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RONALD A. BULTJE
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(616) 336-1007

To: Michigan Department of Treasury
Local Retirement Reporting Team

VIA EMAIL ONLY

From: Ronald A. Bultje

Date: June 26, 2019

Re: Corrective Action Plan Supplement
Local Unit Name: South Haven Area Emergency Services
Six-Digit Muni Code: 807515
Retirement Health Benefit System Name: Retiree Health Plan
Contact Name: Ron Wise
Title: Executive Director
Email: rwise@shaes.org
Telephone: 269-637-5151

On behalf of the South Haven Area Emergency Services Authority ("SHAES"), I submitted a Corrective Action Plan ("CAP") on March 15, 2019. That CAP is now supplemented by the following and the attached.

Attached as Attachment 1 is a 30-year projection prepared by Watkins Ross for SHAES. The projection provides a path for SHAES to obtain 41 percent funding in 30 years for its retiree health plan.

Attachment 6b to the March 15, 2019 CAP is the SHAES Authority Joint Emergency Services Restated Agreement. Section 2.2(a) of that Agreement calls for the SHAES Board to prepare an annual budget, divided into the Fire Service and the Ambulance Service. Attached as Attachment 2 is the SHAES line item budget for the period ending June 30, 2019, adding half of the required annual contribution to the Fire budget and the other half of the required annual contribution to the Ambulance budget. By means of those combined annual contributions, SHAES will achieve 41 percent funding for its retiree health plan in 30 years.

Finally, attached as Attachment 3 is the new account information received by SHAES from Chemical Bank for the establishment of a new account to receive required annual contributions that will enable SHAES to obtain 41 percent funding in 30 years for its retiree health plan. The new account information will be signed when Mr. Charles Ross Stein, Jr. returns to town.

Please advise if there are questions.

Very truly yours,

DICKINSON WRIGHT PLLC

Ronald A. Bultje

RAB:jls
Enclosures
cc(w/enc.): Brian Dissette, South Haven City Manager
Ron Wise, SHAES Chief
Ross Stein, South Haven Charter Township Supervisor
Allan Overhuiser, Casco Township Supervisor
Nancy Whaley, Geneva Township Supervisor

ATTACHMENT 1

Jennifer L. Smith

From: Ron Wise <rwise@shaes.org>
Sent: Friday, June 7, 2019 2:14 PM
To: Ronald A. Bultje; Brian Dissette
Cc: Jennifer L. Smith
Subject: EXTERNAL: RE: South Haven (SHAES) Outline re Status of Retiree Health Insurance Plan Underfunding
Attachments: Projected liability and funding plan.pdf

Caution: External Email

Ron,

Attached is a 30-year projection with contributions intended to obtain 40% funded status. Corrective Action Plans (CAP) for other clients have been submitted with a 40% funding goal which have been accepted by the State of Michigan so we are interpreting your edict that the "lowest possible contribution" be determined with that objective in mind.

Note the following:

- In addition to the $4,100 shown to be deposited in an OPEB trust, you will continue to make retiree healthcare payments from general operating funds – i.e. don't use these money's until the plan has obtained and can maintain the 40% funded status
- The results are based on a projection of the liabilities, costs and census data associated with the last valuation; Given the relatively low annual required amount, we would advise that there wouldn't be much added value to the analysis at this point to re-do the valuation to reflect any of the possible adjustments you've identified
- As this projection is based on a closed group, as new hires come into the plan, and as experience plays out other than expected, future adjustments to the contribution to meet your target may have to be made
- Another funding requirement under the State of Michigan Public Act 202 is that the "normal cost" for any new hires after June 30, 2018 be contributed to an OPEB trust; currently your normal cost is approximately 2.5% of covered payroll so if at some point in the future, 2.5% of payroll for new hires exceeds $4,100, that would become the new contribution requirement

If you have any questions, let me know.

Chris

WATKINS ROSS

Christian R. Veenstra, FCA, ASA, MAAA | President
Enrolled Actuary
200 Ottawa Ave. N.W. Suite 600
Grand Rapids MI 49503-2426
Phone: 616.742.9244 Fax: 616.456.5021
Retirement Plan Consultants, Actuaries and Administrators

Join us on LinkedIn

From: Ronald A. Bultje <RBultje@dickinson-wright.com>
Sent: Monday, June 3, 2019 2:30 PM
To: Brian Dissette <bdissette@south-haven.com>; Ron Wise <rwise@shaes.org>
Cc: Jennifer L. Smith <JLSmith@dickinson-wright.com>
Subject: FW: South Haven (SHAES) Outline re Status of Retiree Health Insurance Plan Underfunding

Caution: External Email

Gentlemen: please see the attached one page status summary regarding the retiree health insurance plan sponsored by SHAES, for consideration at the SHAES Board meeting this week Wednesday.

