

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MT. ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/01/1954
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MT. ELLIOTT CEMETERY ASSOCIATION 18201 CLINTON RIVER ROAD CLINTON TWP, MI 48038-2903
2b	Employer Identification Number (EIN) 38-0856070
2c	Plan Sponsor's telephone number 586-286-9020
2d	Business code (see instructions) 812220

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/25/2025	JOSEPH VERMEERSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 107
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 39 6a(2) 37 6b 60 6c 0 6d 97 6e 9 6f 106 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MT. ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MT. ELLIOTT CEMETERY ASSOCIATION	D Employer Identification Number (EIN) 38-0856070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	28997569	
b	Actuarial value	2b	28997569	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	63	12409685	12409685
b	For terminated vested participants	7	791385	791385
c	For active participants	37	9011130	9011130
d	Total	107	22212200	22212200
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.27 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	471924	
b	Expected plan-related expenses	6b	84093	
c	Target normal cost	6c	556017	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary TROY A. SCHNABEL, FCA, ASA, MAAA Type or print name of actuary WATKINS ROSS Firm name 200 OTTAWA AVE NW STE 600 GRAND RAPIDS, MI 49503 Address of the firm	12/10/2024 Date 23-06116 Most recent enrollment number 616-742-9242 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>15.80</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	130.54 %
15 Adjusted funding target attainment percentage	15	130.54 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	124.05 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 0.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....	21b	0	
22 Weighted average retirement age	22	65	
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	556017	
b Excess assets, if applicable, but not greater than line 31a	31b	556017	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35).....	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan MT. ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MT. ELLIOTT CEMETERY ASSOCIATION	D Employer Identification Number (EIN) 38-0856070

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

No

Yes

☒
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COMERICA BANK

38-0856070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 28 49 59 62 99	CUSTODIAN/TRU STEE	226048	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

WATKINS ROSS

200 OTTAWA AVE NW, STE 600
GRAND RAPIDS, MI 49503

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	15200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan MT. ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MT. ELLIOTT CEMETERY ASSOCIATION		
		D Employer Identification Number (EIN) 38-0856070

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1972898	2007657
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27111333	33861301
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	29084231	35868958
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	29084231	35868958

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	673828	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		673828
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7398084
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8071912

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1035665	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1035665
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	226048	
(7) Actuarial fees	2i(7)	15200	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	10272	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		251520
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1287185

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6784727
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DOEREN MAYHEW ASSURANCE**

(2) EIN: **38-2492570**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 529424.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan MT. ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MT. ELLIOTT CEMETERY ASSOCIATION		D Employer Identification Number (EIN) 38-0856070

Part I

Distributions

All references to distributions relate only to payments of benefits during the plan year.

1

Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1

2

Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1741646

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3

Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

3

0

Part II

Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4

Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?

☐ Yes

☐ No

☒ N/A

If the plan is a defined benefit plan, go to line 8.

5

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....

6a

b Enter the amount contributed by the employer to the plan for this plan year.....

6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)

6c

If you completed line 6c, skip lines 8 and 9.

7

Will the minimum funding amount reported on line 6c be met by the funding deadline?

☐ Yes

☐ No

☐ N/A

8

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?

☐ Yes

☐ No

☒ N/A

Part III

Amendments

9

If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.

☐ Increase

☐ Decrease

☐ Both

☒ No

Part IV

ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10

Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....

☐ Yes

☐ No

11

a Does the ESOP hold any preferred stock?

☐ Yes

☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)

☐ Yes

☐ No

12

Does the ESOP hold any stock that is not readily tradable on an established securities market?

☐ Yes

☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2023 v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023
(With Independent Auditor's Report Thereon)

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

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SUPPLEMENTAL INFORMATION *	
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Mount Elliott Cemetery Association Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Mount Elliott Cemetery Association Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and accumulated plan benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended September 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of September 30, 2024 and 2023 and for the year ended September 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audits of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Mount Elliott Cemetery Association Retirement Plan and to meet our ethical responsibilities in accordance with the ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Mount Elliott Cemetery Association Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Mount Elliott Cemetery Association Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Mount Elliott Cemetery Association Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Doeren Mayhew Assurance

Troy, Michigan
June 16, 2025

**MOUNT ELLIOTT CEMETERY ASSOCIATION
RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2024 AND 2023**

<u>Assets</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value (notes 2, 3 and 4)		
Short-term interest fund	\$ 2,007,657	\$ 1,972,898
Mutual funds	25,174,031	20,097,527
Exchange-traded funds	<u>8,687,270</u>	<u>7,013,806</u>
Net assets available for benefits	<u><u>\$ 35,868,958</u></u>	<u><u>\$ 29,084,231</u></u>

See accompanying notes to financial statements

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED SEPTEMBER 30, 2024

Additions	
Investment income	
Net appreciation in fair value of investments (note 3)	\$ 7,398,084
Interest and dividend income (note 3)	<u>673,828</u>
Net investment income	8,071,912
Deductions	
Distributions to participants	1,035,665
Administrative expenses (notes 2 and 5)	<u>251,520</u>
Total deductions	<u>1,287,185</u>
Net increase in assets	6,784,727
Net assets available for benefits - October 1, 2023	<u>29,084,231</u>
Net assets available for benefits - September 30, 2024	<u><u>\$ 35,868,958</u></u>

See accompanying notes to financial statements

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Vested benefits		
Vested active participants	\$ 10,304,256	\$ 10,328,378
Retirees and beneficiaries	13,373,976	13,128,316
Vested terminated participants	<u>519,073</u>	<u>963,730</u>
	24,197,305	24,420,424
Non-vested benefits	<u>418,447</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 24,615,752</u></u>	<u><u>\$ 24,420,424</u></u>

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS YEAR ENDED SEPTEMBER 30, 2024

	<u>2024</u>
Actuarial present value of accumulated plan benefits - October 1, 2023	\$ 24,420,424
Increase (decrease) during the plan year attributable to	
Change in discount rate and use of updated mortality tables	216,867
Interest accumulated	1,098,919
Net benefits accumulated (including actuarial gain and losses)	(84,793)
Benefits paid	<u>(1,035,665)</u>
Net increase	<u>195,328</u>
Actuarial present value of accumulated plan benefits - September 30, 2024	<u><u>\$ 24,615,752</u></u>

See accompanying notes to financial statements

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

Note 1 – Plan Description

General

Mount Elliott Cemetery Association Retirement Plan (the Plan) was established by Mount Elliott Cemetery Association on March 1, 1954. The Plan is a noncontributory defined benefit plan that covers all union employees hired prior to October 1, 2006 and those administrative employees hired prior to September 1, 2000 of the Mount Elliott Cemetery Association (the Sponsor) and provides for retirement, disability, and survivor death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the Summary Plan Description or the Adoption Agreement, including amendments thereto, for a complete description of the Plan's provisions.

Administration

The Plan Sponsor and named Plan Administrator is Mount Elliott Cemetery Association. The Plan Administrator is responsible for oversight of the Plan. The Plan Administrator has formed a Finance and Audit Committee made up of members from the Association's Board of Directors. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and fees, and reports to the Plan's Trustees. The Plan's Trustee and Investment Custodian is Comerica Bank and Trust, N.A. The Investment Custodian holds all of the Plan's assets and executes all of the Plan's transactions. The Plan Administrator has also retained Comerica Bank and Trust, N.A. to provide participant recordkeeping and administration services. Watkins Ross provided actuarial services to the Plan for the plan years ended September 30, 2024 and 2023.

Pension Benefits

Benefits for retired or terminated salaried employees or their beneficiaries and the accumulated plan benefits for active employees are based on 50% of the employee's highest consecutive 5 years' compensation of their last 10 years of service, reduced pro-rata for service less than 25 years. Normal retirement for salaried employees is age 65, with 25 years of service required to receive full retirement benefits.

Benefits for retired or terminated hourly employees or their beneficiary and the accumulated plan benefits for active employees are determined by the greater of: (a) their accrued benefit as of September 30, 1992 plus 1.5% of their earnings for each plan year that credited service is accrued or (b) \$300 multiplied by the years of credited service at retirement. Normal retirement for hourly employees is age 62, with 25 years of service required to receive full retirement benefits.

