GLADSTONE CITY COMMISSION
REGULAR MEETING

City Hall Chambers – 1100 Delta Avenue
November 24, 2025
6:00 PM

AGENDA

CALL TO ORDER

1. Invocation
2. Pledge of Allegiance
3. Roll Call

PUBLIC HEARINGS

PUBLIC COMMENT

CONFLICTS OF INTEREST

CONSENT AGENDA

4. City Commission Regular Meeting Minutes November 10, 2025
5. EB Equipment Blades - Cutting Edges for plow trucks-INV/2025/02627
6. PSE Invoice # 9061344 Sub Station Engineering
7. Civic Plus - Agenda & Meeting Management Software Annual Renewal Invoice 355480
8. Civic Plus - Ultimate Website Open Subscription Annual Renewal Invoice 355489

UNFINISHED BUSINESS

9. Appoint Subcommittee for Assessor Position

NEW BUSINESS

10. Liens on 2025 Winter Property Tax Bills
11. Electric Department Boss Plow Bids
12. MERS Health Care Savings Program Participation Agreement -Division 301607
13. MERS Health Care Savings Program Participation Agreement -Division 301033
14. MERS Health Care Savings Program Participation Agreement -Division 301349
15. MERS Health Care Savings Program Participation Agreement -Division 300797
16. Request MERS to Close Health Care Savings Program Divisions
17. Schedule Special Meeting for December 1st or 2nd and Cancel Regular Meeting for December 22, 2025

CITY MANAGER'S REPORT

CITY COMMISSION & COMMITTEE REPORTS

BOARDS & COMMISSIONS REPORTS

18. Year-to-Date Financial Reports presented as information.

CITY COMMISSIONER COMMENTS

CITY CLERK COMMENTS

CLOSED SESSION

ADJOURNMENT

The City of Gladstone will provide all necessary, reasonable aids and services, such as signers for the hearing impaired and audiotapes of printed materials being considered at the meeting to individuals with disabilities at the meeting/hearing upon five days notice to the City of Gladstone. Individuals with disabilities requiring auxiliary aids or services should contact the City of Gladstone by writing or calling City Hall at (906) 428-2311.

Posted: 11-21-2025

Kimberly Berry, MiPMC
906-428-2311
kberry@gladstonemi.gov

RULES FOR PUBLIC COMMENT/ PUBLIC HEARINGS

(Excerpt from City Commission Rules of Procedure Adopted: 11-25-2019

A. Public Comment / Public Hearings

At regular and special meetings of the commission, individuals wishing to be heard may address the commission during the public comment/public hearing periods as set forth in the agenda under the following rules:

1. Each speaker shall state name and address for the record.

2. Each speaker is limited to three (3) minutes of comment unless the presiding officer decides more time is necessary

3. Each speaker shall try to be concise and refrain from repeating comments already addressed by the commission.

4. Speakers who do not cease speaking when asked to do so will be deemed out of order and will not be allowed to address the commission again for the remainder of the meeting; continued disruption will warrant removal from the meeting.

5. The commission shall not decide issues that arise during public comment.

6. Speakers should address the commission through the presiding officer.

7. Commissioners and staff will not debate with the public.

8. Speakers will not verbally attack City Commissioners, City Staff or members of the public attending the meeting. Any such behavior will not be tolerated and any person presenting in this manner will be warned by the Mayor and shall be removed by Public Safety for noncompliance.

9. No vulgar or obscene language will be used by the speakers.

10. Any information the speaker wants to distribute to the Commission must first ask the Chair (Mayor) if they may present the Commission written comments at the meeting.

11. Speakers may not ask questions of the board during this time as the Commission or Staff will not address them during this public comment period.

GLADSTONE CITY COMMISSION
REGULAR MEETING

City Hall Chambers – 1100 Delta Avenue
November 10, 2025
6:00 PM

MINUTES

Mayor Thompson called the meeting to order Mayor Pro-Tem Mantela gave the Invocation followed by the Pledge of Allegience.

Community Development Director Patricia West called the roll:

PRESENT
Mayor Joe Thompson
Commissioner Judy Akkala
Mayor Pro-Tem Brad Mantela
Commissioner Robert Pontius

ABSENT - EXCUSED
Commissioner Steve O'Driscoll

City Manager Eric Buckman swore in Ms. Brittany Levesque as the new Gladstone Public Safety Officer.

No public comment offered.

Motion made by Mayor Pro-Tem Mantela, Seconded by Commissioner Pontius to approve the consent agenda as presented.
MOTION CARRIED

Motion made by Commissioner Akkala, Seconded by Commissioner Pontius to enter into the legal services agreement with Curcio Law Firm PLC for an amount not to exceed $15,000.
MOTION CARRIED

Motion made by Mayor Thompson, Seconded by Commissioner Pontius to approve the Property Exemption Guidelines & Application as presented.
MOTION CARRIED

Motion made by Commissioner Akkala, Seconded by Mayor Pro-Tem Mantela to approve the Poverty Exemption Guidelines & Application as presented.
MOTION CARRIED

Motion made by Mayor Pro-Tem Mantela, Seconded by Commissioner Akkala to grant the blocking of 10th Street from Delta Avenue to the alley on 10th Street and allowing the use of two burn barrells for the Youth Empowering Services - Ugly Christmas Party Special Event to be hosted at Saunders Point Brewing LLC on Friday, December 12, 2025 from 4:00 PM to 9:00 PM.

Mayor Joe Thompson	Yes
Commissioner Judy Akkala	Yes
Mayor Pro-Tem Brad Mantela	Yes
Commissioner Robert Pontius	NO

ABSENT-Excused
Commissioner Steve O'Driscoll

MOTION CARRIED

Motion made by Mayor Pro-Tem Mantela, Seconded by Mayor Thompson to direct Mayor Joe Thompson and Commissioner Judy Akkala acting as the City Manager Subcommittee to negotiate a six-month interim city manager contract with Mr. Robert Spreitzer, current Water Superintendent.

MOTION CARRIED

Motion made by Mayor Pro-Tem Mantela, Seconded by Commissioner Akkala to table the appointment of a Subcommittee for the Assessor Position to the November 24, 2025 Commission Meeting.

MOTION CARRIED

Manager Eric Buckman commented on the following:

- Election Day went well, a long day in person but a lot of Absent Voter Ballots now
- Survey some lots on Braves, first eight coming from the high school
- Pram Shack completed Thank you Troy Drebenstedt who did most of work and was able to repurpose quality materials to make it look nice and last.
- Thank you to Dwaine Livermore for his work on the Native statues and roof with the Recreation Department and volunteers. It looks very nice and the addition of a swinging bench to watch the sunrise
- Reminder from Public Works - not to rake your leaves out into the street, it creates problems for the storm sewers and neighbors. Leaves must be taken to the compost site.
- My email was hacked last Thursday and just got my email back today at 2:30 PM.
- I will be off for a few days next week for deer season and at home with my wife's recuperation from surgery.
- Congratulations to Rob on being named Interim City Manager.
- Thank all our Veterans as tomorrow is Veterans Day
- A year-to-date building permits report was also provided.

There being no further business before the Commission, Mayor Thompson adjourned the meeting at 6:45 PM.

_____

Mayor Joe Thompson

_____

Clerk Kimberly Berry

Equipment Bl
2707 S Carolyn Ave Ste 3
Sioux Falls SD 57106
605-368-5221

Invoice Address:
City of Gladstone MI
1100 Delta Ave
Galdstone MI 49837

Delivery Address:
City of Gladstone MI, City of Gladstone Public Works Delivery
30 Michigan Ave
Galdstone MI 49837

Invoice INV/2025/02627

Invoice Date:	Due Date:	Source:	Customer PO:	Payment Term:	Salesperson:
11/11/2025	12/11/2025	S13119	Barry	Net 30	Jack Hunter

DESCRIPTION	QUANTITY	UNIT PRICE	TAXES	AMOUNT
DOUBLE CARBIDE GRADER BLADES (2) 12FT SETS				
CIJT873645-ACI (CIJT873645-ACI) 1X7X36 CARBIDE INS/IMP DOUBLE CARBIDE * 5/8" HOLE CURVED GRADER BLADE 3-3-6	8.00 Each	615.00	Tax 0%	$ 4,920.00
48X32X25 630lbs				
XPO Logistics: SHIPPING	1.00 Each	158.90	Tax 0%	$ 158.90
			Subtotal	$ 5,078.90

101-532-751.000
BS

Untaxed Amount	$ 5,078.90
Tax 0%	$ 0.00
Total	$ 5,078.90

Please pay the following invoice with reference: **INV/2025/02627**

Thank you for the opportunity to earn your business. Quote is valid for 30 days from creation. Orders placed after 30 days will need to be re-quoted. Upon acceptance of this quote the Customer is verifying the parts quoted are correct and Equipment Blades will not be subject to product return fees. Custom ordered or built products are non-refundable. This quote, any and all pricing and discounts contained herein, and any correspondence between Customer and Equipment Blades shall be considered confidential information. Customer agrees to hold such information in strict confidence and not to disclose it to any third parties. Click here to view: Order / Return Policy | Credit Application | Privacy Policy

INVOICE

November 10, 2025
Work Order: MI0062506
Invoice No: 9061344
PO No.:
Net Terms: Upon Receipt

GLADSTONE, CITY OF
ATTN: JAMES OLSON
1100 DELTA AVENUE
BOX 32
GLADSTONE, MI 498370032

SUBJECT: North Bluff Substation XFMR Replacements

The following charges are for consulting and engineering services performed through November 1st, 2025:

1. Prepared, updated, and finalized transformer procurement specifications. Initiated transformer bidding process with vendors.
2. Prepared and submitted the ATC load interconnection request form (LIRF) application for the substation upgrades.
3. Preparing substation site upgrade and transformer changeout drawings package. Drawings updates include removal and additions to the site plan, plans/profiles, conduit/cable trench, control building layout modifications, one-line, three-lines, schematics, and wiring diagrams.

Consultant	Hours	Rate	Amount
Andrew, Heather	1.50	260.00	$390.00
Bodenstein, Gerald	97.00	175.00	$16,975.00
Hernandez, Maria	2.00	125.00	$250.00
Kumar, Aseem	89.00	200.00	$17,800.00
Packwood, Seth	14.00	220.00	$3,080.00
	203.50		**$38,495.00**

Professional Consulting Labor	203.50 hrs.	$38,495.00

AMOUNT DUE THIS INVOICE **$38,495.00 USD**

Payments by check may be remitted to:

Power System Engineering
2424 Rimrock Road, Suite 300
Madison, WI 53713

ACH Payments may be made to:

BMO Harris Bank
Routing #: 071025661
Account #: 6499503

Please email ACH remittance to: accounting@powersystem.org

Purchaser is responsible for all sales, use or excise taxes. Any such taxes not included in this invoice may be invoiced at a later date. Payment due upon receipt, a 1.5% per month charge will be applied to amounts not paid within 30 days.