Please note that a response to the state is currently due by July 1, 2019.

Let me know if you have any questions or comments. Otherwise, please let me know what the SHAES Board decides, and how I can assist you going forward. Thanks very much.

Ronald A. Bultje Member
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Suite 1000
Grand Rapids MI 49503
Profile | V-Card
Phone 616-336-1007
Fax 844-670-6009
Email RBultje@dickinsonwright.com

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From: Jennifer L. Smith <JLSmith@dickinson-wright.com>
Sent: Monday, June 3, 2019 2:07 PM
To: Ronald A. Bultje <RBultje@dickinson-wright.com>
Subject: South Haven (SHAES) Outline re Status of Retiree Health Insurance Plan Underfunding

Jennifer L. Smith Legal Secretary
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Neither this transmission nor any attachment shall be deemed for any purpose to be a "signature" or "signed" under any electronic transmission acts, unless otherwise specifically stated herein. Thank you.

South Haven Area Emergency Services

2019 funding projection (based on December 31, 2018 actuarial valuation)

			Discount	Return		
			3.00%	3.00%		
31-Dec	liability	Assets	Contribution	+Benefit payments	=total contribution	funded percent
2019	891,964	4,100	4,100	30,349	34,449	0.5%
2020			4,100	39,174	43,274	0.9%
2021			4,100	34,820	38,920	1.3%
2022			4,100	34,806	38,906	1.7%
2023			4,100	29,189	33,289	2.1%
2024			4,100	31,726	35,826	2.4%
2025			4,100	31,150	35,250	2.8%
2026			4,100	33,931	38,031	3.1%
2027			4,100	44,433	48,533	3.4%
2028			4,100	44,394	48,494	3.8%
2029			4,100	48,284	52,384	4.1%
2030			4,100	52,279	56,379	4.5%
2031			4,100	56,326	60,426	4.9%
2032			4,100	69,974	74,074	5.3%
2033			4,100	72,067	76,167	5.7%
2034			4,100	77,005	81,105	6.2%
2035			4,100	82,675	86,775	6.8%
2036			4,100	115,072	119,172	7.4%
2037			4,100	105,743	109,843	8.4%
2038			4,100	125,283	129,383	9.4%
2039			4,100	133,178	137,278	10.8%
2040			4,100	103,470	107,570	12.5%
2041			4,100	110,185	114,285	14.2%
2042			4,100	95,254	99,354	16.4%
2043			4,100	79,923	84,023	18.7%
2044			4,100	85,253	89,353	21.0%
2045			4,100	65,724	69,824	23.9%
2046			4,100	86,923	91,023	26.5%
2047			4,100	66,507	70,607	31.1%
2048			4,100	71,273	75,373	35.7%
2049	490,138	200,911		76,298	76,298	41.0%