A salaried or hourly participant is eligible for early retirement upon attaining the age of 52 and a minimum of 10 years of service. Those participants who elect early retirement will receive a reduced monthly pension benefit.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

Any participant that was a member of the union who had attained a minimum age of 52 years and had ten or more years of service as of July 1, 2010 could elect on or before July 1, 2010 to receive a monthly early retirement benefit not subject to reduction. In addition, the participant would also be credited with four additional years of credited service that would be used for the calculation of the early retirement benefit based upon earnings during the 2009 earnings computation period. The aforementioned early retirement option was exclusively offered and expired in 2010.

Employees who are married on the annuity starting date will receive their pension benefits in the form of a joint and survivor annuity. Employees who are unmarried on the annuity starting date will receive their pension benefits in the form of a life annuity. However, the following exception applies: employees with \$1,000 or less in accumulated pension benefits who terminate employment prior to retirement, death or disability will receive a lump-sum or rollover distribution equal to the present value of their accumulated pension benefit. Employees with more than \$1,000 in accumulated pension benefits who terminate employment prior to retirement, death or disability will receive a deferred vested retirement benefit payment upon reaching normal retirement age (employees who have 10 years of service can begin to receive benefit payments at age 52). However, employees who terminate with less than five years of service will forfeit the right to receive their accumulated pension benefit.

Upon commencement of their retirement, an employee may elect a variety of annuities depending on if they wish to have their spouse or beneficiary continue to receive payments upon their death after retirement.

Death Benefits

If a participant dies prior to commencement of their retirement but after satisfying the vesting requirements, the participant's surviving spouse will be eligible for a Qualified Preretirement Survivor Annuity. Payment of a Qualified Preretirement Survivor Annuity to a participant's surviving spouse shall commence at the time the participant would have attained the later of normal retirement age or age 62. However, the spouse may direct that payment of the Preretirement Survivor Annuity to commence within a reasonable period after the participant's death, but not later than the month in which the participant would have attained early retirement age (52) if the participant dies on or before the early retirement date. The spouse may also elect a later commencement date, subject to certain rules specified under minimum distribution requirements. If a participant's surviving spouse dies before the date as of which payment of the Qualified Preretirement Survivor Annuity is to commence, no Qualified Preretirement Survivor Annuity shall be paid. Payment of a Qualified Preretirement Survivor Annuity shall continue to a participant's surviving spouse for the spouse's lifetime.

Vesting

Participants are vested upon attainment of five years of service. The Plan has been frozen to non-union participants since September 1, 2000 and to union participants since October 1, 2006. All participants are fully vested.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. Income from investments is recorded when it is earned. Employer contributions are recorded in the period to which they pertain. Expenses are recorded in the accounting period in which they are incurred.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Finance and Audit Committee determines the Plan's valuation policies utilizing information provided by the Investment Custodian and investment advisers. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including any lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits expected to be paid to: (i) retired or terminated vested participants or their beneficiaries, (ii) beneficiaries of participants eligible to retire who have died, and (iii) present participants or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included in the computation to the extent they are considered attributable to employee service rendered at the valuation date.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

Actuaries from Watkins Ross estimated the actuarial present value of accumulated plan benefits as of September 30, 2024 and 2023, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation at September 30, 2024 and 2023 pursuant to FASB ASC 960 were: (a) life expectancy of participants (Pri-2012 total dataset employee amount-weighted mortality 2024 adjusted MP-2021 for September 30, 2024 and Pri-2012 total dataset employee amount-weighted mortality MP-2021 for 2023), (b) retirement age assumptions (the assumed average age was 65 for administrative employees and 62 for union employees), and (c) interest rate assumptions (4.50% interest at September 30, 2024 and 2023).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Fees and Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation or depreciation in fair value of investments.

Reclassifications

Certain reclassifications have been made to the prior-year financial statements in order to conform to the current-year presentation. These changes had no effect on the change in net assets available for benefits.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including June 16, 2025, which is the date the financial statements were available to be issued.

Effective April 1, 2025, the Plan's Trustee and Investment Custodian changed from Comerica Bank and Trust, N.A. to Charles Schwab Trust Bank. Total assets transferred to Charles Schwab Trust Bank totaled approximately \$36,700,000.

Note 3 – Unaudited Investment Information Certified by the Trustee

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following information has been certified by Comerica Bank and Trust, N.A. as to its completeness and accuracy and was not subjected to any auditing procedures performed by the Plan's independent auditors:

1. All investment balances reflected in the accompanying statements of net assets available for benefits as of September 30, 2024 and 2023;

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

2. All investment activity reflected in the statement of changes in net assets available for benefits for the year ended September 30, 2024; and
3. All investment-related information included in the Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2024 and the Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2024.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following is a description of the valuation methods used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Mutual funds: Valued at daily closing prices as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

Exchange-traded funds: Valued at the closing price reported on the active market on which the individual exchange-traded funds are traded.

Short-term interest funds: Valued at fair value using \$1 per unit price NAV as reported by issuer for which all significant inputs are observable. The value of the investment is based on the Plan's underlying proportionate share of the underlying values reported by the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024:

	As of September 30, 2024			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 25,174,031	\$ 25,174,031	\$ -	\$ -
Exchange-traded funds	<u>8,687,270</u>	<u>8,687,270</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	33,861,301	<u><u>\$ 33,861,301</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
Investments measured at net asset value ^(a)	<u>2,007,657</u>			
Investments, at fair value	<u><u>\$ 35,868,958</u></u>			

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023:

	As of September 30, 2023			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 20,097,527	\$ 20,097,527	\$ -	\$ -
Exchange-traded funds	<u>7,013,806</u>	<u>7,013,806</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	27,111,333	<u><u>\$ 27,111,333</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
Investments measured at net asset value ^(a)	<u>1,972,898</u>			
Investments, at fair value	<u><u>\$ 29,084,231</u></u>			

- a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of September 30, 2024 and 2023:

	As of September 30,				
	2024	2023			
	<u>Fair Value</u>	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
			<u>Commitments</u>	<u>Frequency</u>	<u>Notice Period</u>
Short-term interest fund	<u>\$ 2,007,657</u>	<u>\$ 1,972,898</u>	None	Daily	Daily

Note 5 – Party-in-Interest Transactions

Certain plan investments are managed by Comerica Bank and Trust, N.A., who is the Plan's Trustee and Investment Custodian. The Plan Administrator has also engaged Watkins Ross to provide actuarial services to the Plan. During the year ended September 30, 2024, the Plan paid direct compensation of \$226,048 to the Trustee for recordkeeping and administrative services. Indirect compensation (that is netted against investment income on the statement of changes in net assets available for benefits) is paid to the Trustee from total annual operating expenses charged on the balance of fund investments, depending on the particular fund. The Plan also paid direct compensation of \$15,200 to the actuaries for the performance of services previously described. Transactions involving these investments and services are considered party-in-interest transactions; however, these transactions are not considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

Note 6 – Funding Policy

The Plan Sponsor's funding policy is to make annual contributions to the Plan which meet or exceed the minimum funding requirements. Pursuant to actuarial computations, no amount was required to be funded to the Plan for the year ended September 30, 2024. For the year ended September 30, 2024, the Sponsor made no contributions.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

Note 7 – Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan at any time subject to the provisions set forth in ERISA. Upon termination of the Plan, the rights of all participants in the amount of their benefits accrued to the date of termination, to the extent then funded become nonforfeitable.

In the event that the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, in accordance with the following priorities:

- a. Benefits attributable to employee contributions (rollovers), if any.
- b. Equally among:
 - 1. Retired participants and their beneficiaries to whom payment commenced at least three years prior to the date of termination; and
 - 2. Participants who could have retired and received payment of their benefits at least three years prior to the date of termination.
- c. Benefits guaranteed and insured by the Pension Benefit Guaranty Corporation (PBGC).
- d. All other vested benefits not insured by the PBGC.
- e. All other accrued benefits provided under the Plan.

