CSCL/LCE-102 (1/26)

AUTHORITY: 1968 PA 251

PENALTY: Failure to provide this information may result in disciplinary action. Please Note: This information may be released to the public in accordance with the Freedom of Information Act, 1976 PA 442, as amended.

# Michigan Department of Licensing and Regulatory Affairs

**Corporations, Securities & Commercial Licensing Bureau**
**Securities and Audit Division**
Telephone: (517) 335-5237

**DUE: JUNE 30, 2026**

## 2025 CEMETERY ANNUAL REPORT

INSTRUCTIONS:
The annual report is to be submitted in sufficient time to ensure the Corporations, Securities and Commercial Licensing Bureau ("Bureau") receives it by June 30, 2026. The **reports will only be accepted if they are uploaded into your MiClear record through www.michigan.gov/miclear**. The licensee is to complete the annual report. A Michigan licensed Certified Public Accountant (CPA) is to attest to the annual report's accuracy and completeness through examination for issuance of an opinion utilizing the attestation report that is attached. If you have sold, provided, or agreed to provide merchandise or funeral or cemetery services in accordance with a prepaid contract after December 31, 2004, you must also submit the 2025 Prepaid Funeral and Cemetery Sales Act Annual Report; which is to be submitted in sufficient time to ensure the Bureau receives it by July 15, 2026 unless an extension (Here is the link to MiClear Instructional Guide "How to submit an Annual Report Extension") has been submitted through MiClear by no later than June 15, 2026.

| Name of Cemetery | License Number: 22-01- |
|---|---|
| Mailing Address | Prepaid Funeral and Cemetery Sales Act Registration Number: 34-01- |

| City | State | Zip Code |
|---|---|---|
| | | |

Cemetery Location (if different than mailing address)

Location Where Records May Be Inspected (if different than mailing address)

| Contact Person | Telephone Number of Contact Person | Contact Person's Email Address |
|---|---|---|
| | | |

| Number of interment rights sold last year | Number of interment rights sold this reporting period (2025 ) | Number of opening and closings performed last year | Number of openings and closing performed this reporting period (2025) |
|---|---|---|---|
| | | | |

| Number of Acres Cemetery Owns (total) | Number of Acres Dedicated (not paying taxes on) | Number of Acres Developed (in use/platted and ready to use) |
|---|---|---|
| | | |

| Burial Rights (spaces) Available in Developed Areas | Burial Rights (spaces) Available in Undeveloped Areas |
|---|---|
| | |

| Endowed Care Trust Fund Income for 2025 or most recent fiscal year, excluding net capital gains. | Cemetery Maintenance Expenses for 2025 or most recent fiscal year. Include salaries, equipment, utilities, repairs, and supplies expended to maintain the cemetery and/or mausoleum(s) | Endowed Care Trust Fund Income (excluding net capital gains, they may not be withdrawn.) Remitted for Cemetery Maintenance Expenses for 2025 or most recent fiscal year. |
|---|---|---|
| $ | $ | $ |

Under which Public Act was the Cemetery Established (Formed)?
- ☐ 1855 PA 87 (Cemetery Corporations)
- ☐ 1869 PA12 (Rural Cemetery)
- ☐ Other, Please Specify _____

Does the cemetery have a functioning crematory? ☐ Yes ☐ No **If yes, crematory registration number: 22-03-** _____

| Names and Title of Cemetery Principal Owner, Managing Member, Directors, Officers, and/or General Manager - please list below: | Address(es): |
|---|---|
| | |
| | |
| | |
| | |

**Instructions for page 2:**

**All cemeteries, excluding crematories only, are required to submit an Independent Accountant's Report with the cemetery report. The Independent Accountant's Report must be prepared by a Michigan licensed certified public accountant (CPA). NOTE: THE CEMETERY REPORT WILL NOT BE ACCEPTED IF THE INDEPENDENT ACCOUNTANT'S REPORT IS CHANGED, except changes to comply with statements on Standards for Attestation Engagements, such as rendering a qualified opinion, etc.***

## INDEPENDENT ACCOUNTANT'S REPORT

**We have examined the accuracy and completeness of amounts reported and management's assertions about (name of entity)'s _____ compliance with Public Act 251 of 1968 (Cemetery Regulation Act), as amended, and the rules promulgated thereunder; Public Act 87 of 1855 (Cemetery Corporations Act); Public Act 12 of 1869 (Rural Cemetery Corporations Act); and Section 7803 of Public Act 386 of 1998 (Estates and Protected Individuals Code) included in the accompanying 2025 Cemetery Annual Report for the period ending December 31, 2025. (Name of entity)'s _____ management is responsible for its assertion and the accuracy and completeness of the information presented. Our responsibility is to express an opinion on the accuracy and completeness of amounts reported and management's assertion about the Registrant's compliance based on our examination.**

**Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the amounts reported and management's assertion are presented in accordance with the compliance requirements of Public Act 251 of 1968 (Cemetery Regulation Act), as amended, and the rules promulgated thereunder; Public Act 87 of 1855 (Cemetery Corporations Act); Public Act 12 of 1869 (Rural Cemetery Corporations Act); and Section 7803 of Public Act 386 of 1998 (Estates and Protected Individuals Code), in all material respects. An examination involves performing procedures to obtain evidence about the accuracy and completeness of amounts reported and compliance with these requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatement of information reported in the 2025 Cemetery Annual Report, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.**

**We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to engagement.**

**In our opinion, management's assertions and the accuracy and completeness of amounts reported in the accompanying 2025 Cemetery Annual Report of (name of entity) _____ for the period ending December 31, 2025, are presented in accordance with Public Act 251 of 1968 (Cemetery Regulation Act), as amended, and the rules promulgated thereunder; Public Act 87 of 1855 (Cemetery Corporations Act); Public Act 12 of 1869 (Rural Cemetery Corporations Act); and Section 7803 of Public Act 386 of 1998 (Estates and Protected Individuals Code), in all material respects.**

**Note: These assertions include the accuracy and completeness of the numbers and dollar amounts reported on the schedules included in the accompanying report.**

**Note to CPA: If you prepared the schedules, but you are not expressing an opinion on them do not complete this page; instead, identify yourself as the preparer on page 1.**

**"/s/ John Doe" signature formats are acceptable and by submitting the forms through the MiCLEAR account, the registrant is acknowledging their authenticity**

| CPA Signature | Date | |
|---|---|---|
| Type or Print CPA Name | CPA Michigan License Number | CPA's Email Address |
| CPA Firm Name | CPA Firm Michigan License Number | |
| Street Address | Telephone Number | |
| City | State | Zip Code |

*Reference: Statement on Standards for Attestation Engagements

## SCHEDULE A - ENDOWED CARE TRUST FUND ANALYSIS

**RECEIPTS PERIOD:** 1)_____ (ending date of prior report or audit) To 2)_____ And

**DEPOSITS PERIOD:** 3)_____ (ending date of prior report or audit) To 4)_____ (line 2 + 30 days)

Increase (Decrease) to trust fund(s) during deposit period. This must match line 5 on page 4. 5)$_____

Receipts from sales of burial, entombment, and/or columbarium rights, sold for more than $133.33. Include brokerage sales. **(See Note 1)** 6) _____ (Receipts) x 15% = 7)_____

Paid in full rights sold for less than $133.34, including free rights. 8) _____ (Number of Rights) x$20.00 = 9) _____

Rights sold for less than $133.34 for accounts not paid in full.

$20.00 ÷ 10) _____ (Average Sales Price) x 11) _____ (Total Amount Received) =12) _____

Amount received for donations, grants, bequests, or conveyances. 13) _____

Total required deposits. (lines 7 + 9 +12 + 13) + $50,000 if the cemetery was created during 2025 see 456.536(5) 14) _____

Current period excess (shortage). (line 5 - line 14) 15) _____

Prior total excess (shortage) from page 3, line 17, of the 2024 report or from a subsequent department audit report. 16) _____

**Total Endowed Care Trust Fund Excess/(Shortage).** (line 15 + line 16) 17)$_____

Investment Performance and Fee Offset (IPF) This must match line 8 on page 5, ref pg 5 for explanation 18)$_____

Total Endowed Care Trust Fund Excess/Shortage after IPF (line 17 + line 18) 19)$_____

**Note 1:** Payments made to repurchase burial right contracts, refunds of monies received on canceled contracts and credit given toward the purchase of other cemetery goods or services on canceled contracts, may be offset against total receipts from adult burial right sales. Offsets on a particular contract may not exceed the cemetery's proceeds on that contract.