ATTACHMENT 2

06/13/2019

TRIAL BALANCE REPORT FOR SOUTH HAVEN SHAES

PERIOD ENDING 06/30/2019

GL NUMBER	DESCRIPTION	DEPARTMENT DESCRIPTION	END BALANCE 12/31/2018	2019 ORIGINAL BUDGET	2019 AMENDED Budget	END BALANCE 06/30/2019	Budget Change	
Fund 577 - BEACH SAFETY								
577-000-654-000	CHARGES FOR SERVICES		24,312.00	24,312	24,312	0.00	0	
577-000-690-000	SUNDRY		0.00	0	0	600.00	0	
Total Dept 000			24,312.00	24,312	24,312	600.00	0	
Dept 757 - BEACH								
577-757-704-000	WAGES - PART TIME	BEACH	18,000.00	18,000	18,000	3,404.00	0	
577-757-709-000	PART-TIME - OVERTIME	BEACH	555.00	555	555	0.00	0	
577-757-712-000	WORKER'S COMPENSATION	BEACH	0.00	0	0	0.00	0	
577-757-713-000	PAYROLL TAXES	BEACH	1,419.48	1,420	1,420	260.43	0	
577-757-713-001	UNEMPLOYMENT INSURANCE	BEACH	9.01	10	10	0.00	0	
577-757-729-002	UNIFORMS - PART TIME	BEACH	0.00	0	600	600.00	600	
577-757-748-000	MOTOR FUEL/LUBRICANTS	BEACH	30.46	31	31	0.00	0	
577-757-900-000	NEWSPAPER PUBLISHING	BEACH	220.00	220	220	0.00	0	
577-757-977-577	EQUIPMENT - RESCUE	BEACH	590.44	591	591	0.00	0	
Total Dept 757 - BEACH			20,824.39	20,827	21,427	4,264.43	600	
	Revenue over (under) expenditures		3,487.61	3,485	2,885	(3,664.43)	(600)	
Fund 598 - SHAES								
598-000-403-000	COUNTY MILLAGE		182,675.47	199,000	199,000	48,813.60	0	
598-000-506-000	FEDERAL GRANT		0.00	0	0	0.00	0	
598-000-588-000	VB COUNTY MILLAGE .0006 TAX		342,084.35	387,858	387,858	92,623.76	0	
598-000-588-001	CASCO TOWNSHIP-FIRE CONTRIBUT		342,099.00	356,525	356,525	178,262.50	0	
598-000-588-002	CASCO TOWNSHIP-AMBULANCE CONTR		108,856.00	115,243	115,243	57,621.50	0	
598-000-588-003	GENEVA TOWNSHIP-FIRE CONTRIBUT		147,566.00	154,050	154,050	77,025.00	0	
598-000-588-004	GENEVA TOWNSHIP-AMBULANCE CONT		85,281.00	89,545	89,545	44,772.50	0	
598-000-588-005	SOUTH HAVEN CITY-FIRE CONTRIBU		585,268.00	599,949	599,949	149,987.25	0	
598-000-588-006	SOUTH HAVEN CITY-AMBULANCE CON		0.00	0	0	0.00	0	
598-000-588-007	SOUTH HAVEN TOWNSHIP-FIRE CONT		234,094.00	244,521	244,521	122,260.50	0	
598-000-588-008	SOUTH HAVEN TOWNSHIP-AMBUL CON		70,293.00	73,237	73,237	36,618.50	0	
598-000-630-000	CURRENT AMBULANCE BILLINGS		832,877.32	850,000	850,000	164,020.29	0	
598-000-630-001	PRIOR AMBULANCE BILLINGS		1,523.67	0	0	(3,248.11)	0	
598-000-631-000	CONTRACTUAL ALLOWANCES		(357,854.88)	(300,000)	(300,000)	(64,403.50)	0	
598-000-642-000	SALES-LIFE SIGNS		0.00	0	0	0.00	0	
598-000-654-101	CHARGES FOR SERVICES - CITY		16,625.00	0	75,000	11,975.00	75,000	inspection fees
598-000-665-000	INTEREST		11,871.29	6,500	6,500	1,805.21	0	