Any excess funds will be reallocated to the Sponsor as specified in the plan agreement. This would be considered to be a reversion of plan assets. However, reversion excise taxes under Section 4980 of the IRC would not be imposed as the Plan Sponsor is a tax-exempt entity. Alternatively, in the event of Plan termination, the Plan Sponsor may elect to amend the Plan to provide additional benefits rather than reverting the excess to the Plan Sponsor.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date the Plan is terminated. There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, that ceiling for retirees age 65 or older was \$7,108 and \$6,750, respectively, per month.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefits obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

Note 8 – Plan Amendment and Tax Status

The Plan was formally amended and restated effective October 1, 2019 and has received a determination letter from the Internal Revenue Service (IRS) dated January 7, 2021, stating that the written form of the underlying prototype plan document is qualified under Section 401(a) of the Internal Revenue Code (the Code), and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the Code. Therefore, the related Trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is currently being operated in compliance with the applicable requirements of the Code and, therefore, that the Plan is qualified and that the related Trust is tax-exempt as of September 30, 2024.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

SUPPLEMENTAL INFORMATION

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) SEPTEMBER 30, 2024

– Form 5500, Schedule H, Line 4i –
EIN #38-0856070, PLAN 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	AQR Funds	AQR Managed Futures Strategy Fund	\$ 130,700	\$ 122,021
	Baird Asset Management	Baird Aggregate Bond Fund	167,922	147,585
	BlackRock, Inc.	Blackrock FDS V Strategic Income	175,164	166,874
	BlackRock, Inc.	Blackrock Event Driven Equity Fund Inst.	156,826	163,563
*	Comerica Bank and Trust, N.A.	Comerica Short-Term Fund, 0.10% Interest	2,007,657	2,007,657
	Dimensional	Dimensional U.S. Small Cap ETF	2,576,497	2,644,018
	Dimensional	Dimensional World Ex U.S. Core	2,019,441	2,311,948
	Eaton Vance Management	Eaton Vance Global Macro Absolute Return ADV	149,187	157,912
	Federated Institutional Trust	Federated Hermes Government Ultrashort Duration Fund	498,315	496,624
	Harding, Loevner Funds, Inc.	Harding Loevner International Equity Portfolio	2,146,018	2,507,100
	Ishares	Ishares Core Dividend Growth	2,029,281	3,368,961
	Ishares	Ishares Russel Mid-Cap ETF	287,829	362,344
	Ishares	Ishares S&P Preferred Stock Index Fund	59,907	51,174
	Ishares	Ishares JP Morgan Emerging Markets Bond Fund	114,149	98,072
	Janus Investment Fund	Janus Henderson Flexible Bond Fund I Shares	193,755	168,561
	Nuveen Securities, LLC	TIAA-CREF Mutual FDS L/C Value Index	6,134,520	8,162,511
	Nuveen Securities, LLC	TIAA-CREF Mutual FDS L/C Growth Index	7,225,460	12,157,454
	PIMCO Investments, LLC	PIMCO Short-Term Fund	226,566	227,353
	RBB Fund, Inc.	Boston Partners Robeco Global Long/Short Fund Inst.	111,265	123,435
	T Rowe	Price Floating Rate Fund	194,412	189,759
	Vanguard Group	Short-Term Investment Grade ADM	237,445	234,032
Total assets (held at end of year)			<u>\$ 26,842,316</u>	<u>\$ 35,868,958</u>

* Denotes a party-in-interest as defined by ERISA

**MOUNT ELLIOTT CEMETERY ASSOCIATION
RETIREMENT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2024
– Form 5500, Schedule H, Line 4j –
EIN #38-0856070, PLAN 001**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Category (i) and (iii) - Single Transactions and Series of Transactions involving securities of the same issue that amounted to more than 5 percent of the beginning value of total fund assets.

Note: See attached for details of transactions.



MOUNT ELLIOTT CEMETERY ASSN CONSOL.
Account Number: 1-105155

5% Transactions - Single Transactions
For the Period October 01, 2023 - September 30, 2024

No data in the reporting period



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - Non-Security Transactions
For the Period October 01, 2023 - September 30, 2024

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No data in the reporting period


MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
MOUNT ELLIOTT CEMETERY ASSN CONSOL.				
10/02/2023	SWEEP PURCHASE	28,891.96 shares COMERICA SHORT TERM FUND STATE COST: 0.00	28,891.96	28,891.96
10/02/2023	SWEEP PURCHASE	982.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	982.17	982.17
10/06/2023	SWEEP PURCHASE	891.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	891.55	891.55
10/11/2023	SWEEP PURCHASE	1,449.71 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,449.71	1,449.71
10/24/2023	SWEEP SALE	52,104.03 shares COMERICA SHORT TERM FUND	52,104.03	52,104.03
10/26/2023	SWEEP SALE	85,212.38 shares COMERICA SHORT TERM FUND	85,212.38	85,212.38
10/31/2023	SWEEP PURCHASE	391.61 shares COMERICA SHORT TERM FUND STATE COST: 0.00	391.61	391.61
11/01/2023	SWEEP PURCHASE	7,176.73 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,176.73	7,176.73
11/01/2023	SWEEP PURCHASE	1,082.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,082.41	1,082.41
11/07/2023	SWEEP PURCHASE	931.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	931.90	931.90
11/27/2023	SWEEP SALE	84,820.77 shares COMERICA SHORT TERM FUND	84,820.77	84,820.77



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
11/30/2023	SWEEP SALE	428.94 shares COMERICA SHORT TERM FUND	428.94	428.94
12/01/2023	SWEEP PURCHASE	6,996 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,996.00	6,996.00
12/01/2023	SWEEP PURCHASE	548.18 shares COMERICA SHORT TERM FUND STATE COST: 0.00	548.18	548.18
12/07/2023	SWEEP PURCHASE	891.6 shares COMERICA SHORT TERM FUND STATE COST: 0.00	891.60	891.60
12/18/2023	SWEEP SALE	15,200 shares COMERICA SHORT TERM FUND	15,200.00	15,200.00
12/20/2023	SWEEP PURCHASE	978.54 shares COMERICA SHORT TERM FUND STATE COST: 0.00	978.54	978.54
12/21/2023	SWEEP PURCHASE	387,969 shares COMERICA SHORT TERM FUND STATE COST: 0.00	387,969.00	387,969.00
12/22/2023	SWEEP PURCHASE	22,043.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	22,043.55	22,043.55
12/22/2023	SWEEP PURCHASE	51,794.3 shares COMERICA SHORT TERM FUND STATE COST: 0.00	51,794.30	51,794.30
12/26/2023	SWEEP SALE	84,391.83 shares COMERICA SHORT TERM FUND	84,391.83	84,391.83
12/27/2023	SWEEP PURCHASE	21,279.69 shares COMERICA SHORT TERM FUND STATE COST: 0.00	21,279.69	21,279.69



MOUNT ELLIOTT CEMETERY ASSN CONSOL.
Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
01/02/2024	SWEEP PURCHASE	7,297.33 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,297.33	7,297.33
01/02/2024	SWEEP PURCHASE	830.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	830.55	830.55
01/02/2024	SWEEP SALE	10,272 shares COMERICA SHORT TERM FUND	10,272.00	10,272.00
01/24/2024	SWEEP SALE	52,628.86 shares COMERICA SHORT TERM FUND	52,628.86	52,628.86
01/26/2024	SWEEP SALE	84,391.83 shares COMERICA SHORT TERM FUND	84,391.83	84,391.83
02/01/2024	SWEEP PURCHASE	7,440.63 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,440.63	7,440.63
02/01/2024	SWEEP PURCHASE	1,586.5 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,586.50	1,586.50
02/07/2024	SWEEP PURCHASE	708.39 shares COMERICA SHORT TERM FUND STATE COST: 0.00	708.39	708.39
02/26/2024	SWEEP SALE	86,457.75 shares COMERICA SHORT TERM FUND	86,457.75	86,457.75
03/01/2024	SWEEP PURCHASE	6,938.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,938.36	6,938.36
03/01/2024	SWEEP PURCHASE	988.01 shares COMERICA SHORT TERM FUND STATE COST: 0.00	988.01	988.01



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
03/07/2024	SWEEP PURCHASE	718.77 shares COMERICA SHORT TERM FUND STATE COST: 0.00	718.77	718.77
03/22/2024	SWEEP PURCHASE	6,354.81 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,354.81	6,354.81
03/26/2024	SWEEP SALE	86,457.75 shares COMERICA SHORT TERM FUND	86,457.75	86,457.75
03/27/2024	SWEEP PURCHASE	17,595.01 shares COMERICA SHORT TERM FUND STATE COST: 0.00	17,595.01	17,595.01
04/01/2024	SWEEP PURCHASE	7,465.52 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,465.52	7,465.52
04/01/2024	SWEEP PURCHASE	660.08 shares COMERICA SHORT TERM FUND STATE COST: 0.00	660.08	660.08
04/05/2024	SWEEP PURCHASE	672.38 shares COMERICA SHORT TERM FUND STATE COST: 0.00	672.38	672.38
04/25/2024	SWEEP PURCHASE	233,820.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	233,820.25	233,820.25
05/01/2024	SWEEP PURCHASE	7,684.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,684.41	7,684.41
05/01/2024	SWEEP SALE	357.72 shares COMERICA SHORT TERM FUND	357.72	357.72
05/01/2024	SWEEP PURCHASE	572.86 shares COMERICA SHORT TERM FUND STATE COST: 0.00	572.86	572.86


MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

**5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024**

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Date	Transaction	Description	EBT Cost	Market Value
05/01/2024	SWEEP SALE	26.65 shares COMERICA SHORT TERM FUND	26.65	26.65
05/07/2024	SWEEP PURCHASE	672.66 shares COMERICA SHORT TERM FUND STATE COST: 0.00	672.66	672.66
05/23/2024	SWEEP SALE	58,002.17 shares COMERICA SHORT TERM FUND	58,002.17	58,002.17
05/28/2024	SWEEP SALE	87,162.75 shares COMERICA SHORT TERM FUND	87,162.75	87,162.75
05/30/2024	SWEEP PURCHASE	150.48 shares COMERICA SHORT TERM FUND STATE COST: 0.00	150.48	150.48
06/03/2024	SWEEP PURCHASE	7,617.77 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,617.77	7,617.77
06/03/2024	SWEEP PURCHASE	1,272.45 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,272.45	1,272.45
06/07/2024	SWEEP PURCHASE	681.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	681.41	681.41
06/14/2024	SWEEP PURCHASE	16.84 shares COMERICA SHORT TERM FUND STATE COST: 0.00	16.84	16.84
06/17/2024	SWEEP PURCHASE	16,627.28 shares COMERICA SHORT TERM FUND STATE COST: 0.00	16,627.28	16,627.28
06/21/2024	SWEEP PURCHASE	32,164.91 shares COMERICA SHORT TERM FUND STATE COST: 0.00	32,164.91	32,164.91



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
06/25/2024	SWEEP SALE	89,033.32 shares COMERICA SHORT TERM FUND	89,033.32	89,033.32
07/01/2024	SWEEP PURCHASE	7,464.77 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,464.77	7,464.77
07/01/2024	SWEEP PURCHASE	661.89 shares COMERICA SHORT TERM FUND STATE COST: 0.00	661.89	661.89
07/05/2024	SWEEP PURCHASE	703.2 shares COMERICA SHORT TERM FUND STATE COST: 0.00	703.20	703.20
07/18/2024	SWEEP PURCHASE	232,284 shares COMERICA SHORT TERM FUND STATE COST: 0.00	232,284.00	232,284.00
07/24/2024	SWEEP SALE	59,556.53 shares COMERICA SHORT TERM FUND	59,556.53	59,556.53
07/25/2024	SWEEP PURCHASE	16.54 shares COMERICA SHORT TERM FUND STATE COST: 0.00	16.54	16.54
07/26/2024	SWEEP PURCHASE	11,042.03 shares COMERICA SHORT TERM FUND STATE COST: 0.00	11,042.03	11,042.03
07/26/2024	SWEEP SALE	43,517.32 shares COMERICA SHORT TERM FUND	43,517.32	43,517.32
07/31/2024	SWEEP PURCHASE	2,229.23 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,229.23	2,229.23
08/01/2024	SWEEP PURCHASE	7,881.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,881.90	7,881.90



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
08/01/2024	SWEEP PURCHASE	743.69 shares COMERICA SHORT TERM FUND STATE COST: 0.00	743.69	743.69
08/06/2024	SWEEP PURCHASE	656.97 shares COMERICA SHORT TERM FUND STATE COST: 0.00	656.97	656.97
08/12/2024	SWEEP PURCHASE	498.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	498.13	498.13
08/13/2024	SWEEP PURCHASE	14.86 shares COMERICA SHORT TERM FUND STATE COST: 0.00	14.86	14.86
08/14/2024	SWEEP PURCHASE	55.58 shares COMERICA SHORT TERM FUND STATE COST: 0.00	55.58	55.58
08/26/2024	SWEEP PURCHASE	210.2 shares COMERICA SHORT TERM FUND STATE COST: 0.00	210.20	210.20
08/27/2024	SWEEP SALE	86,804.09 shares COMERICA SHORT TERM FUND	86,804.09	86,804.09
09/03/2024	SWEEP PURCHASE	7,865.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,865.90	7,865.90
09/03/2024	SWEEP PURCHASE	943.4 shares COMERICA SHORT TERM FUND STATE COST: 0.00	943.40	943.40
09/06/2024	SWEEP SALE	1,716.12 shares COMERICA SHORT TERM FUND	1,716.12	1,716.12
09/09/2024	SWEEP PURCHASE	385.92 shares COMERICA SHORT TERM FUND STATE COST: 0.00	385.92	385.92



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
09/09/2024	SWEEP PURCHASE	251.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	251.35	251.35
09/12/2024	SWEEP PURCHASE	12.34 shares COMERICA SHORT TERM FUND STATE COST: 0.00	12.34	12.34
09/19/2024	SWEEP PURCHASE	22,161.14 shares COMERICA SHORT TERM FUND STATE COST: 0.00	22,161.14	22,161.14
09/25/2024	SWEEP SALE	88,520.21 shares COMERICA SHORT TERM FUND	88,520.21	88,520.21
09/30/2024	SWEEP PURCHASE	23,198.84 shares COMERICA SHORT TERM FUND STATE COST: 0.00	23,198.84	23,198.84
Total			2,371,181.46	2,371,181.46
Total All Issues			2,371,181.46	2,371,181.46



MOUNT ELLIOTT CEMETERY ASSN CONSOL.
Account Number: 1-105155

5% Transactions - By Broker
For the Period October 01, 2023 - September 30, 2024

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No data in the reporting period

SUMMARY OF PLAN PROVISIONS

Mount Elliott Cemetery Association Retirement Plan

EIN/PN: 38-0856070/001

Schedule SB, Part V – Summary of Plan Provisions

Plan effective date March 1, 1954

Most recent amendment effective date (execution date) October 1, 2019 restatement (March 31, 2020)

Eligibility provisions:

Participation Age 21 with one year of service

Normal retirement Age 65 or 5th anniversary of entry date if later; Union participants covered under the plan October 1, 2001 may retire at age 62 with 25 years of service

Early retirement Age 52 with 10 years of service

Late retirement Retirement after normal retirement date

Vesting schedule 100% vested after 5 years of service

Disability Permanently and totally disabled with 10 years of service

Pre-retirement death:

Annuity to surviving spouse Death after becoming eligible for a non-forfeitable benefit

Benefit amounts:

Normal retirement: Accrued benefit at normal retirement date

Minimum benefit None except TEFRA minimum

Maximum benefit IRC Section 415 limits

Early retirement Normal retirement benefit reduced by (1) 1/6 percent for each full calendar month within 3 years of normal retirement, (2) by 1/2 percent for each full calendar month that is more than three but fewer than 5 years before normal retirement and (3) by 1/4 percent for each full calendar month that is more than five years before normal retirement

SUMMARY OF PLAN PROVISIONS

Mount Elliott Cemetery Association Retirement Plan

EIN/PN: 38-0856070/001

Schedule SB, Part V – Summary of Plan Provisions

Late retirement	Greater of accrued benefit based on compensation and service to actual retirement date or actuarial equivalent of the normal retirement benefit
Vested termination	Applicable percentage of accrued benefit payable at normal retirement date
Disability	Accrued benefit on date permanently and totally disabled with a minimum benefit of \$150 per month
Pre-retirement death:	
Annuity to spouse	50% of the benefit that would have been payable to the participant at the participant's early retirement age under the Joint and 50% Survivor form of payment, had the participant terminated employment the date before death occurred

Definitions:

Accrued benefit	Salaried employees – 50% of average monthly compensation reduced 1/25 for each year of participation less than 25 with minimum of \$25 per year of participation; Hourly employees – 1.5% of current monthly compensation added to prior year benefit
Actuarial equivalence:	
General	1971 Group Annuity Mortality Table, Males, 6-year setback; 6%
For minimum lump sums	Rates determined under IRC §417(e)
Average compensation	For salaried employees, monthly average of participant's compensation for the 5 consecutive calendar years that yield the highest average during the 10-year period preceding normal retirement date; Sales employees' annual compensation limited to \$50,000
Entry dates	Participation frozen September 1, 2000 for Non-Union employees and October 1, 2006 for Union employees