If a Line 19 shortage exists, please explain the cause of the shortage and the percent attributed to the cause.

| **CAUSE:** | **PERCENT ATTRIBUTED:** |
|---|---|
| | |
| | |
| | |

## SCHEDULE A1 - RECONCILIATION OF THE ENDOWED CARE TRUST FUND

Ending principal corpus at cost as of : (From schedule A2, line 27) 1) _____ (ending deposit period date) 2) $ _____

Beginning principal corpus at cost as of: 3) _____ 4) _____
(From page 4, lines 1 and 2 of the 2024 report or from subsequent department audit report)

Increase (Decrease) to trust. (line 2 - line 4) 5) $ _____

Deposits to trust. 6) $ _____

Realized capital gains. 7) _____

Realized capital losses. 8a) _____

Trustee Fees and Costs paid from principal 8b) _____

Other increases (decreases). (Please describe): 9) _____

_____

_____

Total increase (decrease) to trust (lines 6 + 7 - 8a - 8b + or - 9). This must match line 5 above. 10) $ _____

Note: Trustee fees and costs may not be paid from trust income. Trustee may pay trust taxes on the income earned by the trust account from the income or capital gains of the trust.

| Endowed Care Trustee Name | Trust Agreement or Amendment Date |
|---|---|
| 11) | 12) |

## SCHEDULE A2 - DETAIL FOR ENDOWED CARE ENDING PRINCIPAL CORPUS

DO NOT INCLUDE ASSETS WHICH ARE NOT IN THE NAME OF THE TRUST, WHICH ARE NOT SEPARATE AND APART FROM OTHER FUNDS, PROPERTY, OR SECURITIES OF THE CEMETERY, CEMETERY CORPORATION, ASSOCIATION OR TRUSTEE(S). DO NOT INCLUDE INCOME PORTION OF TRUST FUND.

| Assets | Purchase Cost or Ledger Value | Market Value |
|---|---|---|
| Stocks and Bonds | 13) $ | 14) $ |
| Real Estate | 15) | 16) |
| Savings Accounts | 17) | 18) |
| Certificates of Deposit | 19) | 20) |
| First Mortgages | 21) | 22) |
| Land Contracts | 23) | 24) |
| Other (Specify) | 25) | 26) |
| TOTAL | 27) $ | 28) $ |

## SCHEDULE A3 - INVESTMENT PERFORMANCE AND FEE OFFSET ANALYSIS

The purpose of this schedule is to determine the amount of realized capital losses and trustee fees the cemetery will not be held liable for in adherence with Section 456.536(4) of the Cemetery Regulation Act ("CRA"). The amount will be termed the "Investment Performance and Fee Offset" (IPF).

To qualify for an IPF, a cemetery must have an IPF Trustee which for reporting purposes is defined as a regulated financial institution with trust powers, where the cemetery does not reserve, retain, or otherwise exercise any power of direction of specific investments, reference Section 456.536(4) of the CRA. Also to qualify for this reporting period, a cemetery must have an IPF Trustee that obtained control of the trust corpus prior to January 1, 2026. Furthermore, to qualify for the fee offset, the trust agreement must specify that trustee fees and costs may be paid from trust principal and that the fees and costs were actually paid from principal.

Note that realized capital losses incurred during 2025 must still be entered on page 4 line 8a. Also note that trustee fees and costs paid from principal during 2025 must be entered on page 4 line 8b.

| | |
|---|---|
| Date IPF Trustee obtained control of trust corpus (reference above for explanation) | 1)_____ |
| Operative date for reporting period | 2) January 1, 2025 |
| Cemetery IPF effective date (the more current of the dates posted to lines 1 and 2) | 3)_____ |

**If the date on line 3 is after December 31, 2025 an IPF is not allowed this reporting period; enter 0 on lines 4 through 8.**

IPF allowed as of December 31, 2025

| | |
|---|---|
| Realized capital losses incurred from the date on line 3 through December 31, 2025 | 4)_____ |
| Trustee fees and costs paid from principal from the date on line 3 through December 31, 2025 | 5)_____ |
| 2025 IPF incurred (line 4+5) | 6)_____ |
| 2024 IPF from page 5, line 8 of the 2024 report or subsequent department audit report | 7)_____ |
| Total IPF (line 6+7, enter result on page 3, line 18 even if it is 0) | 8)_____ |

## SCHEDULE A4 - ENDOWED CARE TRUST FUND TRANSFER ANALYSIS

1. Has the total Endowed Care Trust Fund been transferred to an IPF Trustee (reference above) as of December 31, 2025. If the answer to question 1 is no, answer questions 2 and 3. ☐ Yes ☐ No

2. What is the total cost basis of assets not transferred to an IPF Trustee as of December 31, 2025

   $_____

3. List the current locations of where the funds are located, the cost basis of the funds held at each location, and who the Non-IPF Trustee is:

_____

_____

_____

As of the end of the reporting year, did the cemetery have any outstanding merchandise or service liabilities that were not relieved by the end of the month following the month of sale?

☐ Yes ☐ No. If no, skip to page 8, Schedule B3.