598-000-665-598	MARKET VALUE ADJUSTMENT		(4,668.50)	0	0	0.00	0
598-000-673-000	SALE OF FIXED ASSET		0.00	0	0	0.00	0
598-000-678-000	PAYROLL REIMBURSEMENT		0.00	0	0	0.00	0
598-000-678-001	CALL CENTER REIMBURSEMENT		0.00	0	0	0.00	0
598-000-690-000	SUNDRY		13,157.05	15,000	15,000	2,109.00	0
Total Dept 000			2,611,747.77	2,791,428	2,866,428	920,243.00	75,000
Dept 336 - FIRE DEPARMENT							
598-336-703-000	WAGES - FULL TIME	FIRE DEPARMI	479,693.61	489,932	489,932	211,072.25	0
598-336-703-003	CALL CENTER-FULL TIME	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-704-000	WAGES - PART TIME	FIRE DEPARMI	65,263.11	67,409	67,409	26,531.94	0
598-336-704-003	CALL CENTER-PART TIME	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-708-000	OVERTIME WAGES	FIRE DEPARMI	49,599.28	50,459	50,459	21,902.11	0
598-336-708-003	CALL CENTER-FULL TIME OVERTIME	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-709-000	PART-TIME - OVERTIME	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-709-003	CALL CENTER-PART TIME OVERTIME	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-710-000	HEALTH/LIFE INSURANCE	FIRE DEPARMI	109,394.55	111,605	111,605	60,725.63	0
598-336-710-001	INSURANCE OPT OUT	FIRE DEPARMI	0.00	0	9,800	4,900.00	9,800
598-336-710-003	CALL CENTER HEALTH INSURANCE	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-712-000	WORKER'S COMPENSATION	FIRE DEPARMI	59,170.52	60,100	60,100	29,363.00	0
598-336-712-003	CALL CENTER-WORKER'S COMP	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-713-000	PAYROLL TAXES	FIRE DEPARMI	12,121.74	12,992	12,992	5,576.73	0
598-336-713-001	UNEMPLOYMENT INSURANCE	FIRE DEPARMI	131.04	260	260	142.92	0
598-336-713-002	RETIREMENT CONTRIBUTION	FIRE DEPARMI	127,296.49	133,785	133,785	67,468.57	0
598-336-713-003	CALL CENTER-PAYROLL TAXES	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-713-004	CALL CENTER-UNEMPLOYMENT	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-713-005	CALL CENTER-RETIREMENT	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-713-006	ER CONTRIBUTION TO MERS HCSP	FIRE DEPARMI	0.00	0	200	64.88	200
598-336-713-007	CONTRIBUTION TO OPEB TRUST	FIRE DEPARMENT			2,050		2,050
598-336-727-000	OFFICE SUPPLIES	FIRE DEPARMI	1,664.88	1,680	1,680	563.22	0
598-336-727-001	PRINTING SERVICES	FIRE DEPARMI	557.34	1,140	1,140	465.84	0
598-336-729-001	UNIFORMS - FULL TIME	FIRE DEPARMI	2,761.27	3,200	3,200	1,613.12	0
598-336-729-002	UNIFORMS - PART TIME	FIRE DEPARMI	1,382.42	2,600	2,600	496.16	0
598-336-729-003	TURN OUT GEAR	FIRE DEPARMI	27,095.71	22,200	22,200	683.22	0
598-336-741-000	OPERATING SUPPLIES	FIRE DEPARMI	7,821.86	10,460	10,460	3,340.61	0
598-336-741-001	CLEANING SUPPLIES	FIRE DEPARMI	1,617.34	1,200	1,200	344.54	0
598-336-742-000	SMALL TOOLS	FIRE DEPARMI	336.00	360	360	24.03	0
598-336-748-000	MOTOR FUEL/LUBRICANTS	FIRE DEPARMI	13,733.09	16,800	16,800	4,424.42	0
598-336-801-000	PROFESSIONAL SERVICES	FIRE DEPARMI	16,809.94	24,720	24,720	7,604.65	0
598-336-801-001	LEGAL COUNSEL	FIRE DEPARMI	760.00	900	900	0.00	0
598-336-801-002	OFFICE ASSISTANCE	FIRE DEPARMI	3,000.00	5,100	5,100	1,250.00	0
598-336-801-003	DISPATCH SERVICES	FIRE DEPARMI	20,250.00	24,000	24,000	8,437.50	0

598-336-802-000	OTHER CONTRACTURAL	FIRE DEPARMI	3,421.94	6,300	6,300	746.50	0
598-336-802-001	FOOD ALLOWANCE	FIRE DEPARMI	5,400.00	5,400	5,400	3,060.00	0
598-336-802-002	LAUNDRY/DRY CLEANING	FIRE DEPARMI	0.00	150	150	0.00	0
598-336-850-000	TELEPHONE	FIRE DEPARMI	6,778.56	7,200	7,200	2,827.54	0
598-336-855-000	POSTAGE/MAILING FEES	FIRE DEPARMI	502.37	520	520	65.59	0
598-336-860-000	TRAVEL/CONFERENCE/TRAINING	FIRE DEPARMI	9,736.97	8,000	8,000	1,874.25	0
598-336-900-000	NEWSPAPER PUBLISHING	FIRE DEPARMI	0.00	360	360	0.00	0
598-336-911-000	PROPERTY/FLEET/LIABILITY	FIRE DEPARMI	24,785.92	26,200	26,200	6,920.97	0
598-336-921-000	ELECTRIC	FIRE DEPARMI	24,885.10	28,800	28,800	10,364.74	0
598-336-922-000	WATER & SEWER	FIRE DEPARMI	3,151.97	3,120	3,120	1,312.50	0
598-336-923-000	HEATING	FIRE DEPARMI	13,359.81	10,381	10,381	3,362.50	0
598-336-931-000	BUILDING MAINTENANCE	FIRE DEPARMI	14,827.77	17,000	17,000	5,384.47	0
598-336-933-000	EQUIPMENT MAINTENANCE	FIRE DEPARMI	10,038.06	15,960	15,960	6,506.67	0
598-336-935-000	VEHICLE MAINTENANCE	FIRE DEPARMI	13,031.56	16,800	16,800	5,834.47	0
598-336-941-000	HYDRANT RENT	FIRE DEPARMI	9,328.00	10,200	10,200	4,240.00	0
598-336-942-000	EQUIPMENT RENT	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-943-000	CAPITAL IMPROVEMENT TRANSFER	FIRE DEPARMI	174,000.00	177,000	177,000	73,750.00	0
598-336-958-000	SUBSCRIPTION/MEMBERSHIPS	FIRE DEPARMI	840.00	3,600	3,600	448.30	0
598-336-968-000	DEPRECIATION	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-975-000	BUILDINGS	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-977-000	EQUIPMENT/SHOP	FIRE DEPARMI	16,057.52	18,000	18,000	1,049.66	0
598-336-983-000	LEASE PURCHASE-OLD	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-983-001	LEASE PURCHASE-NEW	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-985-000	CAPITAL REPLACEMENT	FIRE DEPARMI	0.00	0	0	0.00	0
598-336-994-000	BUILDING LEASES	FIRE DEPARMI	43,050.00	43,200	43,374	17,937.50	174
598-336-998-000	DEBT INTEREST	FIRE DEPARMI	0.00	0	0	0.00	0
Total Dept 336 - FIRE DEPARMENT			1,373,655.74	1,439,093	1,451,317	602,681.00	12,224
Dept 651 - AMBULANCE							
598-651-703-000	WAGES - FULL TIME	AMBULANCE	477,796.38	489,932	489,932	211,057.75	0
598-651-703-003	CALL CENTER-FULL TIME	AMBULANCE	0.00	0	0	0.00	0
598-651-704-000	WAGES - PART TIME	AMBULANCE	19,755.90	18,523	18,523	9,645.81	0
598-651-704-003	CALL CENTER-PART TIME	AMBULANCE	0.00	0	0	0.00	0
598-651-708-000	OVERTIME WAGES	AMBULANCE	84,310.90	85,038	85,038	52,759.17	0
598-651-708-003	CALL CENTER-FULL TIME OVERTIME	AMBULANCE	0.00	0	0	0.00	0
598-651-709-000	PART-TIME - OVERTIME	AMBULANCE	0.00	0	0	0.00	0
598-651-709-003	CALL CENTER-PART TIME OVERTIME	AMBULANCE	0.00	0	0	0.00	0
598-651-710-000	HEALTH/LIFE INSURANCE	AMBULANCE	109,394.34	111,605	111,605	60,725.56	0
598-651-710-001	INSURANCE OPT OUT	AMBULANCE	0.00	0	0	0.00	0
598-651-710-003	CALL CENTER HEALTH INSURANCE	AMBULANCE	0.00	0	0	0.00	0
598-651-712-000	WORKER'S COMPENSATION	AMBULANCE	59,170.48	60,100	60,100	29,363.00	0
598-651-712-003	CALL CENTER-WORKER'S COMP	AMBULANCE	0.00	0	0	0.00	0