CIVICPLUS

Invoice

Updated Remittance Address:
(FOR PAYMENTS ONLY)
CivicPlus LLC
PO Box 737311
Dallas TX 75373-7311

#355480

1/9/2026

Bill To

Kim Berry
City of Gladstone
1100 Delta Avenue
Gladstone MI 49837

TOTAL DUE

$5,325.08

Due Date: 2/8/2026

Terms	Customer	Approving Authority
Net 30	City of Gladstone, MI	

Qty	Item	Start Date	End Date
1	Agenda & Meeting Management Essential Ultimate Annual Renewal	1/9/2026	1/8/2027
1	Agenda and Meeting Management Essential Board Management Renewal	1/9/2026	1/8/2027
1	Agenda and Meeting Management Essential Hub Stand Alone Purchase Renewal	1/9/2026	1/8/2027

Total	$5,325.08
Due	**$5,325.08**

To pay your invoice with a credit card **Click Here**.

101 - 101-800.003 = 887.52
582-537-756.000 = 887.50
590-537-756.000 = 887.52
591-537-756.000 = 887.51
101-752-756.000 = 887.50
540-537-756.000 = 887.50

11/17/25 KB.

Please submit payment via ACH using the details below. Please send notification of ACH transmission via email to remittance@civicplus.com. That address is not monitored for other inquiries or notifications. For any other invoice questions or information, please contact us at accounting@civicplus.com.

Bank Name	Account Name	Account Number	Routing Number
JPMorgan Chase	CivicPlus LLC	910320636	021000021

CIVICPLUS

Invoice

Updated Remittance Address:
(FOR PAYMENTS ONLY)
CivicPlus LLC
PO Box 737311
Dallas TX 75373-7311

#355489

1/9/2026

Bill To

Kim Berry
City of Gladstone
1100 Delta Avenue
Gladstone MI 49837

TOTAL DUE

$5,006.73

Due Date: 2/8/2026

Terms	Customer	Approving Authority
Net 30	City of Gladstone, MI	

Qty	Item	Start Date	End Date
1	Ultimate Web Open Subscription	1/9/2026	1/8/2027

Total	$5,006.73
Due	**$5,006.73**

To pay your invoice with a credit card **Click Here**.

834.46 = 101-101-800.003
834.46 = 582-537-756.000
834.45 590-537-756.000
834.45 591-537-756.000
834.45 540-537-756.000
834.46 101-752-756.000

KB 11-18-25

Please submit payment via ACH using the details below. Please send notification of ACH transmission via email to remittance@civicplus.com. That address is not monitored for other inquiries or notifications. For any other invoice questions or information, please contact us at accounting@civicplus.com.

Bank Name	Account Name	Account Number	Routing Number
JPMorgan Chase	CivicPlus LLC	910320636	021000021

Board: City Commission
Agenda Date: 11-24-2025
Department: Assessor
Presenter: Mayor Thompson

Staff Report

Agenda Item Title:
Appointing Subcommittee for Assessor Position

Background:
A subcommittee of two Commissioners must be set up to research the options of full-time Assessor for City of Gladstone.

Fiscal Effect:
None currently

Supporting Documentation:
None

Recommendation:

Motion to appoint _____ to a subcommittee for Assessor Position.

Board:	City Commission
Agenda Date:	November 24, 2025
Department:	All Funds
Presenter:	Eric Buckman

Staff Report

Agenda Item Title:

Liens on 2025 Winter Property Tax Bills

Background:

Chapter 8 Section 12 of the City Charter allows the city to assess delinquent utilities as liens on the property tax rolls.

Fiscal Effect:

$8,697.71

Supporting Documentation:

Spreadsheet detailing the amounts proposed to be placed on the tax roll as liens.

Recommendation:

Motion to assess past due utility balances on the Winter 2025 property tax bills accordingly.

UTILITIES
OFF TO TAXES
Winter 2025

Account No	Parcel ID	Acct Name	Service Address	Owner Name (if different)	Electric	Fire Protection	Refuse	Sewer	Water	Compost	Utility Balance	10% Pen	Total	Notes
1033-31	052-006-001-00	Linda Black	206 S 3rd St	Gerald Micheau	$ 181.65	$ 8.24	$ 57.09	$ 196.98	$ 92.81	$ 31.28	$ 568.05	$ 56.81	$ 624.86	passed way; former resident of home
1102-30	052-020-014-00	Ardith Bartelt	410 S 5th St	Ardith Bartelt	$ 125.52	$ 8.30	$ 14.33	$ 34.13	$ 15.49	$ 28.68	$ 226.45	$ 22.65	$ 249.10	passed away; enforced off for non-payment after passing
1352-30	052-621-010-00	DelFab, Inc	101 N 12th St	DelFab, Inc	$ 3,414.20	$ 15.14	$ -	$ 169.88	$ 122.22	$ 19.12	$ 3,740.56	$ 374.06	$ 4,114.62	
1353-30	052-621-010-00	DelFab, Inc	101 N 12th St	DelFab, Inc	$ 774.10	$ 6.00	$ -	$ -	$ -	$ 18.93	$ 799.03	$ 79.90	$ 878.93	
1454-32	052-621-049-00	Darryl Nichelson	210 N 17th St	Molly Johnson	$ 488.10	$ 4.16	$ 48.54	$ 265.04	$ 126.82	$ 25.73	$ 958.39	$ 95.84	$ 1,054.23	former owner
2220-36	052-027-007-00	Eugene Ryan	613 Delta Ave	Eugene Ryan	$ 46.78	$ 4.10	$ 53.66	$ 80.91	$ 37.72	$ 15.42	$ 238.59	$ 23.86	$ 262.45	abandoned premise
3944-30	052-079-003-00	Sara or Tracy Harris	1305 Superior Ave	Sara or Tracy Harris	$ 632.91	$ 2.10	$ 35.42	$ 160.07	$ 76.41	$ 19.82	$ 926.73	$ 92.67	$ 1,019.40	owner moved
3651-30	052-371-018-00	Brandon Harris	21 Parkway Dr	Brandon Harris	$ 252.32	$ 10.40	$ 70.97	$ -	$ 82.69	$ 32.83	$ 449.21	$ 44.92	$ 494.13	enforced off for non-payment on all utilities
											$ -	$ -	$ -	
					$ 5,915.58	**$ 58.44**	**$ 280.01**	**$ 907.01**	**$ 554.16**	**$191.81**	**$ 7,907.01**	**$ 790.70**	**$ 8,697.71**	

Business(current or previous owner)	$ 4,539.59	57.41%
Landlord		0.00%
Back to Bank		0.00%
Enforced shutoff	$ 675.66	8.55%
Vacant	$ 1,165.32	14.74%
Prev Owner/Tenant	$ 1,526.44	19.30%
Subtotal	$ 7,907.01	
All Others	$ 0.00	0.00%
Total	$ 7,907.01	

Total w/o business **$ 3,367.42**

Comparisions (totals w/o 10% penalty)

Summer 2025	**$ 9,028.35**
Winter 2024	**$ 1,093.44**
Summer 2024	**$ 8,219.47**
Winter 2023	**$ 7,119.87**
Summer 2023	**$ 7,987.45**
Winter 2022	**$ 3,096.47**
Summer 2022	**$ 28,340.93**
Winter 2021	**$ 4,857.88**

Board:	City Commission
Agenda Date:	11/24/2025
Department:	Electric
Presenter:	James Olson

Staff Report

Agenda Item Title:

Electric Boss Plow Bids

Background:

We got bids for a new plow for our new truck. We got bids from U.P. Off Road & Performance, Honkala's Service, and Gary's Collision Center

Fiscal Effect:

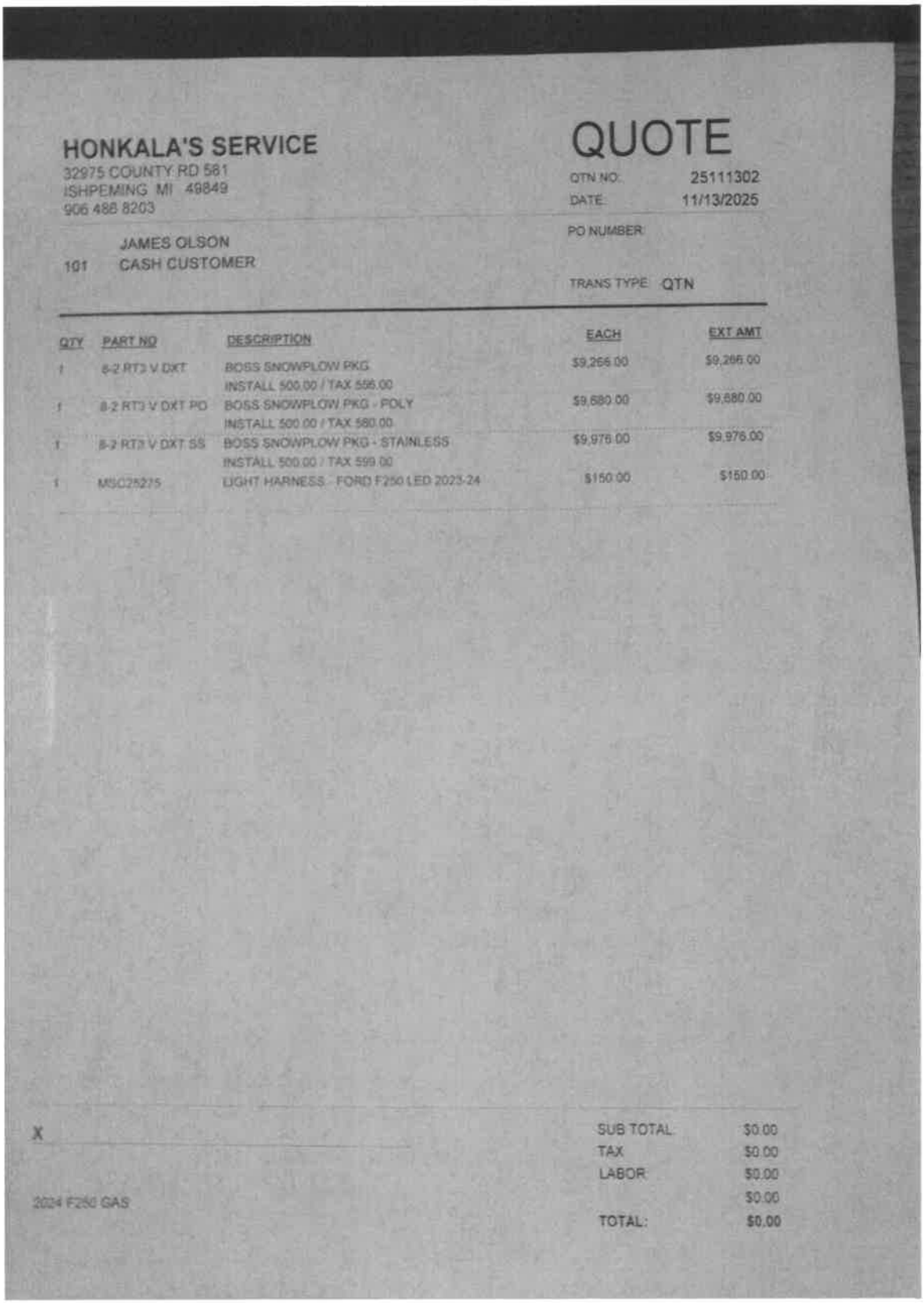
Gary's Collision Center $11,523.28 (Budgeted Item)

