the last transaction of each day do not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when the transaction posted. If you had insufficient available funds when the transaction posted to your account, fees may have been assessed.

First
Previous
Next

Date	Description	Deposits/Credits	Withdrawals/Debits	Ending Daily Balance
Received for Processing				
10/16/19	STATE FARM RO 27 SFPP 24 S 0371161			
Posted Transactions				
10/11/19	CAPITAL ONE ONLINE PMT 191011 928439910200262			
10/11/19	PURCHASE AUTHORIZED ON 10/11 WINCO FOODS #12 9750 SO V Reno NV P00309284773054549 CARD 0609			
Totals				

Date	Description	Deposits/Credits	Withdrawals/Debits	Ending Daily Balance
10/10/19	CHECK # 1096			
10/09/19	SSA TREAS 310 XXSOC			
10/09/19	SSA TREAS 310 XXSOC			
10/07/19	Hometown DEBIT 191005		\$45.00	
10/07/19	Hometown DEBIT 191005			
10/07/19	MOBILE DEPOSIT : REF NUMBER :318050843634			
10/02/19	CAPITAL ONE ONLINE PMT			
10/02/19	Nationstar dba Mr Cooper			
10/02/19	TMWA UTIL. BILL 190930			
09/30/19	INTEREST PAYMENT			
09/26/19	CITI CARD ONLINE PAYMENT 190925			
09/25/19	CAPITAL ONE ONLINE PMT			
09/25/19	PUB EMPLOYEES-NV PERS			
09/23/19	PURCHASE AUTHORIZED ON 09/22 ARCO#82599ARCO TURLOCK CA P00000000683610133 CARD 0609			
09/20/19				
Totals				

§115 Post- Retirement Medical Plan & Trust

*a single employer plan sponsored by
Truckee Meadows Water Authority*



TO: Board of Trustees of the TMWA §115 Post-Retirement Medical Plan & Trust
FROM: Michele Sullivan, TMWA CFO and Trust Chairperson
DATE: January 21, 2020
SUBJECT: **Presentation of the Budget for Calendar Year 2020**

Recommendation

The Board of Trustees approves the calendar year 2020 budget.

Suggested Motion

Discussion

The Calendar Year 2020 Budget for the §115 Post-Retirement Medical Plan and Trust (OPEB) is provided for the Trustee's review in ***Attachment A***. In addition to retiree health and life insurance premiums, the budget reflects contributions/additions from the employer, the retiree's portion of premiums and certain administrative expenses primarily for legal services and the annual audit. No unrealized gain/loss in asset fair value is planned for this year as this is difficult to accurately predict. The Actuarially Determined Contribution (ADC) to be deposited with the Trust from TMWA is expected to be approximately \$107,623 in the calendar year. TMWA conducts an actuarial analysis every two years to make sure funding levels are adequate.

The OPEB expects to incur about \$66,000 in gross retiree health care and life premium expenses. The Trust now provides benefits for four beneficiaries who are actually receiving benefits and enrolled in plans offered by TMWA. The Trust has two beneficiaries who are receiving benefits via reimbursement of premiums via trust credit (not enrolled in plans offered by TMWA). The Trust has a total of six beneficiaries who are currently receiving a life benefit. The budget was based on zero additional requests or indication of retirees expecting to enroll in this calendar year.

Total OPEB assets are expected to be around \$1.2 million throughout the calendar year and are reflective of a very healthy funding level to meet future Plan participant requirements. The RBIF assets allocation is approximately 72% equities and 28% fixed rate securities so volatility in the equity markets will translate to RBIF investment performance.

**Truckee Meadows Water Authority
Section 115 Post-Retirement Medical Plan & Trust
Budget for Calendar Year 2020**

Additions

Contributions	
Employer	\$ 107,623
Plan Members	23,000
Total Contributions	130,623
Investment Income	
Net appreciation (depreciation) in fair value of investment	-
Investment income	20,700
Less investment expenses	(200)
Net investment income	20,500
Total Additions	151,123

Deductions

Benefits paid	66,000
Administrative expenses	16,000
Total Deductions	82,000
Net Increase (Decrease)	\$ 69,123

Retirement Benefits Investment Fund

September 30, 2019

Performance

Asset Class	Market Value	Target Allocation	Actual Allocation	FYTD Return	One Year	3 Years	5 Years	10 Years	Since Inception (2008)
U.S. Stocks- S&P 500 Index	\$ 278,857,650	50.5%	50.2%	1.7%	4.2%	13.4%	10.8%	13.2%	9.2%
Market Return				1.7%	4.3%	13.4%	10.8%	13.2%	9.1%
Int'l Stocks- MSCI World x US Index	\$ 118,835,378	21.5%	21.4%	-0.9%	-0.8%	6.8%	3.6%	5.3%	2.5%
Market Return				-0.9%	-0.4%	6.8%	3.5%	5.0%	2.3%
U.S. Bonds- U.S. Bond Index	\$ 152,817,679	28.0%	27.5%	2.4%	10.5%	2.3%	2.9%	3.3%	3.5%
Market Return				2.4%	10.5%	2.2%	2.9%	3.1%	3.3%
Total RBIF Fund	\$ 555,031,358	100.0%	100.0%	1.4%	5.2%	8.9%	7.1%	8.7%	6.5%
Market Return				1.4%	5.4%	8.8%	7.0%	8.7%	6.5%