598-651-713-000	PAYROLL TAXES	AMBULANCE	9,071.21	9,904	9,904	4,623.09	0	
598-651-713-001	UNEMPLOYMENT INSURANCE	AMBULANCE	131.02	260	260	142.92	0	
598-651-713-002	RETIREMENT CONTRIBUTION	AMBULANCE	127,296.51	141,673	141,673	67,468.57	0	
598-651-713-006	ER CONTRIBUTION TO MERS HCSP	AMBULANCE	0.00	0	200	64.88	200	
598-336-713-007	CONTRIBUTION TO OPEB TRUST	FIRE DEPARMENT			2,050		2,050	
598-651-727-000	OFFICE SUPPLIES	AMBULANCE	964.05	720	720	256.24	0	
598-651-727-001	PRINTING SUPPLIES	AMBULANCE	540.36	780	780	205.36	0	
598-651-729-001	UNIFORMS - FULL TIME	AMBULANCE	2,761.14	3,200	3,200	519.31	0	
598-651-729-002	UNIFORMS - PART TIME	AMBULANCE	923.24	2,600	2,600	643.49	0	
598-651-741-000	OPERATING SUPPLIES	AMBULANCE	24,384.27	24,600	24,600	5,016.50	0	
598-651-741-001	CLEANING SUPPLIES	AMBULANCE	420.50	552	552	102.65	0	
598-651-742-000	SMALL TOOLS	AMBULANCE	44.24	150	160	(155.59)	10	
598-651-748-000	MOTOR FUEL/LUBRICANTS	AMBULANCE	8,078.04	9,000	9,000	2,373.02	0	
598-651-801-000	PROFESSIONAL SERVICES	AMBULANCE	12,738.01	20,520	20,520	6,438.62	0	
598-651-801-001	LEGAL COUNSEL	AMBULANCE	0.00	1,200	1,200	0.00	0	
598-651-801-002	OFFICE ASSISTANCE	AMBULANCE	3,000.00	5,100	5,100	1,250.00	0	
598-651-801-003	DISPATCH SERVICES	AMBULANCE	20,250.00	24,000	24,000	8,437.50	0	
598-651-802-000	OTHER CONTRACTURAL	AMBULANCE	37,802.58	41,400	41,400	15,032.02	0	
598-651-802-001	FOOD ALLOWANCE	AMBULANCE	5,400.00	5,400	5,400	3,060.00	0	
598-651-802-002	LAUNDRY/DRY CLEANING	AMBULANCE	0.00	120	120	0.00	0	
598-651-803-000	LICENSE & FEES	AMBULANCE	555.00	900	2,100	2,098.91	1,200	Quality Assurance Assessment
598-651-803-001	CREDIT CARD FEES	AMBULANCE	2,396.29	0	2,500	1,164.89	2,500	
598-651-820-000	EMS WRITE-OFFS	AMBULANCE	84,336.20	90,000	90,000	22,474.91	0	
598-651-850-000	TELEPHONE	AMBULANCE	2,802.44	3,120	3,120	2,161.38	0	
598-651-855-000	POSTAGE/MAILING FEES	AMBULANCE	213.62	300	300	23.77	0	
598-651-860-000	TRAVEL/CONFERENCE/TRAINING	AMBULANCE	4,967.81	4,400	4,400	3,021.95	0	
598-651-860-001	EMT TRAINING	AMBULANCE	1,350.00	0	1,400	1,400.00	1,400	
598-651-900-000	NEWSPAPER PUBLISHING	AMBULANCE	0.00	300	300	0.00	0	
598-651-911-000	PROPERTY/FLEET/LIABILITY	AMBULANCE	14,057.98	15,200	15,200	3,743.87	0	
598-651-921-000	ELECTRIC	AMBULANCE	8,901.07	8,240	8,240	3,821.58	0	
598-651-922-000	WATER & SEWER	AMBULANCE	1,350.85	1,200	1,200	562.50	0	
598-651-923-000	HEATING	AMBULANCE	4,362.66	4,088	4,088	1,204.06	0	
598-651-931-000	BUILDING MAINTENANCE	AMBULANCE	5,696.72	6,300	6,300	1,588.64	0	
598-651-933-000	EQUIPMENT MAINTENANCE	AMBULANCE	3,054.12	4,560	4,560	661.36	0	
598-651-935-000	VEHICLE MAINTENANCE	AMBULANCE	26,685.67	7,800	7,800	1,872.42	0	
598-651-942-000	EQUIPMENT RENT	AMBULANCE	0.00	0	0	0.00	0	
598-651-943-000	CAPITAL IMPROVEMENT TRANSFER	AMBULANCE	123,000.00	124,500	124,500	51,250.00	0	
598-651-958-000	SUBSCRIPTION/MEMBERSHIPS	AMBULANCE	0.00	600	600	112.84	0	
598-651-977-000	EQUIPMENT/SHOP	AMBULANCE	4,411.01	6,000	6,000	0.00	0	
598-651-994-000	BUILDING LEASES	AMBULANCE	18,450.00	18,450	18,589	7,687.50	139	
598-651-998-000	DEBT INTEREST	AMBULANCE	0.00	0	0	0.00	0	
Total Dept 651 - AMBULANCE			1,310,824.61	1,352,335	1,359,834	583,880.45	7,499	