Supporting Documentation:

See Bid documents

Recommendation:

Motion to approve Gary's Collision Center for $11,523.28. I am choosing to go with Gary's Collision Center because they are right in Escanaba and getting it put on and for service will be easier and cheaper than driving Negaunee or Ishpeming



HONKALA'S SERVICE
32975 COUNTY RD 581
ISHPEMING MI 49849
906 486 8203

QUOTE

QTN NO: 25111302
DATE: 11/13/2025
PO NUMBER:

JAMES OLSON
101 CASH CUSTOMER

TRANS TYPE: QTN

QTY	PART NO	DESCRIPTION	EACH	EXT AMT
1	8-2 RT3 V DXT	BOSS SNOWPLOW PKG INSTALL 500.00 / TAX 556.00	$9,266.00	$9,266.00
1	8-2 RT3 V DXT PD	BOSS SNOWPLOW PKG - POLY INSTALL 500.00 / TAX 580.00	$9,680.00	$9,680.00
1	8-2 RT3 V DXT SS	BOSS SNOWPLOW PKG - STAINLESS INSTALL 500.00 / TAX 599.00	$9,976.00	$9,976.00
1	MSC25275	LIGHT HARNESS - FORD F250 LED 2023-24	$150.00	$150.00

X

2024 F250 GAS

SUB TOTAL	$0.00
TAX	$0.00
LABOR	$0.00
	$0.00
TOTAL:	$0.00

James Olson

From: [redacted]
Sent: Thursday, November 13, 2025 4:53 PM
To: James Olson
Subject: Boss plows

Boss 8-2" DXT V stainless w/flap Installed $10559.16
Boss 8-2" DXT V Steel w/flap Installed $10008.48
Thanks Jeff

--
Jeff Syria
U.P. Off Road & Performance, Inc.
91 County Road 480
Negaunee, MI 49866
906-475-7166

Gary's Collision Center

2701 32ND AVE NORTH, ESCANABA, US
Phone: 9067892123
Fax: 906-789-2128

Quote

Customer
CITY OF GLADSTONE US Phone: 906-280-6698

Quote Dates
Quote Date: 10/10/2025 Expiration Date: 11/9/2025

Qty	Part	Description	Price	Total
0	Vehicle	2024 Ford F250 4x4 Super 6-3/4 5990.00000 147.90000 SRW 7.3 9008 (H13)	$0.00	$0.00
2	HYD01835	FLUID,HYDRAULIC,HP,(1)QUART	$13.00	$26.00
1	LTA10200	UC/RT3,FORD F250/350/450/550,17+	$704.03	$704.03
1	MSC01565	SNOW DEFLECTOR	$381.10	$381.10
1	MSC09601	CONTROL-HANDHELD,V-BLADE,12V	$381.10	$381.10
1	MSC15002B	PLOW BOX, RT3-V, SH2 8-2/9-2,DXT,SL3	$5553.10	$5553.10
1	MSC18282	BLADE CRATE (SNOWPLOW),8-2,ST/ST V-DXT	$3235.35	$3235.35
1	MSC25012	KIT-WIRING,RT3 SH2,12V,FORD F250-600,23+	$432.60	$432.60
1		SHOP SUPPLIES	$10.00	$10.00

Subtotal	$10723.28
Discount	$0.00
Sales Tax	$0.00
Labor / Install	$800.00
Labor Tax	$0.00
Freight	$0.00
Deposit	$0.00
Total	$11523.28

Board: City Commission
Agenda Date: 11-24-2025
Department: Human Resources
Presenter: Kim Berry

Staff Report

Agenda Item Title:

MERS Health Care Savings Program Participation Agreement – Division 301607

Background:

Due to changes in the City of Gladstone Union Groups, IRS Rule changes and MERS audit resulted in the need to modify some of the Participation Agreements with MERS

Division 301607 required a split to be made leaving Teamsters Union in this division and separating POLC & IBEW into different divisions.
Division 301619 for POLC
Division 301028 for IBEW

Fiscal Effect:

No monetary change only language corrections

Supporting Documentation:

Participation Agreement Division 301607, 301619 and 301028

Recommendation:

Motion to approve the MERS Health Care Savings Program Participation Agreements for Division 301607 Teamsters, Division 301619 POLC and Division 301028 for IBEW and authorize Manager Eric Buckman to sign the agreements.

MERS Health Care Savings Program Participation Agreement

MERS
Municipal Employees' Retirement System
1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 www.mersofmich.com

The Employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Health Care Savings Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the *MERS Health Care Savings Program Plan Document*, subject to the terms and conditions herein.

I. PARTICIPATING EMPLOYER

Employer Name: City of Gladstone
(Name of municipality or court)

Municipality Number: 2106 **Division Number:** 301607

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be the 1st day of _____ (Month), 20____ (Year).
2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective the 1st day of November (Month), 2035 (Year).

Note: You only need to mark ***changes*** to your plan throughout the remainder of this Agreement.

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units, or personnel/ employee classifications ("Covered Group") in the same Health Care Savings Program plan. **Contributions shall be made on the same basis within each Covered Group according to the associated** *HCSP Contribution Addendum*, **remitted as directed by MERS.** This agreement encompasses the following group(s):

Teamsters (separating POLC & IBEW into different divisions)
(Name/s of HCSP covered group/s)

Note: To maintain the tax-favored status of the employer's Health Care Savings Program and to comply with federal law, the Employer may not provide coverage or benefit levels to highly-compensated employees that are not provided to non highly-compensated employees.

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program.

The Employer shall provide MERS with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Participation Agreement.

Probationary Periods (select one):

☐ Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be _____ month(s).

☐ No probationary period.

MERS Health Care Savings Program Participation Agreement

V. EMPLOYER CONTRIBUTIONS

The Participating Employer hereby elects to make contributions to the Plan. Contributions shall be made on the same basis within each Covered Group specified in this agreement, and remitted to MERS as directed by the employer, to be credited to the individual accounts of Eligible Employees according to the associated *Contribution Addendum*.

Frequency:
Contributions will be remitted according to Employer's "Payroll Period" which represents the actual period amounts are withheld from participant paychecks, or within the month during which amounts are withheld. Contributions will be submitted (check one):

- ☐ Weekly
- ☐ Bi-Weekly (every other week)
- ☐ Semi-Monthly (twice each month)
- ☐ Monthly

Vesting Cycle For Basic Employer Contributions Only. The employer contributions identified in this Participation Agreement are subject to the following vesting cycle (where vesting is different, separate participation agreement must be completed).

- ☐ Immediate Vesting upon Participation
- ☐ Cliff Vesting: The participant is 100% vested upon _____ year(s).
  (Stated years)
- ☐ Graded Vesting Percentage per year of service: Employers can select the percentage of vesting with the corresponding years of service:

Years of Service	Percent Vested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	100%

FORFEITURE PROVISION. Upon separation from service with the Employer prior to meeting the required vesting schedule set out above or in the event a Participant dies without Dependent(s) and/or a named Beneficiary, a Participant's account assets shall (where forfeiture is different, separate participation agreement must be completed):

Check only one:

- ☐ Remain in the HCSP sub-trust to be reallocated among all Plan participants equally
- ☐ Remain in the HCSP sub-trust to be used to offset future Employer Contributions
- ☐ Be transferred to the Retiree Health Funding Vehicle ("RHFV")

MERS Health Care Savings Program Participation Agreement

VI. MODIFICATION OF THE TERMS OF THE PARTICIPATION AGREEMENT

If a Participating Employer desires to amend any of its previous elections contained in this Participation Agreement, including attachments, the Governing Body by official action must adopt a new Participation Agreement and forward it to the Board for approval. The amendment of the new Participation Agreement is not effective until approved by the Board and other procedures required by the Plan Document have been implemented.

VII. APPOINTING MERS AS THE PROGRAM ADMINISTRATOR

The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document* ("Plan Document"). The Employer also agrees that in the event of any conflict between the Plan Document and this Participation Agreement, the Plan Document controls.

VIII. FEES AND EXPENSES

Employer acknowledges that investment selection and associated participant fees and operating expenses are established and charged by MERS as set forth in the Investment Fund and Fee Summary sheets available at *www.mersofmich.com* and may be amended by MERS.

IX. STATE LAW

To the extent not preempted by federal law, this agreement shall be interpreted in accordance with Michigan law.

X. TERMINATION OF THE PARTICIPATION AGREEMENT

This Participation Agreement may be terminated only in accordance with the Plan Document.

XI. ENFORCEMENT

1. This Participation Agreement may be terminated only in accordance with the *MERS Health Care Savings Program Plan Document*.
2. The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

XII. EXECUTION

Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Participation Agreement is hereby approved by _____
(Name of Approving Employer)

on _____.
(MM/DD/YYYY)

Authorized signature: _____

Name (printed): _____

Title: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____ Signature: _____
(Authorized MERS Signatory)

MERS Health Care Savings Program Participation Agreement

MERS
Municipal Employees' Retirement System
1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 www.mersofmich.com

The Employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Health Care Savings Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the *MERS Health Care Savings Program Plan Document*, subject to the terms and conditions herein.

I. PARTICIPATING EMPLOYER

Employer Name: City of Gladstone
(Name of municipality or court)

Municipality Number: 2106 **Division Number:** 301619

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be the 1st day of _____, 20____.
(Month) (Year)

2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective the 1st day of November, 2025.
(Month) (Year)

Note: You only need to mark ***changes*** to your plan throughout the remainder of this Agreement.

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units, or personnel/ employee classifications ("Covered Group") in the same Health Care Savings Program plan. **Contributions shall be made on the same basis within each Covered Group according to the associated** *HCSP Contribution Addendum*, **remitted as directed by MERS.** This agreement encompasses the following group(s):

POLC
(Name/s of HCSP covered group/s)

Note: To maintain the tax-favored status of the employer's Health Care Savings Program and to comply with federal law, the Employer may not provide coverage or benefit levels to highly-compensated employees that are not provided to non highly-compensated employees.

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program.

The Employer shall provide MERS with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Participation Agreement.

Probationary Periods (select one):

☐ Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be _____ month(s).