SUMMARY OF PLAN PROVISIONS

Mount Elliott Cemetery Association Retirement Plan

EIN/PN: 38-0856070/001

Schedule SB, Part V – Summary of Plan Provisions

Credited service	1,000 hours worked in a plan year
Unreduced payment form	Life Only
Optional payment forms	Joint & 50% Survivor Annuity, Joint & 66 – 2/3% Survivor Annuity, Joint & 75% Survivor Annuity, Joint & 100% Survivor Annuity, 10 Years Certain and Life Thereafter and Lump Sum less than \$5,000
Changes since prior valuation	None

MOUNT ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) SEPTEMBER 30, 2024

– Form 5500, Schedule H, Line 4i –
EIN #38-0856070, PLAN 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	AQR Funds	AQR Managed Futures Strategy Fund	\$ 130,700	\$ 122,021
	Baird Asset Management	Baird Aggregate Bond Fund	167,922	147,585
	BlackRock, Inc.	Blackrock FDS V Strategic Income	175,164	166,874
	BlackRock, Inc.	Blackrock Event Driven Equity Fund Inst.	156,826	163,563
*	Comerica Bank and Trust, N.A.	Comerica Short-Term Fund, 0.10% Interest	2,007,657	2,007,657
	Dimensional	Dimensional U.S. Small Cap ETF	2,576,497	2,644,018
	Dimensional	Dimensional World Ex U.S. Core	2,019,441	2,311,948
	Eaton Vance Management	Eaton Vance Global Macro Absolute Return ADV	149,187	157,912
	Federated Institutional Trust	Federated Hermes Government Ultrashort Duration Fund	498,315	496,624
	Harding, Loevner Funds, Inc.	Harding Loevner International Equity Portfolio	2,146,018	2,507,100
	Ishares	Ishares Core Dividend Growth	2,029,281	3,368,961
	Ishares	Ishares Russel Mid-Cap ETF	287,829	362,344
	Ishares	Ishares S&P Preferred Stock Index Fund	59,907	51,174
	Ishares	Ishares JP Morgan Emerging Markets Bond Fund	114,149	98,072
	Janus Investment Fund	Janus Henderson Flexible Bond Fund I Shares	193,755	168,561
	Nuveen Securities, LLC	TIAA-CREF Mutual FDS L/C Value Index	6,134,520	8,162,511
	Nuveen Securities, LLC	TIAA-CREF Mutual FDS L/C Growth Index	7,225,460	12,157,454
	PIMCO Investments, LLC	PIMCO Short-Term Fund	226,566	227,353
	RBB Fund, Inc.	Boston Partners Robeco Global Long/Short Fund Inst.	111,265	123,435
	T Rowe	Price Floating Rate Fund	194,412	189,759
	Vanguard Group	Short-Term Investment Grade ADM	237,445	234,032
Total assets (held at end of year)			<u>\$ 26,842,316</u>	<u>\$ 35,868,958</u>

* Denotes a party-in-interest as defined by ERISA

ADDITIONAL INFORMATION

Mount Elliott Cemetery Association Retirement Plan
 EIN/PN: 38-0856070/001
 Schedule SB, Line 26 – Active Participant Data

Participant Age and Service Data

Years of Service										
Age	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 & up
0 – 24										
25 – 29										
30 – 34										
35 – 39										
40 – 44						1				1
45 – 49					1					1
50 – 54					1	8	3	1		13
55 – 59						3	3	5	1	12
60 – 64						1	3	2	4	10
65 – 69										
70 & Up										

ACTUARIAL COST METHODS AND ASSUMPTIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Actuarial Assumption Methods

Traditional Unit Credit Cost Method – The actuarial cost method used to calculate the minimum required contribution is the traditional unit credit cost method. The normal cost is the sum of all the individual normal costs for each participant. The individual normal cost is the present value of the benefit expected to be earned during the year being valued. For non-active participants, the normal cost is zero. The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability is the present value of the accrued benefit as of the valuation date. The unfunded liability is equal to the actuarial accrued liability less the valuation assets and is referred to as the “shortfall”.

Projected Unit Credit Cost Method – The projected unit credit cost method is used for computing pension liabilities used in FASB ASC 715 pension accounting and in the calculation of the maximum deductible contribution. Under this method, the normal cost is the sum of the individual normal costs for all participants. The individual normal cost is the present value of the benefit expected to be earned during the year being valued, assuming the benefit as of the beginning of the year and as of the end of the year are calculated with final average salary. For a non-active participant, the normal cost is zero. The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. The individual accrued liability is the present value of the accrued benefit based on service as of the valuation date, calculated using final average salary. For non-active participants, the individual accrued liability is the present value of their benefit. The unfunded liability is equal to the actuarial accrued liability less the valuation assets.

Actuarial Valuation Asset Method – The asset method is based on Internal Revenue Notice 2009-22 using an average of three values: the fair market value on the valuation date and the adjusted market value on the previous two valuation dates. Adjustments are made for contributions, benefits, non-investment related expenses and assumed earnings based on the lesser of 6% and the PPA third segment interest rate per applicable year. The result is subject to a minimum of 90% and maximum of 110% of the current market value. Market value of assets.

ACTUARIAL COST METHODS AND ASSUMPTIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Actuarial Assumption Methods

Mandated Discount Rates – Adjusted Under ARPA/HATFA

	Current Year	Prior Year
Segment 1 – Payments within 5 years	4.75%	4.75%
Segment 2 – Payments between 5 and 20 years	5.00%	5.18%
Segment 3 – Payments after 20 years	5.74%	5.92%
Effective Rate	5.27%	5.45%

Mandated Discount Rates – IRC §430 Unadjusted Rates

	Current Year	Prior Year
Segment 1 – Payments within 5 years	3.82%	1.57%
Segment 2 – Payments between 5 and 20 years	4.59%	3.21%
Segment 3 – Payments after 20 years	4.63%	3.66%
Effective Rate	4.57%	3.37%

Salary Scale – 2.0% per annum

Rationale - The plan sponsor has provided the average expected rate of salary increases for the valuation year

Taxable Wage Base Increase Assumption - 3% annual increases

Rationale – reasonable increase based on past history

ACTUARIAL COST METHODS AND ASSUMPTIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Schedule of Actuarial Assumptions and Methods

Retirement Rates – Age 65 and 5 years of participation for Non-Union and Sales employees; Age 62 and 25 years for Union employees

Rationale - The rates were chosen based on this plan's historical experience and the expectations inherent in the retirement provisions of the plan

Termination Rates - None

Pre-retirement Mortality Rates – RP-2014 adjusted to 2006 base mortality rates (combined annuitant and non-annuitant tables), projected from the valuation date with improvement scale MP-2021 (projection period is 8 years for males, 9 years for females, increased by 1 year for each year below age 80 and decreased by 1/3 year for each year above 80)

Post-retirement Mortality – RP-2014 adjusted to 2006 base mortality rates (combined annuitant and non-annuitant tables), projected from the valuation date with improvement scale MP-2021 (projection period is 8 years for males, 9 years for females, increased by 1 year for each year below age 80 and decreased by 1/3 year for each year above 80)

Assumptions to Value Lump Sums - Pursuant to Treas. Reg. 1.430(d)-1(f)(4)(iii)(B), the process of valuing lump sums for funding purposes is based on the current IRC Sec. 417(e) mortality table in combination with spot segment rates 2 months prior to the distribution date

Percent Married - 80% of males and 80% of females were assumed to be married.
Rationale – majority of plan participants are married

Age of Spouse - The female spouse is assumed to be the same age as the male spouse.
Rationale – reasonable age difference without a specific study on the plan

Probability of Payment Form – 15% Life Annuity, 5% 10 Years Certain and Life Thereafter, 5% Joint and 50% Survivor Benefit and 75% Joint and 100% Survivor Benefit

Rationale –reasonable average of retirement elections

Changes in Assumptions since Prior Valuation

- **Discount Rates** – Changed as prescribed by law
- **Mortality Rates** – None
- **Other** – none