	Total Expenditures		2,684,480.35	2,791,428	2,811,151	1,186,561.45	19,723	
	Revenue over (under) expenditures		(72,732.58)	0	55,277	(266,318.45)	55,277	
Fund 661 - CAPITAL IMPROVEMENTS								
661-000-507-000	DONATIONS		0.00	0	0	0.00	0	
661-000-654-336	CHARGES FOR SERVICE - FIRE		174,000.00	177,000	177,000	73,750.00	0	
661-000-654-651	CHARGES FOR SERVICE- AMBULANCE		123,000.00	124,500	124,500	51,250.00	0	
661-000-665-000	INTEREST		1,513.00	5,093	2,000	0.00	(3,093)	
661-000-673-000	SALE OF FIXED ASSET		3,000.00	0	0	0.00	0	
661-000-675-000	PRIVATE GRANTS		12,750.00	0	40,000	2,550.35	40,000	
Total Dept 000			314,263.00	306,593	343,500	127,550.35	36,907	
Dept 450 - CAPITAL IMPROVEMENT								
661-450-968-336	DEPRECIATION - FIRE	CAPITAL IMPR	219,862.30	0	272,226	0.00	272,226	
661-450-968-651	DEPRECIATION - AMBULANCE	CAPITAL IMPR	47,716.70	0	49,190	0.00	49,190	
661-450-975-000	LAND AND BUILDINGS	CAPITAL IMPR	0.00	0	0	0.00	0	
661-450-977-336	EQUIPMENT - FIRE	CAPITAL IMPR	862.77	0	1,000	0.00	1,000	
661-450-977-651	EQUIPMENT - AMBULANCE	CAPITAL IMPR	918.10	0	1,000	0.00	1,000	
661-450-977-999	INTEREST EXPENSE	CAPITAL IMPR	17,407.57	0	25,000	7,471.45	25,000	includes int for new rescue
661-450-985-336	VEHICLES - FIRE	CAPITAL IMPR	4,500.00	0	5,000	0.00	5,000	
661-450-985-651	VEHICLES - AMBULANCE	CAPITAL IMPR	10,207.31	0	5,000	0.00	5,000	
661-450-994-000	CASCO STATION	CAPITAL IMPR	0.00	0	0	0.00	0	
Total Dept 450 - CAPITAL IMPROVEMENT			301,474.75	0	358,416	7,471.45	358,416	
	Revenue over (under) expenditures		12,788.25	306,593	(14,916)	120,078.90	(321,509)	
Fund 736 - PUBLIC EMPLOYEE HEALTH CARE FUND								
736-000-665-000	INTEREST		0.00	0	250	0.00	250	
736-000-686-000	EMPLOYER CONTRIB RETIREE HEALTH CARE		0.00	0	4,100	0.00	4,100	
Total Dept 000			0.00	0	4,350	0.00	4,350	
	Revenue over (under) expenditures		0.00	0.00	4,350.00	0.00	4,350.00	