☐ No probationary period.

MERS Health Care Savings Program Participation Agreement

V. EMPLOYER CONTRIBUTIONS

The Participating Employer hereby elects to make contributions to the Plan. Contributions shall be made on the same basis within each Covered Group specified in this agreement, and remitted to MERS as directed by the employer, to be credited to the individual accounts of Eligible Employees according to the associated *Contribution Addendum*.

Frequency:
Contributions will be remitted according to Employer's "Payroll Period" which represents the actual period amounts are withheld from participant paychecks, or within the month during which amounts are withheld. Contributions will be submitted (check one):

- ☐ Weekly
- ☐ Bi-Weekly (every other week)
- ☐ Semi-Monthly (twice each month)
- ☐ Monthly

Vesting Cycle For Basic Employer Contributions Only. The employer contributions identified in this Participation Agreement are subject to the following vesting cycle (where vesting is different, separate participation agreement must be completed).

- ☐ Immediate Vesting upon Participation
- ☐ Cliff Vesting: The participant is 100% vested upon _____ year(s).
  (Stated years)
- ☐ Graded Vesting Percentage per year of service: Employers can select the percentage of vesting with the corresponding years of service:

Years of Service	Percent Vested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	100%

FORFEITURE PROVISION. Upon separation from service with the Employer prior to meeting the required vesting schedule set out above or in the event a Participant dies without Dependent(s) and/or a named Beneficiary, a Participant's account assets shall (where forfeiture is different, separate participation agreement must be completed):

Check only one:

- ☐ Remain in the HCSP sub-trust to be reallocated among all Plan participants equally
- ☐ Remain in the HCSP sub-trust to be used to offset future Employer Contributions
- ☐ Be transferred to the Retiree Health Funding Vehicle ("RHFV")

MERS Health Care Savings Program Participation Agreement

VI. MODIFICATION OF THE TERMS OF THE PARTICIPATION AGREEMENT

If a Participating Employer desires to amend any of its previous elections contained in this Participation Agreement, including attachments, the Governing Body by official action must adopt a new Participation Agreement and forward it to the Board for approval. The amendment of the new Participation Agreement is not effective until approved by the Board and other procedures required by the Plan Document have been implemented.

VII. APPOINTING MERS AS THE PROGRAM ADMINISTRATOR

The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document* ("Plan Document"). The Employer also agrees that in the event of any conflict between the Plan Document and this Participation Agreement, the Plan Document controls.

VIII. FEES AND EXPENSES

Employer acknowledges that investment selection and associated participant fees and operating expenses are established and charged by MERS as set forth in the Investment Fund and Fee Summary sheets available at *www.mersofmich.com* and may be amended by MERS.

IX. STATE LAW

To the extent not preempted by federal law, this agreement shall be interpreted in accordance with Michigan law.

X. TERMINATION OF THE PARTICIPATION AGREEMENT

This Participation Agreement may be terminated only in accordance with the Plan Document.

XI. ENFORCEMENT

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2. The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

XII. EXECUTION

Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Participation Agreement is hereby approved by _____
(Name of Approving Employer)

on _____.
(MM/DD/YYYY)

Authorized signature: _____

Name (printed): _____

Title: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____ Signature: _____
(Authorized MERS Signatory)

Contribution Addendum for MERS Health Care Savings Program (HCSP)

MERS
Municipal Employees' Retirement System

1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 mersofmich.com

This is an Addendum to the Participation Agreement completed by City of Gladstone
Name of Participating Employer

for POLC
Covered Employee Group
of 301619.
Division Code

The Addendum modifies the *MERS Health Care Savings Program Participation Agreement*. Please complete this addendum for each contribution structure associated with the covered employee group.

Check one or more (A or B, C and/or D):

A. ☐ **Employer Contributions for Retirees / Former Employees.** Employer contributions may be made according to any frequency. Identify below the contribution formula or amount that will apply to all in this covered group. *Note: If this contribution is selected, Sections B, C, and D do not apply.*

Contribution structure (specify $ or %): _____

For active employees, please check one or more below (B, C, and/or D).

B. ☑ **Basic Employer (Before-Tax) Contributions.** Before-tax employer contributions may be made as a percentage of salary and/or by a specified dollar amount. Identify below the basic employer contribution formula to be applied to the covered groups within the Health Care Savings Program identified in this addendum.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employer will contribute 3% of base wages):

$100/pay

C. ☐ **Mandatory Salary Reduction (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory salary reduction resulting from collective bargaining or the establishment of a personnel policy. These reductions may be made as a percentage of salary or a specific dollar amount.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employees will contribute 3% of base wages):

*Remove mandatory salary reduction

Contribution Addendum for MERS Health Care Savings Program (HCSP)

D. ☐ **Mandatory Leave Conversion (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory conversion of accrued leave including, but not limited to vacation, holiday, sick leave, or severance amounts otherwise paid out, to a cash contribution. These contributions may be calculated as a percentage of accrued leave or a specific dollar amount representing the accrued leave. Leave conversions may be made on an annual basis or at separation from service, or at such other time as the Employer indicates. *(Note: The leave conversion program shall not permit employees the option of receiving cash in lieu of the employer contribution.)*

☐ Check here if the covered employee group has the option to direct any/all of the leave conversion lump sum to an existing 457 program.

Check one or more:

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

MERS Health Care Savings Program Participation Agreement

MERS
Municipal Employees' Retirement System
1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 www.mersofmich.com

The Employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Health Care Savings Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the *MERS Health Care Savings Program Plan Document*, subject to the terms and conditions herein.

I. PARTICIPATING EMPLOYER

Employer Name: City of Gladstone
(Name of municipality or court)

Municipality Number: 2106 **Division Number:** 301028

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be the 1st day of _____, 20____.
(Month) (Year)

2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective the 1st day of November, 2025.
(Month) (Year)

Note: You only need to mark ***changes*** to your plan throughout the remainder of this Agreement.

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units, or personnel/ employee classifications ("Covered Group") in the same Health Care Savings Program plan. **Contributions shall be made on the same basis within each Covered Group according to the associated *HCSP Contribution Addendum*, remitted as directed by MERS.** This agreement encompasses the following group(s):

IBEW
(Name/s of HCSP covered group/s)

Note: To maintain the tax-favored status of the employer's Health Care Savings Program and to comply with federal law, the Employer may not provide coverage or benefit levels to highly-compensated employees that are not provided to non highly-compensated employees.

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program.

The Employer shall provide MERS with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Participation Agreement.

Probationary Periods (select one):

☐ Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be _____ month(s).

☐ No probationary period.

MERS Health Care Savings Program Participation Agreement

V. EMPLOYER CONTRIBUTIONS

The Participating Employer hereby elects to make contributions to the Plan. Contributions shall be made on the same basis within each Covered Group specified in this agreement, and remitted to MERS as directed by the employer, to be credited to the individual accounts of Eligible Employees according to the associated *Contribution Addendum*.

Frequency:
Contributions will be remitted according to Employer's "Payroll Period" which represents the actual period amounts are withheld from participant paychecks, or within the month during which amounts are withheld. Contributions will be submitted (check one):

☐ Weekly
☐ Bi-Weekly (every other week)
☐ Semi-Monthly (twice each month)
☐ Monthly

Vesting Cycle For Basic Employer Contributions Only. The employer contributions identified in this Participation Agreement are subject to the following vesting cycle (where vesting is different, separate participation agreement must be completed).

☐ Immediate Vesting upon Participation

☐ Cliff Vesting: The participant is 100% vested upon _____ year(s).
(Stated years)

☐ Graded Vesting Percentage per year of service: Employers can select the percentage of vesting with the corresponding years of service:

Years of Service	Percent Vested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	100%

FORFEITURE PROVISION. Upon separation from service with the Employer prior to meeting the required vesting schedule set out above or in the event a Participant dies without Dependent(s) and/or a named Beneficiary, a Participant's account assets shall (where forfeiture is different, separate participation agreement must be completed):

Check only one:
☐ Remain in the HCSP sub-trust to be reallocated among all Plan participants equally
☐ Remain in the HCSP sub-trust to be used to offset future Employer Contributions
☐ Be transferred to the Retiree Health Funding Vehicle ("RHFV")

MERS Health Care Savings Program Participation Agreement

VI. MODIFICATION OF THE TERMS OF THE PARTICIPATION AGREEMENT

If a Participating Employer desires to amend any of its previous elections contained in this Participation Agreement, including attachments, the Governing Body by official action must adopt a new Participation Agreement and forward it to the Board for approval. The amendment of the new Participation Agreement is not effective until approved by the Board and other procedures required by the Plan Document have been implemented.

VII. APPOINTING MERS AS THE PROGRAM ADMINISTRATOR

The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document* ("Plan Document"). The Employer also agrees that in the event of any conflict between the Plan Document and this Participation Agreement, the Plan Document controls.

VIII. FEES AND EXPENSES

Employer acknowledges that investment selection and associated participant fees and operating expenses are established and charged by MERS as set forth in the Investment Fund and Fee Summary sheets available at *www.mersofmich.com* and may be amended by MERS.

IX. STATE LAW

To the extent not preempted by federal law, this agreement shall be interpreted in accordance with Michigan law.

X. TERMINATION OF THE PARTICIPATION AGREEMENT

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XI. ENFORCEMENT

1. This Participation Agreement may be terminated only in accordance with the *MERS Health Care Savings Program Plan Document*.
2. The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

XII. EXECUTION

Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Participation Agreement is hereby approved by _____
(Name of Approving Employer)

on _____.
(MM/DD/YYYY)

Authorized signature: _____

Name (printed): _____

Title: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____ Signature: _____
(Authorized MERS Signatory)

Contribution Addendum for MERS Health Care Savings Program (HCSP)

MERS
Municipal Employees' Retirement System

1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 mersofmich.com

This is an Addendum to the Participation Agreement completed by City of Gladstone
Name of Participating Employer

for IBEW of 301028.
Covered Employee Group Division Code

The Addendum modifies the *MERS Health Care Savings Program Participation Agreement*. Please complete this addendum for each contribution structure associated with the covered employee group.

Check one or more (A or B, C and/or D):

A. ☐ **Employer Contributions for Retirees / Former Employees.** Employer contributions may be made according to any frequency. Identify below the contribution formula or amount that will apply to all in this covered group. *Note: If this contribution is selected, Sections B, C, and D do not apply.*

Contribution structure (specify $ or %): _____

For active employees, please check one or more below (B, C, and/or D).