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

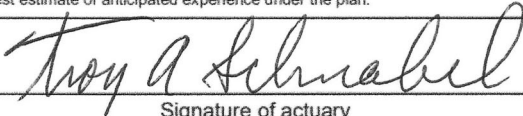
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Mt. Elliott Cemetery Association	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mt. Elliott Cemetery Association	D Employer Identification Number (EIN) 38-0856070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 10 Day 01 Year 2023	
2 Assets:	
a Market value.....	2a 28,997,569
b Actuarial value.....	2b 28,997,569
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 63 (2) Vested Funding Target 12,409,685 (3) Total Funding Target 12,409,685
b For terminated vested participants.....	7 791,385 791,385
c For active participants.....	37 9,011,130 9,011,130
d Total.....	107 22,212,200 22,212,200
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 5.27%
6 Target normal cost	
a Present value of current plan year accruals.....	6a 471,924
b Expected plan-related expenses.....	6b 84,093
c Target normal cost.....	6c 556,017

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		12-10-2024
	Signature of actuary	Date
Troy A. Schnabel, FCA, ASA, MAAA	Type or print name of actuary	2306116
		Most recent enrollment number
Watkins Ross	Firm name	616-742-9242
		Telephone number (including area code)
200 Ottawa Ave NW		
Suite 600		
Grand Rapids MI 49503	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>15.8</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	13 .54 %
15 Adjusted funding target attainment percentage	15	130.54 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	124.05 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date.	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes	☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: .75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	556,017	
b Excess assets, if applicable, but not greater than line 31a	31b	556,017	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

ADDITIONAL INFORMATION

Mount Elliott Cemetery Association Retirement Plan

EIN/PN: 38-0856070/001

Schedule SB, Line 26 – Active Participant Data

Participant Age and Service Data

Age	Years of Service										
	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 & up	
0 – 24											
25 – 29											
30 – 34											
35 – 39											
40 – 44						1				1	
45 – 49					1					1	
50 – 54					1	8	3	1		13	
55 – 59						3	3	5	1	12	
60 – 64						1	3	2	4	10	
65 – 69											
70 & Up											

ACTUARIAL COST METHODS AND ASSUMPTIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Actuarial Assumption Methods

Traditional Unit Credit Cost Method – The actuarial cost method used to calculate the minimum required contribution is the traditional unit credit cost method. The normal cost is the sum of all the individual normal costs for each participant. The individual normal cost is the present value of the benefit expected to be earned during the year being valued. For non-active participants, the normal cost is zero. The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability is the present value of the accrued benefit as of the valuation date. The unfunded liability is equal to the actuarial accrued liability less the valuation assets and is referred to as the “shortfall”.

Projected Unit Credit Cost Method – The projected unit credit cost method is used for computing pension liabilities used in FASB ASC 715 pension accounting and in the calculation of the maximum deductible contribution. Under this method, the normal cost is the sum of the individual normal costs for all participants. The individual normal cost is the present value of the benefit expected to be earned during the year being valued, assuming the benefit as of the beginning of the year and as of the end of the year are calculated with final average salary. For a non-active participant, the normal cost is zero. The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. The individual accrued liability is the present value of the accrued benefit based on service as of the valuation date, calculated using final average salary. For non-active participants, the individual accrued liability is the present value of their benefit. The unfunded liability is equal to the actuarial accrued liability less the valuation assets.

Actuarial Valuation Asset Method – The asset method is based on Internal Revenue Notice 2009-22 using an average of three values: the fair market value on the valuation date and the adjusted market value on the previous two valuation dates. Adjustments are made for contributions, benefits, non-investment related expenses and assumed earnings based on the lesser of 6% and the PPA third segment interest rate per applicable year. The result is subject to a minimum of 90% and maximum of 110% of the current market value. Market value of assets.

ACTUARIAL COST METHODS AND ASSUMPTIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Actuarial Assumption Methods

Mandated Discount Rates – Adjusted Under ARPA/HATFA

	Current Year	Prior Year
Segment 1 – Payments within 5 years	4.75%	4.75%
Segment 2 – Payments between 5 and 20 years	5.00%	5.18%
Segment 3 – Payments after 20 years	5.74%	5.92%
Effective Rate	5.27%	5.45%

Mandated Discount Rates – IRC §430 Unadjusted Rates

	Current Year	Prior Year
Segment 1 – Payments within 5 years	3.82%	1.57%
Segment 2 – Payments between 5 and 20 years	4.59%	3.21%
Segment 3 – Payments after 20 years	4.63%	3.66%
Effective Rate	4.57%	3.37%

Salary Scale – 2.0% per annum

Rationale - The plan sponsor has provided the average expected rate of salary increases for the valuation year

Taxable Wage Base Increase Assumption - 3% annual increases

Rationale – reasonable increase based on past history

ACTUARIAL COST METHODS AND ASSUMPTIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Schedule of Actuarial Assumptions and Methods

Retirement Rates – Age 65 and 5 years of participation for Non-Union and Sales employees; Age 62 and 25 years for Union employees

Rationale - The rates were chosen based on this plan's historical experience and the expectations inherent in the retirement provisions of the plan

Termination Rates - None

Pre-retirement Mortality Rates – RP-2014 adjusted to 2006 base mortality rates (combined annuitant and non-annuitant tables), projected from the valuation date with improvement scale MP-2021 (projection period is 8 years for males, 9 years for females, increased by 1 year for each year below age 80 and decreased by 1/3 year for each year above 80)

Post-retirement Mortality – RP-2014 adjusted to 2006 base mortality rates (combined annuitant and non-annuitant tables), projected from the valuation date with improvement scale MP-2021 (projection period is 8 years for males, 9 years for females, increased by 1 year for each year below age 80 and decreased by 1/3 year for each year above 80)

Assumptions to Value Lump Sums - Pursuant to Treas. Reg. 1.430(d)-1(f)(4)(iii)(B), the process of valuing lump sums for funding purposes is based on the current IRC Sec. 417(e) mortality table in combination with spot segment rates 2 months prior to the distribution date

Percent Married - 80% of males and 80% of females were assumed to be married.
Rationale – majority of plan participants are married

Age of Spouse - The female spouse is assumed to be the same age as the male spouse.
Rationale – reasonable age difference without a specific study on the plan

Probability of Payment Form – 15% Life Annuity, 5% 10 Years Certain and Life Thereafter, 5% Joint and 50% Survivor Benefit and 75% Joint and 100% Survivor Benefit

Rationale –reasonable average of retirement elections

Changes in Assumptions since Prior Valuation

- **Discount Rates** – Changed as prescribed by law
- **Mortality Rates** – None
- **Other** – none

SUMMARY OF PLAN PROVISIONS

Mount Elliott Cemetery Association Retirement Plan
EIN/PN: 38-0856070/001
Schedule SB, Part V – Summary of Plan Provisions

Plan effective date March 1, 1954

Most recent amendment effective date (execution date) October 1, 2019 restatement (March 31, 2020)

Eligibility provisions:

Participation Age 21 with one year of service

Normal retirement Age 65 or 5th anniversary of entry date if later; Union participants covered under the plan October 1, 2001 may retire at age 62 with 25 years of service

Early retirement Age 52 with 10 years of service

Late retirement Retirement after normal retirement date

Vesting schedule 100% vested after 5 years of service

Disability Permanently and totally disabled with 10 years of service

Pre-retirement death:

Annuity to surviving spouse Death after becoming eligible for a non-forfeitable benefit

Benefit amounts:

Normal retirement: Accrued benefit at normal retirement date

Minimum benefit None except TEFRA minimum

Maximum benefit IRC Section 415 limits

Early retirement Normal retirement benefit reduced by (1) 1/6 percent for each full calendar month within 3 years of normal retirement, (2) by 1/2 percent for each full calendar month that is more than three but fewer than 5 years before normal retirement and (3) by 1/4 percent for each full calendar month that is more than five years before normal retirement

SUMMARY OF PLAN PROVISIONS

Mount Elliott Cemetery Association Retirement Plan

EIN/PN: 38-0856070/001

Schedule SB, Part V – Summary of Plan Provisions

Late retirement	Greater of accrued benefit based on compensation and service to actual retirement date or actuarial equivalent of the normal retirement benefit
Vested termination	Applicable percentage of accrued benefit payable at normal retirement date
Disability	Accrued benefit on date permanently and totally disabled with a minimum benefit of \$150 per month
Pre-retirement death:	
Annuity to spouse	50% of the benefit that would have been payable to the participant at the participant's early retirement age under the Joint and 50% Survivor form of payment, had the participant terminated employment the date before death occurred