Instructions for schedule B and B1:

⇨ Include liabilities from sales since the following dates: Vaults: 10/30/72 Markers: 4/11/74 Services: 4/11/74, **EXCLUDE PRENEED SALES MADE AFTER DECEMBER 31, 2004. SALES AFTER DECEMBER 31, 2004 ARE TO BE REPORTED ON THE PRE-PAID FUNERAL AND CEMETERY SALES ACT ANNUAL REPORT.**

⇨ If trust funds from pre-statutory sales were transferred into the statutory merchandise trust fund, include them in the reported merchandise trust liabilities.

⇨ When computing current cost, consider cost differences between styles, types, sizes and manufacturers. If the cemetery manufactures its own vaults, cost figures must be supported by invoices for materials and documentation of labor charges.

**Schedule B - Merchandise Trust Fund Analysis as of:** 1) **12/31/25**

Total Merchandise Trust and Escrow Assets at cost from page 7, line 15: 2)$ _____

Merchandise/Services Liabilities:

Paid in full Vaults (line 13 below) 3) _____

Paid in full Markers (line 15 below) 4) _____

Cremation Proceeds (line 17 below) 5) _____

Opening and Closing Proceeds (line 19 below) 6) _____

Non-paid-in-full Vaults (line 23 below) 7) _____

Non-paid-in-full Markers (line 27 below) 8) _____

Other (Describe): _____ 9) _____

Total Merchandise/Service Obligations (lines 3+4+5+6+7+8+9) 10) _____

**Merchandise Trust Fund Excess (Shortage)** (line 2 - line 10) 11) $ _____

IF A SHORTAGE EXISTS, EXPLAIN THE CAUSE OF THE SHORTAGE: PERCENT ATTRIBUTED TO CAUSE:

| | |
|---|---|
| | |
| | |

**Schedule B1 - Detail of Merchandise Trust Liabilities**

| ITEM | (A) Number of items to be provided. | (B) Total current cost of outstanding obligations. Averages may be used to compute current cost. | (C) Total sales price of outstanding obligations. Averages may be used to compute total sales price. | (D) Total proceeds received. | (E) House account liability amount. (Column B ÷ C) x D |
|---|---|---|---|---|---|
| Paid-in-full Vaults | 12) | 13) | | | |
| Paid-in-full Markers | 14) | 15) | | | |
| Cremation Proceeds ($100 minimum per cremation if paid-in-full) | 16) | | | 17) | |
| Opening & Closing Proceeds ($100 minimum per opening & closing if paid-in-full) | 18) | | | 19) | |
| Non-paid-in full Vaults | | 20) | 21) | 22) | 23) |
| Non-paid-in full Markers | | 24) | 25) | 26) | 27) |

## SCHEDULE B2 - DETAIL OF MERCHANDISE TRUST AND ESCROW ASSETS

DO NOT INCLUDE ASSETS WHICH ARE NOT IN THE NAME OF THE TRUST; WHICH ARE NOT SEPARATE AND APART FROM OTHER FUNDS, PROPERTY, OR SECURITIES OF THE CEMETERY, CEMETERY CORPORATION, ASSOCIATION OR TRUSTEE(S).

| Assets | Purchase Cost or Ledger Value | Market Value |
|---|---|---|
| Stocks and Bonds | 1) $ | 2) $ |
| Real Estate | 3) | 4) |
| Savings Accounts | 5) | 6) |
| Certificates of Deposit | 7) | 8) |
| First Mortgages | 9) | 10) |
| Land Contracts | 11) | 12) |
| Other (Specify) | 13) | 14) |
| TOTAL MERCHANDISE TRUST ASSETS | 15) $ | 16) $ |

| Merchandise Trust Trustee Name | Trust Agreement or Amendment Date |
|---|---|
| 17) | 18) |
| Merchandise Escrow Trustee Name | Trust Agreement or Amendment Date |
| 19) | 20) |