B. ☑ **Basic Employer (Before-Tax) Contributions.** Before-tax employer contributions may be made as a percentage of salary and/or by a specified dollar amount. Identify below the basic employer contribution formula to be applied to the covered groups within the Health Care Savings Program identified in this addendum.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employer will contribute 3% of base wages):

$100/pay

C. ☐ **Mandatory Salary Reduction (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory salary reduction resulting from collective bargaining or the establishment of a personnel policy. These reductions may be made as a percentage of salary or a specific dollar amount.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employees will contribute 3% of base wages):

Contribution Addendum for MERS Health Care Savings Program (HCSP)

D. ☐ **Mandatory Leave Conversion (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory conversion of accrued leave including, but not limited to vacation, holiday, sick leave, or severance amounts otherwise paid out, to a cash contribution. These contributions may be calculated as a percentage of accrued leave or a specific dollar amount representing the accrued leave. Leave conversions may be made on an annual basis or at separation from service, or at such other time as the Employer indicates. *(Note: The leave conversion program shall not permit employees the option of receiving cash in lieu of the employer contribution.)*

☐ Check here if the covered employee group has the option to direct any/all of the leave conversion lump sum to an existing 457 program.

Check one or more:

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

Board: City Commission
Agenda Date: 11-24-2025
Department: Human Resources
Presenter: Kim Berry

Staff Report

Agenda Item Title:

MERS Health Care Savings Program Participation Agreement – Division 301033

Background:

Due to changes in the City of Gladstone Union Groups, IRS Rule changes and MERS audit resulted in the need to modify some of the Participation Agreements with MERS

Division 301033 revision for covered group FT Electric Dept. Employees hired BEFORE 2022 to accommodate the employees leave conversion option at the time of retirement.

Fiscal Effect:

No monetary change only language corrections

Supporting Documentation:

Participation Agreement Division 301033

Recommendation:

Motion to approve the MERS Health Care Savings Program Participation Agreements for Division 301033 and authorize Manager Eric Buckman to sign the agreement.

MERS Health Care Savings Program Participation Agreement

MERS
Municipal Employees' Retirement System
1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 www.mersofmich.com

The Employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Health Care Savings Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the *MERS Health Care Savings Program Plan Document*, subject to the terms and conditions herein.

I. PARTICIPATING EMPLOYER

Employer Name: City of Gladstone
(Name of municipality or court)

Municipality Number: 2106 **Division Number:** 301033

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be the 1st day of _____ (Month), 20____ (Year).
2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective the 1st day of November (Month), 2025 (Year).

Note: You only need to mark ***changes*** to your plan throughout the remainder of this Agreement.

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units, or personnel/ employee classifications ("Covered Group") in the same Health Care Savings Program plan. **Contributions shall be made on the same basis within each Covered Group according to the associated** *HCSP Contribution Addendum*, **remitted as directed by MERS.** This agreement encompasses the following group(s):

FT Electric Dept Employees hired before 2022
(Name/s of HCSP covered group/s)

Note: To maintain the tax-favored status of the employer's Health Care Savings Program and to comply with federal law, the Employer may not provide coverage or benefit levels to highly-compensated employees that are not provided to non highly-compensated employees.

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program.

The Employer shall provide MERS with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Participation Agreement.

Probationary Periods (select one):

☐ Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be _____ month(s).

☐ No probationary period.

MERS Health Care Savings Program Participation Agreement

V. EMPLOYER CONTRIBUTIONS

The Participating Employer hereby elects to make contributions to the Plan. Contributions shall be made on the same basis within each Covered Group specified in this agreement, and remitted to MERS as directed by the employer, to be credited to the individual accounts of Eligible Employees according to the associated *Contribution Addendum*.

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- ☐ Weekly
- ☐ Bi-Weekly (every other week)
- ☐ Semi-Monthly (twice each month)
- ☐ Monthly

Vesting Cycle For Basic Employer Contributions Only. The employer contributions identified in this Participation Agreement are subject to the following vesting cycle (where vesting is different, separate participation agreement must be completed).

- ☐ Immediate Vesting upon Participation
- ☐ Cliff Vesting: The participant is 100% vested upon _____ year(s).
  (Stated years)
- ☐ Graded Vesting Percentage per year of service: Employers can select the percentage of vesting with the corresponding years of service:

Years of Service	Percent Vested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	100%

FORFEITURE PROVISION. Upon separation from service with the Employer prior to meeting the required vesting schedule set out above or in the event a Participant dies without Dependent(s) and/or a named Beneficiary, a Participant's account assets shall (where forfeiture is different, separate participation agreement must be completed):

Check only one:

- ☐ Remain in the HCSP sub-trust to be reallocated among all Plan participants equally
- ☐ Remain in the HCSP sub-trust to be used to offset future Employer Contributions
- ☐ Be transferred to the Retiree Health Funding Vehicle ("RHFV")

MERS Health Care Savings Program Participation Agreement

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XI. ENFORCEMENT

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2. The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

XII. EXECUTION

Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Participation Agreement is hereby approved by _____
(Name of Approving Employer)

on _____.
(MM/DD/YYYY)

Authorized signature: _____

Name (printed): _____

Title: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____ Signature: _____
(Authorized MERS Signatory)

Contribution Addendum for MERS Health Care Savings Program (HCSP)

MERS
Municipal Employees' Retirement System

1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 mersofmich.com

This is an Addendum to the Participation Agreement completed by City of Gladstone
Name of Participating Employer

for FT Electric Dept Employees hired before 2022 of 301033.
Covered Employee Group Division Code

The Addendum modifies the *MERS Health Care Savings Program Participation Agreement*. Please complete this addendum for each contribution structure associated with the covered employee group.

Check one or more (A or B, C and/or D):

A. ☐ **Employer Contributions for Retirees / Former Employees.** Employer contributions may be made according to any frequency. Identify below the contribution formula or amount that will apply to all in this covered group. *Note: If this contribution is selected, Sections B, C, and D do not apply.*

Contribution structure (specify $ or %): _____

For active employees, please check one or more below (B, C, and/or D).

B. ☐ **Basic Employer (Before-Tax) Contributions.** Before-tax employer contributions may be made as a percentage of salary and/or by a specified dollar amount. Identify below the basic employer contribution formula to be applied to the covered groups within the Health Care Savings Program identified in this addendum.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employer will contribute 3% of base wages):

C. ☑ **Mandatory Salary Reduction (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory salary reduction resulting from collective bargaining or the establishment of a personnel policy. These reductions may be made as a percentage of salary or a specific dollar amount.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employees will contribute 3% of base wages):

$100/pay

Contribution Addendum for MERS Health Care Savings Program (HCSP)

D. ☑ Mandatory Leave Conversion (Before-Tax) Contributions. Before-tax Employer Contributions shall be made that represent a mandatory conversion of accrued leave including, but not limited to vacation, holiday, sick leave, or severance amounts otherwise paid out, to a cash contribution. These contributions may be calculated as a percentage of accrued leave or a specific dollar amount representing the accrued leave. Leave conversions may be made on an annual basis or at separation from service, or at such other time as the Employer indicates. *(Note: The leave conversion program shall not permit employees the option of receiving cash in lieu of the employer contribution.)*

☑ Check here if the covered employee group has the option to direct any/all of the leave conversion lump sum to an existing 457 program.

Check one or more:

☑ As of Termination (Annual date or X weeks before termination), 100 (Percentage)% of Sick & Vacation (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

Board:	City Commission
Agenda Date:	11-24-2025
Department:	Human Resources
Presenter:	Kim Berry

Staff Report

Agenda Item Title:

MERS Health Care Savings Program Participation Agreement – Division 301349

Background:

Due to changes in the City of Gladstone Union Groups, IRS Rule changes and MERS audit resulted in the need to modify some of the Participation Agreements with MERS

Division 301349 revision for covered group to remove the mandatory salary reduction of $280.00 employee contribution.

Fiscal Effect:

None to the city

Supporting Documentation:

Participation Agreement Division 301349

Recommendation:

Motion to approve the MERS Health Care Savings Program Participation Agreements for Division 301349 and authorize Manager Eric Buckman to sign the agreement.

MERS Health Care Savings Program Participation Agreement

MERS
Municipal Employees' Retirement System
1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 www.mersofmich.com

The Employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Health Care Savings Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the *MERS Health Care Savings Program Plan Document*, subject to the terms and conditions herein.

I. PARTICIPATING EMPLOYER

Employer Name: City of Gladstone
(Name of municipality or court)

Municipality Number: 2106 **Division Number:** 301349

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be the 1st day of _____, 20____.
(Month) (Year)

2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective the 1st day of November, 2025.
(Month) (Year)

Note: You only need to mark ***changes*** to your plan throughout the remainder of this Agreement.

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units, or personnel/ employee classifications ("Covered Group") in the same Health Care Savings Program plan. **Contributions shall be made on the same basis within each Covered Group according to the associated** *HCSP Contribution Addendum*, **remitted as directed by MERS.** This agreement encompasses the following group(s):

Public Safety Director eligible for Retiree Healthcare Buyout
(Name/s of HCSP covered group/s)

Note: To maintain the tax-favored status of the employer's Health Care Savings Program and to comply with federal law, the Employer may not provide coverage or benefit levels to highly-compensated employees that are not provided to non highly-compensated employees.

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program.

The Employer shall provide MERS with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Participation Agreement.

Probationary Periods (select one):

☐ Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be _____ month(s).

☐ No probationary period.

MERS Health Care Savings Program Participation Agreement

V. EMPLOYER CONTRIBUTIONS

The Participating Employer hereby elects to make contributions to the Plan. Contributions shall be made on the same basis within each Covered Group specified in this agreement, and remitted to MERS as directed by the employer, to be credited to the individual accounts of Eligible Employees according to the associated *Contribution Addendum*.

Frequency:
Contributions will be remitted according to Employer's "Payroll Period" which represents the actual period amounts are withheld from participant paychecks, or within the month during which amounts are withheld. Contributions will be submitted (check one):

☐ Weekly
☐ Bi-Weekly (every other week)
☐ Semi-Monthly (twice each month)
☐ Monthly

Vesting Cycle For Basic Employer Contributions Only. The employer contributions identified in this Participation Agreement are subject to the following vesting cycle (where vesting is different, separate participation agreement must be completed).

☐ Immediate Vesting upon Participation

☐ Cliff Vesting: The participant is 100% vested upon _____ year(s).
(Stated years)

☐ Graded Vesting Percentage per year of service: Employers can select the percentage of vesting with the corresponding years of service:

Years of Service	Percent Vested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	100%

FORFEITURE PROVISION. Upon separation from service with the Employer prior to meeting the required vesting schedule set out above or in the event a Participant dies without Dependent(s) and/or a named Beneficiary, a Participant's account assets shall (where forfeiture is different, separate participation agreement must be completed):

Check only one:
☐ Remain in the HCSP sub-trust to be reallocated among all Plan participants equally
☐ Remain in the HCSP sub-trust to be used to offset future Employer Contributions
☐ Be transferred to the Retiree Health Funding Vehicle ("RHFV")

MERS Health Care Savings Program Participation Agreement

VI. MODIFICATION OF THE TERMS OF THE PARTICIPATION AGREEMENT

If a Participating Employer desires to amend any of its previous elections contained in this Participation Agreement, including attachments, the Governing Body by official action must adopt a new Participation Agreement and forward it to the Board for approval. The amendment of the new Participation Agreement is not effective until approved by the Board and other procedures required by the Plan Document have been implemented.