Definitions:

Accrued benefit	Salaried employees – 50% of average monthly compensation reduced 1/25 for each year of participation less than 25 with minimum of \$25 per year of participation; Hourly employees – 1.5% of current monthly compensation added to prior year benefit
Actuarial equivalence:	
General	1971 Group Annuity Mortality Table, Males, 6-year setback; 6%
For minimum lump sums	Rates determined under IRC §417(e)
Average compensation	For salaried employees, monthly average of participant's compensation for the 5 consecutive calendar years that yield the highest average during the 10-year period preceding normal retirement date; Sales employees' annual compensation limited to \$50,000
Entry dates	Participation frozen September 1, 2000 for Non-Union employees and October 1, 2006 for Union employees

SUMMARY OF PLAN PROVISIONS

Mount Elliott Cemetery Association Retirement Plan

EIN/PN: 38-0856070/001

Schedule SB, Part V – Summary of Plan Provisions

Credited service	1,000 hours worked in a plan year
Unreduced payment form	Life Only
Optional payment forms	Joint & 50% Survivor Annuity, Joint & 66 – 2/3% Survivor Annuity, Joint & 75% Survivor Annuity, Joint & 100% Survivor Annuity, 10 Years Certain and Life Thereafter and Lump Sum less than \$5,000
Changes since prior valuation	None

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510 - 0110
1510 - 0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

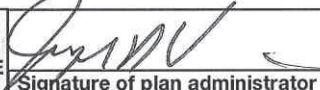
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan MT. ELLIOTT CEMETERY ASSOCIATION RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MT. ELLIOTT CEMETERY ASSOCIATION 18201 CLINTON RIVER ROAD CLINTON TWP MI 48038-2903	2b Employer Identification Number (EIN) 38-0856070 2c Plan Sponsor's telephone number 586-286-9020 2d Business code (see instructions) 812220

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE  Signature of plan administrator	6-25-25 Date	JOSEPH VERMEERSCH Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor	 Date	 Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	 Date	 Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

**Form 5500 (2023)
v. 230728**

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5**

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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a(1)** Total number of active participants at the beginning of the plan year**6a(1)** 39**a(2)** Total number of active participants at the end of the plan year**6a(2)** 37**b** Retired or separated participants receiving benefits**6b** 60**c** Other retired or separated participants entitled to future benefits**6c** 0**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 97**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 9**f** Total. Add lines 6d and 6e**6f** 106**g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)****(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h** 0**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1A** 1I**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)**(1)** ☐ Insurance**(2)** ☐ Code section 412(e)(3) insurance contracts**(3)** ☒ Trust**(4)** ☐ General assets of the sponsor**9b** Plan benefit arrangement (check all that apply)**(1)** ☐ Insurance**(2)** ☐ Code section 412(e)(3) insurance contracts**(3)** ☒ Trust**(4)** ☐ General assets of the sponsor**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules****(1)** ☒ **R** (Retirement Plan Information)**(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary**(3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**(4)** ☐ **DCG** (Individual Plan Information) - Number Attached _____**(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)**b General Schedules****(1)** ☒ **H** (Financial Information)**(2)** ☐ **I** (Financial Information - Small Plan)**(3)** ☐ **A** (Insurance Information) - Number Attached _____**(4)** ☒ **C** (Service Provider Information)**(5)** ☐ **D** (DFE/Participating Plan Information)**(6)** ☐ **G** (Financial Transaction Schedules)

**MOUNT ELLIOTT CEMETERY ASSOCIATION
RETIREMENT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2024
– Form 5500, Schedule H, Line 4j –
EIN #38-0856070, PLAN 001**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Category (i) and (iii) - Single Transactions and Series of Transactions involving securities of the same issue that amounted to more than 5 percent of the beginning value of total fund assets.

Note: See attached for details of transactions.



MOUNT ELLIOTT CEMETERY ASSN CONSOL.
Account Number: 1-105155

5% Transactions - Single Transactions
For the Period October 01, 2023 - September 30, 2024

No data in the reporting period



00000026 04671 0209-0225 DGPMAST100324006330 00 L 000000693



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

**5% Transactions - Non-Security Transactions
For the Period October 01, 2023 - September 30, 2024**

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No data in the reporting period


MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
MOUNT ELLIOTT CEMETERY ASSN CONSOL.				
10/02/2023	SWEEP PURCHASE	28,891.96 shares COMERICA SHORT TERM FUND STATE COST: 0.00	28,891.96	28,891.96
10/02/2023	SWEEP PURCHASE	982.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	982.17	982.17
10/06/2023	SWEEP PURCHASE	891.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	891.55	891.55
10/11/2023	SWEEP PURCHASE	1,449.71 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,449.71	1,449.71
10/24/2023	SWEEP SALE	52,104.03 shares COMERICA SHORT TERM FUND	52,104.03	52,104.03
10/26/2023	SWEEP SALE	85,212.38 shares COMERICA SHORT TERM FUND	85,212.38	85,212.38
10/31/2023	SWEEP PURCHASE	391.61 shares COMERICA SHORT TERM FUND STATE COST: 0.00	391.61	391.61
11/01/2023	SWEEP PURCHASE	7,176.73 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,176.73	7,176.73
11/01/2023	SWEEP PURCHASE	1,082.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,082.41	1,082.41
11/07/2023	SWEEP PURCHASE	931.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	931.90	931.90
11/27/2023	SWEEP SALE	84,820.77 shares COMERICA SHORT TERM FUND	84,820.77	84,820.77



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
11/30/2023	SWEEP SALE	428.94 shares COMERICA SHORT TERM FUND	428.94	428.94
12/01/2023	SWEEP PURCHASE	6,996 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,996.00	6,996.00
12/01/2023	SWEEP PURCHASE	548.18 shares COMERICA SHORT TERM FUND STATE COST: 0.00	548.18	548.18
12/07/2023	SWEEP PURCHASE	891.6 shares COMERICA SHORT TERM FUND STATE COST: 0.00	891.60	891.60
12/18/2023	SWEEP SALE	15,200 shares COMERICA SHORT TERM FUND	15,200.00	15,200.00
12/20/2023	SWEEP PURCHASE	978.54 shares COMERICA SHORT TERM FUND STATE COST: 0.00	978.54	978.54
12/21/2023	SWEEP PURCHASE	387,969 shares COMERICA SHORT TERM FUND STATE COST: 0.00	387,969.00	387,969.00
12/22/2023	SWEEP PURCHASE	22,043.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	22,043.55	22,043.55
12/22/2023	SWEEP PURCHASE	51,794.3 shares COMERICA SHORT TERM FUND STATE COST: 0.00	51,794.30	51,794.30
12/26/2023	SWEEP SALE	84,391.83 shares COMERICA SHORT TERM FUND	84,391.83	84,391.83
12/27/2023	SWEEP PURCHASE	21,279.69 shares COMERICA SHORT TERM FUND STATE COST: 0.00	21,279.69	21,279.69



MOUNT ELLIOTT CEMETERY ASSN CONSOL.
Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
01/02/2024	SWEEP PURCHASE	7,297.33 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,297.33	7,297.33
01/02/2024	SWEEP PURCHASE	830.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	830.55	830.55
01/02/2024	SWEEP SALE	10,272 shares COMERICA SHORT TERM FUND	10,272.00	10,272.00
01/24/2024	SWEEP SALE	52,628.86 shares COMERICA SHORT TERM FUND	52,628.86	52,628.86
01/26/2024	SWEEP SALE	84,391.83 shares COMERICA SHORT TERM FUND	84,391.83	84,391.83
02/01/2024	SWEEP PURCHASE	7,440.63 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,440.63	7,440.63
02/01/2024	SWEEP PURCHASE	1,586.5 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,586.50	1,586.50
02/07/2024	SWEEP PURCHASE	708.39 shares COMERICA SHORT TERM FUND STATE COST: 0.00	708.39	708.39
02/26/2024	SWEEP SALE	86,457.75 shares COMERICA SHORT TERM FUND	86,457.75	86,457.75
03/01/2024	SWEEP PURCHASE	6,938.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,938.36	6,938.36
03/01/2024	SWEEP PURCHASE	988.01 shares COMERICA SHORT TERM FUND STATE COST: 0.00	988.01	988.01