ATTACHMENT 3

NEW ACCOUNT INFORMATION	Financial Institution Name and Address
DATE 06/20/2019 Check if applicable: ☐ TEMPORARY ☒ REPLACEMENT	Chemical Bank 433 Phoenix Street PO Box 449 South Haven, MI 49090-1309 5001

ACCOUNT INFORMATION

ACCOUNT NUMBER 05410534168
ACCOUNT T.I.N. 38-3270534

AMOUNT OF DEPOSIT $ 0.00
TITLE OF ACCOUNT South Haven Area Emergency Services

90 Blue Star Hwy
South Haven MI 49090-2411

OWNERSHIP TYPE Government Body
PRODUCT NAME Municipal Money Market

Words, numbers or phrases preceded by a ☐ are applicable only when marked, i.e., ☒. Opened By Senora Norman

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS
South Haven Area Emergency Services

90 Blue Star Hwy
South Haven, MI 49090-2411
ASSUMED NAME IF D/B/A

CONTACT NAME
CONTACT TITLE
CONTACT PHONE
OTHER

BUSINESS FILING STATE
ENTITY DOCUMENT
LAST FILING DATE
FILING EXPIRATION
DATE ESTABLISHED 04/07/1997
NATURE OF BUSINESS Non-Profit
PRIMARY LOCATION
RESOLUTION DATE
E-MAIL ADDRESS Iceman7004@gmail.com
FACSIMILE AUTHORIZATION ON FILE ☐ YES ☐ NO
LIMITED LIABILITY COMPANY TAX CLASSIFICATION ___
BUSINESS ENGAGES IN INTERNET GAMBLING* ☐
*If box is checked you must provide evidence of authority to engage in Internet Gambling.

SIGNER #1 INFORMATION

NAME AND ADDRESS
Charles Ross Stein Jr

TITLE /CAPACITY Auth Signer
PRIMARY PHONE
SECONDARY PHONE
CELL PHONE

TAX ID NUMBER
DATE OF BIRTH
ID TYPE
ID NUMBER
ID ISSUED BY
ID ISSUING LOCATION
ID ISSUE DATE
ID EXPIRATION
E-MAIL ADDRESS

SIGNER #2 INFORMATION

NAME AND ADDRESS
Ronald Letcher Wise

TITLE /CAPACITY Auth Signer
PRIMARY PHONE
SECONDARY PHONE
CELL PHONE

TAX ID NUMBER
DATE OF BIRTH
ID TYPE
ID NUMBER
ID ISSUED BY
ID ISSUING LOCATION
ID ISSUE DATE
ID EXPIRATION
E-MAIL ADDRESS

SIGNER #3 INFORMATION

NAME AND ADDRESS

TITLE /CAPACITY
PRIMARY PHONE
SECONDARY PHONE
CELL PHONE

TAX ID NUMBER
DATE OF BIRTH
ID TYPE
ID NUMBER
ID ISSUED BY
ID ISSUING LOCATION
ID ISSUE DATE
ID EXPIRATION
E-MAIL ADDRESS

SIGNER #4 INFORMATION

NAME AND ADDRESS

TITLE /CAPACITY
PRIMARY PHONE
SECONDARY PHONE
CELL PHONE

TAX ID NUMBER
DATE OF BIRTH
ID TYPE
ID NUMBER
ID ISSUED BY
ID ISSUING LOCATION
ID ISSUE DATE
ID EXPIRATION
E-MAIL ADDRESS