VII. APPOINTING MERS AS THE PROGRAM ADMINISTRATOR

The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document* ("Plan Document"). The Employer also agrees that in the event of any conflict between the Plan Document and this Participation Agreement, the Plan Document controls.

VIII. FEES AND EXPENSES

Employer acknowledges that investment selection and associated participant fees and operating expenses are established and charged by MERS as set forth in the Investment Fund and Fee Summary sheets available at *www.mersofmich.com* and may be amended by MERS.

IX. STATE LAW

To the extent not preempted by federal law, this agreement shall be interpreted in accordance with Michigan law.

X. TERMINATION OF THE PARTICIPATION AGREEMENT

This Participation Agreement may be terminated only in accordance with the Plan Document.

XI. ENFORCEMENT

1. This Participation Agreement may be terminated only in accordance with the *MERS Health Care Savings Program Plan Document*.
2. The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

XII. EXECUTION

Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Participation Agreement is hereby approved by _____
(Name of Approving Employer)

on _____.
(MM/DD/YYYY)

Authorized signature: _____

Name (printed): _____

Title: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____ Signature: _____
(Authorized MERS Signatory)

Contribution Addendum for MERS Health Care Savings Program (HCSP)

MERS
Municipal Employees' Retirement System

1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 mersofmich.com

This is an Addendum to the Participation Agreement completed by City of Gladstone
Name of Participating Employer

for Public Safety Director eligible for Retiree Healthcare Buyout of 301349.
Covered Employee Group Division Code

The Addendum modifies the *MERS Health Care Savings Program Participation Agreement*. Please complete this addendum for each contribution structure associated with the covered employee group.

Check one or more (A or B, C and/or D):

A. ☐ **Employer Contributions for Retirees / Former Employees.** Employer contributions may be made according to any frequency. Identify below the contribution formula or amount that will apply to all in this covered group. *Note: If this contribution is selected, Sections B, C, and D do not apply.*

Contribution structure (specify $ or %): _____

For active employees, please check one or more below (B, C, and/or D).

B. ☐ **Basic Employer (Before-Tax) Contributions.** Before-tax employer contributions may be made as a percentage of salary and/or by a specified dollar amount. Identify below the basic employer contribution formula to be applied to the covered groups within the Health Care Savings Program identified in this addendum.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employer will contribute 3% of base wages):

C. ☑ **Mandatory Salary Reduction (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory salary reduction resulting from collective bargaining or the establishment of a personnel policy. These reductions may be made as a percentage of salary or a specific dollar amount.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employees will contribute 3% of base wages):

$0 (removing the $280/pay)

Contribution Addendum for MERS Health Care Savings Program (HCSP)

D. ☐ Mandatory Leave Conversion (Before-Tax) Contributions. Before-tax Employer Contributions shall be made that represent a mandatory conversion of accrued leave including, but not limited to vacation, holiday, sick leave, or severance amounts otherwise paid out, to a cash contribution. These contributions may be calculated as a percentage of accrued leave or a specific dollar amount representing the accrued leave. Leave conversions may be made on an annual basis or at separation from service, or at such other time as the Employer indicates. *(Note: The leave conversion program shall not permit employees the option of receiving cash in lieu of the employer contribution.)*

☐ Check here if the covered employee group has the option to direct any/all of the leave conversion lump sum to an existing 457 program.

Check one or more:

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

Board:	City Commission
Agenda Date:	11-24-2025
Department:	Human Resources
Presenter:	Kim Berry

Staff Report

Agenda Item Title:

MERS Health Care Savings Program Participation Agreement – Division 300797

Background:

Due to changes in the City of Gladstone Union Groups, IRS Rule changes and MERS audit resulted in the need to modify some of the Participation Agreements with MERS

Division 300797 revision to add to the covered group due to personnel changes and revise by removing the mandatory salary reduction for the employee contribution.

Fiscal Effect:

None to the city

Supporting Documentation:

Participation Agreement Division 300797

Recommendation:

Motion to approve the MERS Health Care Savings Program Participation Agreements for Division 300797 and authorize Manager Eric Buckman to sign the agreement.

MERS Health Care Savings Program Participation Agreement

MERS
Municipal Employees' Retirement System
1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 www.mersofmich.com

The Employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Health Care Savings Program provided by the Municipal Employees' Retirement System of Michigan, in accordance with the *MERS Health Care Savings Program Plan Document*, subject to the terms and conditions herein.

I. PARTICIPATING EMPLOYER

Employer Name: City of Gladstone
(Name of municipality or court)

Municipality Number: 2106 **Division Number:** 300797

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be the 1st day of _____, 20____.
(Month) (Year)

2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective the 1st day of November, 2025.
(Month) (Year)

Note: You only need to mark ***changes*** to your plan throughout the remainder of this Agreement.

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units, or personnel/ employee classifications ("Covered Group") in the same Health Care Savings Program plan. **Contributions shall be made on the same basis within each Covered Group according to the associated** *HCSP Contribution Addendum*, **remitted as directed by MERS.** This agreement encompasses the following group(s):

Treasurer, Dir Parks & Rec, Dir Comm Dev, Electrical Supdnt, Asst Park & Rec Dir
(Name/s of HCSP covered group/s)

Note: To maintain the tax-favored status of the employer's Health Care Savings Program and to comply with federal law, the Employer may not provide coverage or benefit levels to highly-compensated employees that are not provided to non highly-compensated employees.

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program.

The Employer shall provide MERS with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Participation Agreement.

Probationary Periods (select one):

☐ Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be _____ month(s).

☐ No probationary period.

MERS Health Care Savings Program Participation Agreement

V. EMPLOYER CONTRIBUTIONS

The Participating Employer hereby elects to make contributions to the Plan. Contributions shall be made on the same basis within each Covered Group specified in this agreement, and remitted to MERS as directed by the employer, to be credited to the individual accounts of Eligible Employees according to the associated *Contribution Addendum*.

Frequency:
Contributions will be remitted according to Employer's "Payroll Period" which represents the actual period amounts are withheld from participant paychecks, or within the month during which amounts are withheld. Contributions will be submitted (check one):

- ☐ Weekly
- ☐ Bi-Weekly (every other week)
- ☐ Semi-Monthly (twice each month)
- ☐ Monthly

Vesting Cycle For Basic Employer Contributions Only. The employer contributions identified in this Participation Agreement are subject to the following vesting cycle (where vesting is different, separate participation agreement must be completed).

- ☐ Immediate Vesting upon Participation
- ☐ Cliff Vesting: The participant is 100% vested upon _____ year(s). (Stated years)
- ☐ Graded Vesting Percentage per year of service: Employers can select the percentage of vesting with the corresponding years of service:

Years of Service	Percent Vested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	100%

FORFEITURE PROVISION. Upon separation from service with the Employer prior to meeting the required vesting schedule set out above or in the event a Participant dies without Dependent(s) and/or a named Beneficiary, a Participant's account assets shall (where forfeiture is different, separate participation agreement must be completed):

Check only one:

- ☐ Remain in the HCSP sub-trust to be reallocated among all Plan participants equally
- ☐ Remain in the HCSP sub-trust to be used to offset future Employer Contributions
- ☐ Be transferred to the Retiree Health Funding Vehicle ("RHFV")

MERS Health Care Savings Program Participation Agreement

VI. MODIFICATION OF THE TERMS OF THE PARTICIPATION AGREEMENT

If a Participating Employer desires to amend any of its previous elections contained in this Participation Agreement, including attachments, the Governing Body by official action must adopt a new Participation Agreement and forward it to the Board for approval. The amendment of the new Participation Agreement is not effective until approved by the Board and other procedures required by the Plan Document have been implemented.

VII. APPOINTING MERS AS THE PROGRAM ADMINISTRATOR

The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document* ("Plan Document"). The Employer also agrees that in the event of any conflict between the Plan Document and this Participation Agreement, the Plan Document controls.

VIII. FEES AND EXPENSES

Employer acknowledges that investment selection and associated participant fees and operating expenses are established and charged by MERS as set forth in the Investment Fund and Fee Summary sheets available at *www.mersofmich.com* and may be amended by MERS.

IX. STATE LAW

To the extent not preempted by federal law, this agreement shall be interpreted in accordance with Michigan law.

X. TERMINATION OF THE PARTICIPATION AGREEMENT

This Participation Agreement may be terminated only in accordance with the Plan Document.

XI. ENFORCEMENT

1. This Participation Agreement may be terminated only in accordance with the *MERS Health Care Savings Program Plan Document*.
2. The Employer hereby agrees to the provisions of the *MERS Health Care Savings Program Plan Document*.
3. The employer hereby acknowledges it understands that failure to properly fill out this Participation Agreement may result in the ineligibility of the program.

XII. EXECUTION

Authorized Designee of Governing Body of Municipality or Chief Judge of Court

The foregoing Participation Agreement is hereby approved by _____
(Name of Approving Employer)

on _____.
(MM/DD/YYYY)

Authorized signature: _____

Name (printed): _____

Title: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____ Signature: _____
(Authorized MERS Signatory)

Contribution Addendum for MERS Health Care Savings Program (HCSP)

MERS
Municipal Employees' Retirement System

1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9706 mersofmich.com

This is an Addendum to the Participation Agreement completed by City of Gladstone
Name of Participating Employer

for Asst Parks & Rec Director of 300797.
Covered Employee Group Division Code

The Addendum modifies the *MERS Health Care Savings Program Participation Agreement*. Please complete this addendum for each contribution structure associated with the covered employee group.

Check one or more (A or B, C and/or D):

A. ☐ **Employer Contributions for Retirees / Former Employees.** Employer contributions may be made according to any frequency. Identify below the contribution formula or amount that will apply to all in this covered group. *Note: If this contribution is selected, Sections B, C, and D do not apply.*

Contribution structure (specify $ or %): _____

For active employees, please check one or more below (B, C, and/or D).

B. ☑ **Basic Employer (Before-Tax) Contributions.** Before-tax employer contributions may be made as a percentage of salary and/or by a specified dollar amount. Identify below the basic employer contribution formula to be applied to the covered groups within the Health Care Savings Program identified in this addendum.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employer will contribute 3% of base wages):

$100/pay

C. ☑ **Mandatory Salary Reduction (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory salary reduction resulting from collective bargaining or the establishment of a personnel policy. These reductions may be made as a percentage of salary or a specific dollar amount.