**MOUNT ELLIOTT CEMETERY ASSN CONSOL.**

Account Number: 1-105155

**5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024**

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Date	Transaction	Description	EBT Cost	Market Value
03/07/2024	SWEEP PURCHASE	718.77 shares COMERICA SHORT TERM FUND STATE COST: 0.00	718.77	718.77
03/22/2024	SWEEP PURCHASE	6,354.81 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,354.81	6,354.81
03/26/2024	SWEEP SALE	86,457.75 shares COMERICA SHORT TERM FUND	86,457.75	86,457.75
03/27/2024	SWEEP PURCHASE	17,595.01 shares COMERICA SHORT TERM FUND STATE COST: 0.00	17,595.01	17,595.01
04/01/2024	SWEEP PURCHASE	7,465.52 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,465.52	7,465.52
04/01/2024	SWEEP PURCHASE	660.08 shares COMERICA SHORT TERM FUND STATE COST: 0.00	660.08	660.08
04/05/2024	SWEEP PURCHASE	672.38 shares COMERICA SHORT TERM FUND STATE COST: 0.00	672.38	672.38
04/25/2024	SWEEP PURCHASE	233,820.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	233,820.25	233,820.25
05/01/2024	SWEEP PURCHASE	7,684.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,684.41	7,684.41
05/01/2024	SWEEP SALE	357.72 shares COMERICA SHORT TERM FUND	357.72	357.72
05/01/2024	SWEEP PURCHASE	572.86 shares COMERICA SHORT TERM FUND STATE COST: 0.00	572.86	572.86


MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

**5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024**

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Date	Transaction	Description	EBT Cost	Market Value
05/01/2024	SWEEP SALE	26.65 shares COMERICA SHORT TERM FUND	26.65	26.65
05/07/2024	SWEEP PURCHASE	672.66 shares COMERICA SHORT TERM FUND STATE COST: 0.00	672.66	672.66
05/23/2024	SWEEP SALE	58,002.17 shares COMERICA SHORT TERM FUND	58,002.17	58,002.17
05/28/2024	SWEEP SALE	87,162.75 shares COMERICA SHORT TERM FUND	87,162.75	87,162.75
05/30/2024	SWEEP PURCHASE	150.48 shares COMERICA SHORT TERM FUND STATE COST: 0.00	150.48	150.48
06/03/2024	SWEEP PURCHASE	7,617.77 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,617.77	7,617.77
06/03/2024	SWEEP PURCHASE	1,272.45 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,272.45	1,272.45
06/07/2024	SWEEP PURCHASE	681.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	681.41	681.41
06/14/2024	SWEEP PURCHASE	16.84 shares COMERICA SHORT TERM FUND STATE COST: 0.00	16.84	16.84
06/17/2024	SWEEP PURCHASE	16,627.28 shares COMERICA SHORT TERM FUND STATE COST: 0.00	16,627.28	16,627.28
06/21/2024	SWEEP PURCHASE	32,164.91 shares COMERICA SHORT TERM FUND STATE COST: 0.00	32,164.91	32,164.91



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
06/25/2024	SWEEP SALE	89,033.32 shares COMERICA SHORT TERM FUND	89,033.32	89,033.32
07/01/2024	SWEEP PURCHASE	7,464.77 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,464.77	7,464.77
07/01/2024	SWEEP PURCHASE	661.89 shares COMERICA SHORT TERM FUND STATE COST: 0.00	661.89	661.89
07/05/2024	SWEEP PURCHASE	703.2 shares COMERICA SHORT TERM FUND STATE COST: 0.00	703.20	703.20
07/18/2024	SWEEP PURCHASE	232,284 shares COMERICA SHORT TERM FUND STATE COST: 0.00	232,284.00	232,284.00
07/24/2024	SWEEP SALE	59,556.53 shares COMERICA SHORT TERM FUND	59,556.53	59,556.53
07/25/2024	SWEEP PURCHASE	16.54 shares COMERICA SHORT TERM FUND STATE COST: 0.00	16.54	16.54
07/26/2024	SWEEP PURCHASE	11,042.03 shares COMERICA SHORT TERM FUND STATE COST: 0.00	11,042.03	11,042.03
07/26/2024	SWEEP SALE	43,517.32 shares COMERICA SHORT TERM FUND	43,517.32	43,517.32
07/31/2024	SWEEP PURCHASE	2,229.23 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,229.23	2,229.23
08/01/2024	SWEEP PURCHASE	7,881.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,881.90	7,881.90


MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
08/01/2024	SWEEP PURCHASE	743.69 shares COMERICA SHORT TERM FUND STATE COST: 0.00	743.69	743.69
08/06/2024	SWEEP PURCHASE	656.97 shares COMERICA SHORT TERM FUND STATE COST: 0.00	656.97	656.97
08/12/2024	SWEEP PURCHASE	498.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	498.13	498.13
08/13/2024	SWEEP PURCHASE	14.86 shares COMERICA SHORT TERM FUND STATE COST: 0.00	14.86	14.86
08/14/2024	SWEEP PURCHASE	55.58 shares COMERICA SHORT TERM FUND STATE COST: 0.00	55.58	55.58
08/26/2024	SWEEP PURCHASE	210.2 shares COMERICA SHORT TERM FUND STATE COST: 0.00	210.20	210.20
08/27/2024	SWEEP SALE	86,804.09 shares COMERICA SHORT TERM FUND	86,804.09	86,804.09
09/03/2024	SWEEP PURCHASE	7,865.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,865.90	7,865.90
09/03/2024	SWEEP PURCHASE	943.4 shares COMERICA SHORT TERM FUND STATE COST: 0.00	943.40	943.40
09/06/2024	SWEEP SALE	1,716.12 shares COMERICA SHORT TERM FUND	1,716.12	1,716.12
09/09/2024	SWEEP PURCHASE	385.92 shares COMERICA SHORT TERM FUND STATE COST: 0.00	385.92	385.92



MOUNT ELLIOTT CEMETERY ASSN CONSOL.

Account Number: 1-105155

5% Transactions - By Issue
For the Period October 01, 2023 - September 30, 2024

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Date	Transaction	Description	EBT Cost	Market Value
09/09/2024	SWEEP PURCHASE	251.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	251.35	251.35
09/12/2024	SWEEP PURCHASE	12.34 shares COMERICA SHORT TERM FUND STATE COST: 0.00	12.34	12.34
09/19/2024	SWEEP PURCHASE	22,161.14 shares COMERICA SHORT TERM FUND STATE COST: 0.00	22,161.14	22,161.14
09/25/2024	SWEEP SALE	88,520.21 shares COMERICA SHORT TERM FUND	88,520.21	88,520.21
09/30/2024	SWEEP PURCHASE	23,198.84 shares COMERICA SHORT TERM FUND STATE COST: 0.00	23,198.84	23,198.84
Total			2,371,181.46	2,371,181.46
Total All Issues			2,371,181.46	2,371,181.46



MOUNT ELLIOTT CEMETERY ASSN CONSOL.
Account Number: 1-105155

5% Transactions - By Broker
For the Period October 01, 2023 - September 30, 2024

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No data in the reporting period

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

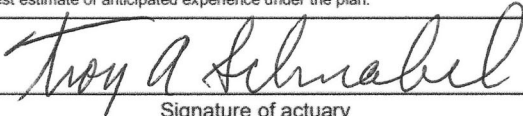
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Mt. Elliott Cemetery Association	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mt. Elliott Cemetery Association	D Employer Identification Number (EIN) 38-0856070
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 10 Day 01 Year 2023			
2 Assets:			
a Market value.....	2a	28,997,569	
b Actuarial value.....	2b	28,997,569	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	63	12,409,685	12,409,685
b For terminated vested participants.....	7	791,385	791,385
c For active participants.....	37	9,011,130	9,011,130
d Total.....	107	22,212,200	22,212,200
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.27%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	471,924	
b Expected plan-related expenses.....	6b	84,093	
c Target normal cost.....	6c	556,017	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		12-10-2024
Troy A. Schnabel, FCA, ASA, MAAA		2306116
Type or print name of actuary		Most recent enrollment number
Watkins Ross		616-742-9242
Firm name		Telephone number (including area code)
200 Ottawa Ave NW Suite 600 Grand Rapids MI 49503		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