## SCHEDULE B3 - COMPLIANCE DISCLOSURES (To be completed by all cemeteries):

| | |
|---|---|
| 1) Did the cemetery maintain a record of future obligations (list of liabilities) arising from sales of cemetery merchandise and services which include complete descriptions of the obligations and the costs of performing the obligations as of the end of the reported year? | ☐ Yes<br>☐ No-Attach page listing exceptions<br>☐ Not Applicable |
| 2) Did the cemetery maintain merchandise trust withdrawal records that include the names and contract numbers of the purchasers, descriptions of the merchandise and services, the amount withdrawn, and how the obligation was satisfied (i.e. installed, delivered, performed, terminated, canceled)? | ☐ Yes<br>☐ No-Attach page listing exceptions<br>☐ Not Applicable |
| 3) Is the cemetery directing the trustee to make certain investments held in the irrevocable endowment and perpetual care trust fund? If yes, submit a copy of the fiduciary liability insurance policy. | ☐ Yes<br>☐ No |
| 4) If vaults or markers are stored, are they inventoried and insured? | ☐ Yes<br>☐ No-Attach page listing exceptions<br>☐ Not Applicable |
| 5) Did the cemetery maintain a monthly accounting record which indicates separately all cash proceeds received from the sale of interment rights, burial vaults, grave memorials or cemetery services? | ☐ Yes<br>☐ No-Attach page listing exceptions |
| 6) Did the cemetery maintain its records within the state of Michigan? | ☐ Yes<br>☐ No-Attach page listing exceptions |
| 7) Are there any Mortgages, Liens, or Encumbrances on dedicated or non dedicated cemetery land, or buildings?<br>If yes, submit complete details of the situation with the annual report. | ☐ Yes<br>☐ No |
| 8) Have any of the trust assets been pledged, collateralized, or used as security in any way?<br>If yes, submit complete details of the situation with the annual report. | ☐ Yes<br>☐ No |
| 9) Have any of the trust assets been invested or used in such a manner that would benefit anyone or any entity besides the trusts exclusively?<br>If yes, submit complete details of the situation with the annual report. | ☐ Yes<br>☐ No |
| 10) Have any endowed care trust principal or capital gains been withdrawn?<br>If yes, submit complete details of the situation with the annual report including any police reports that have been filed. | ☐ Yes<br>☐ No |
| 11) Has any trust funds been absconded with or embezzled?<br>If yes, submit complete details of the situation with the annual report including any police reports that have been filed. | ☐ Yes<br>☐ No |
| 12) Has the cemetery sold any preneed services or merchandise after December 31, 2004, without having a Prepaid Funeral and Cemetery Sales Act registration?<br>If yes, submit complete details of the situation with the annual report. | ☐ Yes<br>☐ No |
| 13) In the current reporting period, did the Endowment and Perpetual Care Trust Fund earn income (excluding net capital gains)?<br>If yes, submit an itemized list of payments of income received, provide dates, amounts and source. | ☐ Yes<br>☐ No |
| 14) Did the cemetery utilize interest or dividends solely for the endowment care?<br>For yes or no please submit a detailed inventory of what income was used for, giving dates, amounts and payees. Trust taxes may be paid from income. | ☐ Yes<br>☐ No |
| 15) Did the cemetery evaluate the effectiveness of the internal controls required in Section 16(12)(d) of the CRA, MCL 456.536(12)(d) within the last 90 days? If yes, attach documentation evaluating the effectiveness of those internal controls; if no, attach an explanation and plan of action to comply with requirements giving a specific date for rectifying non compliance. | ☐ Yes<br>☐ No |
| 16) Were any trustee fees and costs paid from something other than the principal of the Endowed Care Trust Fund? If yes, how much and from what source?<br>_____ | ☐ Yes<br>☐ No |
| 17) Do the cemetery's sales agreements stipulate that the purchaser of entombment/inurnment rights in an incomplete structure is entitled to a refund of the purchase price plus interest (calculated at the rate of 4% per annum) if the structure is not completed within 4 years after the date of the first sale of an entombment/inurnment right in the proposed structure? | ☐ Yes<br>☐ No<br>☐ N/A-No sales in incomplete structures |

**SUBSEQUENT COMPLIANCE AND/OR CORRECTIVE ACTION**

**NOTE:** If a trust shortage exists in any trust account, as reflected on pages 3 or 6, items 1 and 2 on this page must be completed.

1) Detail any corrective action taken subsequent to the reporting period for any deficiencies noted in this report.

2) Detail a corrective action plan for any remaining deficiencies noted in this report.

**CEMETERY OFFICIAL SIGNATURE** **(NOTE:** This report will not be accepted without a signature)

**We declare we have reviewed the report and all pertinent information has been provided and included to give complete and accurate accounts of the cemetery and trust assets. In our opinion, assertions included in this 2025 cemetery report are fairly stated in all material respects and are accurate, complete and true to the best of our knowledge and belief.**

**"/s/ John Doe" signature formats are acceptable and by submitting the forms through the MiCLEAR account, the registrant is acknowledging their authenticity**

Signature of Owner, Managing Member, Director, or Officer of Cemetery Date

Type or Print Name of Owner, Managing Member, Director or Officer of Cemetery

Signature of Owner, Managing Member, Director, or Officer of Cemetery Date

Type or Print Name of Owner, Managing Member, Director or Officer of Cemetery

**Please Note: This report is due June 30, 2026**

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