Contribution structure (**specify $ or %** and, if a %, include the basis for that contribution. For example: Employees will contribute 3% of base wages):

$50/pay

Contribution Addendum for MERS Health Care Savings Program (HCSP)

D. ☐ **Mandatory Leave Conversion (Before-Tax) Contributions.** Before-tax Employer Contributions shall be made that represent a mandatory conversion of accrued leave including, but not limited to vacation, holiday, sick leave, or severance amounts otherwise paid out, to a cash contribution. These contributions may be calculated as a percentage of accrued leave or a specific dollar amount representing the accrued leave. Leave conversions may be made on an annual basis or at separation from service, or at such other time as the Employer indicates. *(Note: The leave conversion program shall not permit employees the option of receiving cash in lieu of the employer contribution.)*

☐ Check here if the covered employee group has the option to direct any/all of the leave conversion lump sum to an existing 457 program.

Check one or more:

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

☐ As of _____ (Annual date or X weeks before termination), _____ (Percentage)% of _____ (Type of Leave Conversion (sick, vacation, etc.)) must be contributed to the HCSP.

Board: City Commission
Agenda Date: 11-24-2025
Department: Human Resources
Presenter: Kim Berry

Staff Report

Agenda Item Title:

MERS Health Care Savings Program to Close Divisions

Background:

Due to changes in the City of Gladstone Union Groups, IRS Rule changes and MERS audit resulted in the need to modify some of the Participation Agreements with MERS

Closing the following divisions:
300796 Electric Dept Supervisors
301207 Wastewater Supervisors after 09/21/1986
301574 Eligible Retirees Option 2 Buyout
301030 All Full Time DPW hired 11/28/2006-08/01/2008
301350 Public Safety pre-April 2010 and retired after April 2017

A letter of request to MERS must be sent and the signed board minutes approving the closures is required. There is not a MERS form or agreement to close divisions.

Fiscal Effect:

None to the city

Supporting Documentation:

Letter of request to MERS to close the Divisions

Recommendation:

Motion to authorize the closure of the following Divisions with MERS and Manager Buckman to sign the letter requesting MERS close the Divisions:
300796 Electric Dept Supervisors
301207 Wastewater Supervisors after 09/21/1986
301574 Eligible Retirees Option 2 Buyout
301030 All Full Time DPW hired 11/28/2006-08/01/2008
301350 Public Safety pre-April 2010 and retired after April 2017

CITY OF GLADSTONE, MICHIGAN
CITY HALL, 1100 DELTA AVENUE GLADSTONE, MI 49837

PHONE: 906-428-2311
FAX: 906-428-3122
www.gladstonemi.gov

"Year Round Playground"

November 24, 2025

Municipal Employees' Retirement System of Michigan
Ms. Stephanie Kazmierski
1134 Municipal Way
Lansing, MI. 48917
skazmierski@mersofmich.com

Subject: Request for Closure of Specified MERS Divisions

Dear Ms. Kazmierski:

On behalf of the City of Gladstone, I am formally requesting the closure of the following MERS divisions. These divisions are no longer active and should be closed effective November 24, 2025 as approved by the enclosed meeting minutes of the Gladstone City Commission:

1. Division 300796 – Electric Department Supervisors
2. Division 301207 – Wastewater Supervisors (after 09/21/1986)
3. Division 301574 – Eligible Retirees Option 2 Buyout
4. Division 301030 – All Full-Time DPW Employees Hired 11/28/2006–08/01/2008
5. Division 301350 – Public Safety (pre-April 2010 and retired after April 2017)

Please update your records accordingly and provide written confirmation once these closures have been completed. If additional documentation or authorization is required to finalize this request, please advise us at your earliest convenience.

Thank you for your attention and assistance in ensuring the accuracy of our retirement plan records. We appreciate your cooperation.

Sincerely,

Eric Buckman
Gladstone City Manager

Board: City Commission
Agenda Date: 11-24-2025
Department: City Commission
Presenter: Mayor Thompson

Staff Report

Agenda Item Title:

Set a Special Meeting for Monday, December 1, 2025 & Cancel Regular Meeting for December 22, 2025

Background:

The subcommittee is meeting to negotiate the Interim City Manager Contract for Robert Spreitzer and a training agreement with current City Manager Eric Buckman. Those agenda items were not available for the November 24, 2025 Regular Commission Meeting but will be for a special meeting on December 1, 2025.

The Organization meeting will be on December 8, 2025 at 6:00 PM and the Regular Meeting to follow.

Typically, the City Commission cancels the second regular meeting in December due to Christmas.

Fiscal Effect:

Supporting Documentation:

None

Recommendation:

Motion to schedule a special meeting on Monday, December 1, 2025 at 6:00 PM and cancel the December 22, 2025 regular meeting.

Board:	City Commission
Agenda Date:	11-24-2025
Department:	City Commission
Presenter:	Mayor Thompson

Staff Report

Agenda Item Title:

Set a Special Meeting for Monday, December 1st or Tuesday December 2nd & Cancel Regular Meeting for December 22, 2025

Background:

The subcommittee is meeting to negotiate the Interim City Manager Contract for Robert Spreitzer and a training agreement with current City Manager Eric Buckman. Those agenda items were not available for the November 24, 2025 Regular Commission Meeting but will be for a special meeting on December 1st or 2nd , 2025.

The Organization meeting will be on December 8, 2025 at 6:00 PM and the Regular Meeting to follow.

Typically, the City Commission cancels the second regular meeting in December due to Christmas.

Fiscal Effect:

Supporting Documentation:

None

Recommendation:

Motion to schedule a special meeting on _____ at 6:00 PM and cancel the December 22, 2025 regular meeting.

Board: City Commission
Agenda Date: November 24, 2025
Department: All Funds
Presenter: Eric Buckman

Staff Report

Agenda Item Title:

Year-to-Date Financial Reports

Background:

Attached are the year-to-date financial reports through October 2025 for commission review. These numbers are pre-audited and are subject to change. You are more than welcome to email me questions. Overall, the budget is right on track for where we should be.

Fiscal Effect:

Supporting Documentation:

Revenue and expenditure reports, balance sheet reports.

Recommendation:

No action is required at this time; this is for informational purposes only.

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 101 GENERAL FUND						
Account Category: Revenues						
Department: 000 REVENUE						
101-000-402.000	CURRENT YEAR TAX LEVY - REAL	1,790,158.00	1,790,158.00	1,544,785.79	245,372.21	86.29
101-000-410.000	CURRENT YEAR TAX LEVY - PERSONAL	202,877.00	202,877.00	183,939.15	18,937.85	90.67
101-000-416.000	STATE OF MICHIGAN - SWAMP TAX	70.00	70.00	0.00	70.00	0.00
101-000-427.000	ACT 33 PUBLIC SAFETY MILLAGE	538,405.00	538,405.00	236,176.84	302,228.16	43.87
101-000-432.001	IN LIEU OF TAXES--HOUSING COMMISSION	2,230.00	2,230.00	2,779.72	(549.72)	124.65
101-000-432.002	IN LIEU OF TAXES--THORNTREE HOUSING	3,769.00	3,769.00	4,103.07	(334.07)	108.86
101-000-432.003	IN LIEU OF TAXES--WATERVIEW APT 1	6,512.00	6,512.00	6,633.99	(121.99)	101.87
101-000-441.001	EDC FUND ADMINISTRATIVE FEES	546.00	546.00	546.00	0.00	100.00
101-000-441.002	DDA FUND ADMINISTRATIVE FEES	20,000.00	20,000.00	20,000.00	0.00	100.00
101-000-441.003	DDA FUND BEAUTIFICATION ADMIN FEES	10,000.00	10,000.00	10,000.00	0.00	100.00
101-000-441.004	HARBOR FUND ADMINISTRATIVE FEES	5,000.00	5,000.00	5,000.00	0.00	100.00
101-000-441.005	SOLID WASTE FUND ADMINISTRATIVE FEES	26,778.00	26,778.00	26,778.00	0.00	100.00
101-000-441.006	ELECTRIC FUND ADMINISTRATIVE FEES	260,230.00	260,230.00	260,230.00	0.00	100.00
101-000-441.007	WASTEWATER FUND ADMINISTRATIVE FEES	84,583.00	84,583.00	84,583.00	0.00	100.00
101-000-441.008	WATER FUND ADMINISTRATIVE FEES	56,816.00	56,816.00	56,816.00	0.00	100.00
101-000-442.001	SOLID WASTE FUND ALLEY MAINTENANCE	14,110.00	14,110.00	0.00	14,110.00	0.00
101-000-442.002	ELECTRIC FUND ALLEY MAINTENANCE	9,816.00	9,816.00	0.00	9,816.00	0.00
101-000-442.003	WASTEWATER FUND ALLEY MAINTENANCE	1,840.00	1,840.00	0.00	1,840.00	0.00
101-000-442.004	WATER FUND ALLEY MAINTENANCE	7,908.00	7,908.00	0.00	7,908.00	0.00
101-000-445.000	PENALTIES & INTEREST ON TAXES	8,800.00	8,800.00	3,494.16	5,305.84	39.71
101-000-447.000	PROPERTY TAX ADMINISTRATION FEE	61,000.00	61,000.00	38,122.91	22,877.09	62.50
101-000-450.000	MISCELLANEOUS--CITY HALL	0.00	0.00	95.00	(95.00)	100.00
101-000-452.000	SALE OF LAND	200,000.00	200,000.00	0.00	200,000.00	0.00
101-000-477.000	FRANCHISE FEE-CHARTER COMMUNICATIONS	85,000.00	85,000.00	17,406.17	67,593.83	20.48
101-000-478.000	LIQUOR LICENSES	4,200.00	4,200.00	4,440.70	(240.70)	105.73
101-000-540.004	MMRMA RAP GRANTS	1,000.00	1,000.00	0.00	1,000.00	0.00
101-000-540.008	PUBLIC SAFETY INSERVICE GRANT	1,000.00	1,000.00	3,450.15	(2,450.15)	345.02
101-000-540.016	COUNTY FIRE CHIEF ASSOC - GRANT	700.00	700.00	700.82	(0.82)	100.12
101-000-573.000	LOCAL COMM STABALIZATION SHARE APPRO	20,000.00	20,000.00	27,780.53	(7,780.53)	138.90
101-000-574.001	CONSTITUTIONAL REVENUE SHARING	571,785.00	571,785.00	187,256.00	384,529.00	32.75
101-000-574.002	STATUTORY REVENUE SHARING	152,486.00	152,486.00	51,854.00	100,632.00	34.01
101-000-628.001	SOR FEES COLLECTED	600.00	600.00	0.00	600.00	0.00
101-000-628.002	RAMPART RENT	4,000.00	4,000.00	3,000.00	1,000.00	75.00
101-000-628.005	PARKING VIOLATIONS	300.00	300.00	20.00	280.00	6.67
101-000-628.006	MISCELLANEOUS--PUBLIC SAFETY	10,900.00	10,900.00	1,046.04	9,853.96	9.60
101-000-628.007	PUBLIC SAFETY FIRE SERVICE CALLS	1,000.00	1,000.00	(285.38)	1,285.38	(28.54)
101-000-628.009	GLADSTONE SCHOOLS SRO COST SHARE	62,640.00	62,640.00	46,980.00	15,660.00	75.00
101-000-629.001	4TH OF JULY	5,500.00	5,500.00	6,210.00	(710.00)	112.91
101-000-630.001	BEACH HOUSE RENTAL	800.00	800.00	280.00	520.00	35.00
101-000-630.003	PAVILION & GAZEBO RENTAL	4,900.00	4,900.00	3,040.00	1,860.00	62.04
101-000-630.004	SPORTS PARK FEES (TUBING & PASSES)	45,000.00	45,000.00	4,130.00	40,870.00	9.18
101-000-630.005	SPORTS PARK CONCESSION	15,000.00	15,000.00	0.00	15,000.00	0.00
101-000-630.006	SPORTS PARK BUILDING RENTAL	5,500.00	5,500.00	7,800.00	(2,300.00)	141.82
101-000-630.007	BAYSHORE BALL FIELD REVENUE	1,100.00	1,100.00	152.50	947.50	13.86
101-000-630.008	RECREATION PROGRAMS	600.00	600.00	725.00	(125.00)	120.83
101-000-630.009	CAMPGROUND	194,500.00	194,500.00	201,447.58	(6,947.58)	103.57
101-000-630.010	MISCELLANEOUS--PARKS & REC	5,000.00	5,000.00	2,000.00	3,000.00	40.00
101-000-630.011	BESSE CONCESSION STAND	12,000.00	12,000.00	14,952.07	(2,952.07)	124.60