ACCOUNT NUMBER 05410534168

VERIFICATION / FOLLOW-UP

ADDITIONAL INSTRUCTIONS OR COMMENTS

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Exempt payee code, if any:

Under penalties of perjury, I certify that:

Exemption from FATCA reporting code, if any:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 38-3270534

SIGNATURE Charles Ross Stein Jr DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT

By signing this document, the undersigned, if not specified below as an Authorized Signer only, acknowledge that they have authority to open and have opened the type of account designated above. The undersigned acknowledge that they have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. All signers acknowledge that they are acting on behalf of the business entity, and they have the authority to act on behalf of the business entity to the extent indicated in a validly executed business resolution. The undersigned acknowledge receipt of a copy of this institution's Privacy Policy, and where applicable, the Funds Availability Policy. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED:

☐ FACSIMILE ALLOWED

☒ Authorized Signer only. Title: Auth Signer

X Charles Ross Stein Jr Date

☒ Authorized Signer only. Title: Auth Signer

X Ronald Letcher Wise Date

☐ Authorized Signer only. Title:

X Date

☐ Authorized Signer only. Title:

X Date

FOR INSTITUTION USE

Business Deposit Account Resolution

Resolution Date:

Company Name: South Haven Area Emergency Services
Address: 90 Blue Star Hwy
City, State, Zip: South Haven, MI 49090-2411
Tax ID #: 38-3270534
☐ Corporation ☐ Limited Liability Company ☐ Partnership
☐ DBA/Sole Proprietorship ☒ Other Government Body

With: Chemical Bank
333 E Main St.
Midland, MI 48640-0569

The entity named above is referred to in this document as "Company"

Option 1
☐ **Blanket Resolution (Pertains to all Company accounts)**
*All Authorized signers are the same on ALL accounts for this Company

**Note: Use either Option 1 or Option 2 for a Company, never both.

Option 2
☒ **Account(s) Specific Resolution**
*Authorized signers are NOT the same on all accounts for this Company. For each account, or for each group of accounts that have the same authorized signers, a separate Business Deposit Account Resolution is required

Account Number(s): 5410534168

AGENTS Any Agent listed below, is authorized to exercise all the powers set forth below:

	Type Name and Title or Position	Signature
A.	Charles Ross Stein Jr	X
B.	Ronald Letcher Wise	X
C.		X
D.		X
E.		X
F.		X

POWERS GRANTED Each Agent listed above has the following powers associated with the Company's account(s):

(1) Open any deposit account(s) in the name of the Company.

(2) Sign checks drawn on the account(s) manually or with a signature stamp or facsimile signature.

(3) Enter into written agreements on behalf and in the name of the Company and related to services for or related to the account(s), including agreements for merchant services, remote check capture, treasury management service, or other services offered by Chemical Bank.

(4) Endorse checks, issue orders for the payment of money, authorize wire transfers, approve business debit card access devices, or otherwise withdraw or transfer funds in the account(s).

(5) Give instructions to Chemical Bank with respect to the account(s), including instructions concerning changes of address or other information associated with the account(s).

(6) Enter into a written lease(s) for the purpose of renting, maintaining, accessing and terminating a safe deposit box or night drop (Depository) box with Chemical Bank.

Business Deposit Account Resolution

The Company named on this resolution resolves that,

(1) Chemical Bank is designated as a depository for the funds of the Company and to provide other financial accommodations indicated in this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by Chemical Bank. Any and all prior resolutions adopted by the Company and certified to Chemical Bank as governing the operation of this Company's account(s), are in full force and effect, until Chemical Bank receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to Chemical Bank, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Company. Any Agent, so long as the Agent acts in a representative capacity as an agent of the Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with Chemical Bank, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All actions and transactions, if any, related to the account(s) which occurred prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Company.

(6) The Company acknowledges and agrees that the Bank may furnish at its discretion automated access devices to Agents of the Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), debit cards, online access and phone access.

(7) The Company agrees that in the event the Company is indebted to Chemical Bank, Chemical Bank may offset against such indebtedness any balance in the account(s).

CERTIFICATION OF AUTHORITY

I further certify that the Company has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

X		X	
(Authorized Signature)	(Date)	(Attest by one other Authorized Signer)	(Date)
Charles Ross Stein Jr		Ronald Letcher Wise	
Printed Name and Title		Printed Name and Title	

FOR BANK USE ONLY

Acknowledged and received on _____ (date) by _____ (initials)

Send document to imaging department