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 101 GENERAL FUND						
Account Category: Revenues						
Department: 000 REVENUE						
101-000-631.002	FENCE PERMITS	500.00	500.00	820.00	(320.00)	164.00
101-000-631.003	SIGN PERMITS	120.00	120.00	80.00	40.00	66.67
101-000-631.004	SITE PLAN REVIEW/ZONING COMPLIANCE	950.00	950.00	2,835.00	(1,885.00)	298.42
101-000-631.005	CODE ENFORCEMENT FEES	10,000.00	10,000.00	0.00	10,000.00	0.00
101-000-631.006	RENTAL PROPERTY REGISTRATION FEE	150.00	150.00	0.00	150.00	0.00
101-000-631.007	LAND DIVISION FEE	200.00	200.00	100.00	100.00	50.00
101-000-631.008	ZONING VARIANCE/APPEAL	100.00	100.00	0.00	100.00	0.00
101-000-631.009	ORIDINANCE VIOLATIONS	20,000.00	20,000.00	29,113.32	(9,113.32)	145.57
101-000-631.011	HOUSING INSPECTION FEES	12,000.00	12,000.00	4,572.77	7,427.23	38.11
101-000-631.012	OTHER PERMITS, LICENSE & FILING FEES	0.00	0.00	162.00	(162.00)	100.00
101-000-632.001	GRAVEL SALES	10,000.00	10,000.00	814.00	9,186.00	8.14
101-000-632.003	GRASS CUTTING	0.00	0.00	126.00	(126.00)	100.00
101-000-632.005	DPW EQUIPMENT RENTAL	200,000.00	200,000.00	120,335.67	79,664.33	60.17
101-000-632.006	MISCELLANEOUS--DPW	2,500.00	2,500.00	250.00	2,250.00	10.00
101-000-632.007	SOLID WASTE BUILDING RENTAL REVENUE	10,000.00	10,000.00	10,000.00	0.00	100.00
101-000-634.001	OPENING GRAVES & STORAGE	35,000.00	35,000.00	24,438.00	10,562.00	69.82
101-000-634.002	CEMETERY LOT SALES	14,000.00	14,000.00	25,850.00	(11,850.00)	184.64
101-000-640.000	FOIA REQUESTS	1,100.00	1,100.00	109.80	990.20	9.98
101-000-642.000	MISCELLANEOUS/CREDIT CARD FEES	0.00	0.00	21.60	(21.60)	100.00
101-000-652.000	GAIN ON SALE OF EQUIPMENT	10,000.00	10,000.00	0.00	10,000.00	0.00
101-000-658.000	PENALTY INCOME	4,000.00	4,000.00	9,404.32	(5,404.32)	235.11
101-000-665.000	INTEREST INCOME	45,000.00	45,000.00	35,035.20	9,964.80	77.86
101-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	35,000.00	35,000.00	27,621.33	7,378.67	78.92
101-000-674.000	DONATIONS	0.00	0.00	12,476.00	(12,476.00)	100.00
101-000-674.002	LITTLE BAY DE NOC TRAIL DONATIONS	300.00	300.00	300.00	0.00	100.00
101-000-674.004	K-9 DONATIONS	1,500.00	1,500.00	100.00	1,400.00	6.67
101-000-674.010	DONATIONS--PUBLIC SAFETY	0.00	0.00	1,000.00	(1,000.00)	100.00
101-000-674.020	DONATIONS--PRAM PROGRAM	10,240.00	10,240.00	2,361.00	7,879.00	23.06
101-000-674.021	DONATIONS--HISTORIC TOUR SIGNS	0.00	0.00	1,900.00	(1,900.00)	100.00
101-000-674.023	DONATIONS--PUBLIC SAFETY DRONE	0.00	0.00	19,250.00	(19,250.00)	100.00
101-000-699.233	TRANSFER FROM DR MARY CRETENS TRUST	198,000.00	198,000.00	0.00	198,000.00	0.00
101-000-699.391	TRANSFER FROM PATROL CAR FUND BALANC	7,800.00	7,800.00	0.00	7,800.00	0.00
101-000-699.392	TRANSFER FROM K9 FUND BALANCE	9,875.00	9,875.00	0.00	9,875.00	0.00
101-000-699.393	TRANSFER FROM OLSON TRUST FUND BALAN	4,500.00	4,500.00	0.00	4,500.00	0.00
101-000-699.395	TRANSFER FROM PS ROOF REPAIR FUND BA	50,000.00	50,000.00	0.00	50,000.00	0.00
101-000-699.397	TRANSFER FROM PRAM PROGRAM FUND BALA	14,760.00	14,760.00	0.00	14,760.00	0.00
101-000-699.705	TRANSFER FROM PERPETUAL CARE FUND	11,000.00	11,000.00	0.00	11,000.00	0.00
Total Dept 000 - REVENUE		5,235,554.00	5,235,554.00	3,397,545.82	1,838,008.18	64.89
Revenues		5,235,554.00	5,235,554.00	3,397,545.82	1,838,008.18	64.89
Fund 101 - GENERAL FUND:						
TOTAL REVENUES		5,235,554.00	5,235,554.00	3,397,545.82	1,838,008.18	64.89

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 101 GENERAL FUND						
Account Category: Expenditures						
101	CITY COMMISSION	132,927.00	132,927.00	107,196.96	25,730.04	80.64
172	CITY MANAGER	167,972.93	167,972.93	97,102.44	70,870.49	57.81
192	OFFICE CLERK	95,081.00	95,081.00	55,618.44	39,462.56	58.50
215	CITY CLERK	182,832.00	182,832.00	112,239.82	70,592.18	61.39
247	BOARD OF REVIEW	2,953.00	2,953.00	0.00	2,953.00	0.00
253	CITY TREASURER	185,906.00	185,906.00	114,329.77	71,576.23	61.50
257	CITY ASSESSOR	87,585.00	87,585.00	47,995.35	39,589.65	54.80
262	ELECTIONS	27,980.00	27,980.00	1,355.56	26,624.44	4.84
265	CITY HALL	48,677.00	48,677.00	34,164.71	14,512.29	70.19
268	FERNWOOD CEMETERY	115,406.00	115,406.00	71,459.66	43,946.34	61.92
301	POLICE DEPARTMENT	1,865,891.00	1,865,891.00	1,094,874.78	771,016.22	58.68
302	K9 PROGRAM	9,875.00	9,875.00	2,320.48	7,554.52	23.50
336	FIRE DEPARTMENT	439,446.00	439,446.00	133,664.07	305,781.93	30.42
429	FORESTRY	44,798.00	44,798.00	36,554.65	8,243.35	81.60
441	D.P.W. ADMINISTRATION	161,977.50	161,977.50	85,834.18	76,143.32	52.99
470	ALLEY MAINTENANCE	30,673.25	30,673.25	50,969.70	(20,296.45)	166.17
524	GROUNDS MAINTENANCE	37,703.25	37,703.25	14,087.37	23,615.88	37.36
532	MOTOR EQUIPMENT POOL	228,598.25	228,598.25	119,591.13	109,007.12	52.31
701	COMMUNITY DEVELOPMENT	199,210.00	199,210.00	124,807.16	74,402.84	62.65
752	RECREATION ADMINISTRATION	323,295.00	323,295.00	168,035.67	155,259.33	51.98
753	BEAUTIFICATION	10,000.00	10,000.00	20,502.28	(10,502.28)	205.02
754	PARKS	112,910.00	112,910.00	101,505.32	11,404.68	89.90
755	BEACH	62,314.00	62,314.00	44,932.87	17,381.13	72.11
756	OTHER RECREATIONAL FACILITIES	58,491.00	58,491.00	60,948.81	(2,457.81)	104.20
759	CAMPGROUND	117,975.00	117,975.00	109,848.02	8,126.98	93.11
761	SPORTS PARK	119,525.00	119,525.00	34,720.09	84,804.91	29.05
762	RECREATION PROGRAMS	30,055.00	30,055.00	15,650.64	14,404.36	52.07
906	DEBT SERVICE	300,000.00	300,000.00	100,000.00	200,000.00	33.33
990	GRANTS & TRANSFERS	35,497.00	35,497.00	0.00	35,497.00	0.00
Expenditures		5,235,554.18	5,235,554.18	2,960,309.93	2,275,244.25	56.54
Fund 101 - GENERAL FUND:						
TOTAL EXPENDITURES		5,235,554.18	5,235,554.18	2,960,309.93	2,275,244.25	56.54

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 103 LAND DEVELOPMENT FUND						
Account Category: Revenues						
Department: 000 REVENUE						
103-000-665.000	INTEREST INCOME	0.00	0.00	335.25	(335.25)	100.00
Total Dept 000 - REVENUE		0.00	0.00	335.25	(335.25)	100.00
Revenues		0.00	0.00	335.25	(335.25)	100.00
Fund 103 - LAND DEVELOPMENT FUND:						
TOTAL REVENUES		0.00	0.00	335.25	(335.25)	100.00

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 202 MAJOR STREET FUND						
Account Category: Revenues						
Department: 000 REVENUE						
202-000-548.000	MOTOR VEHICLE FUNDS - ACT 51	709,634.00	709,634.00	293,124.26	416,509.74	41.31
202-000-549.000	BUILD MICHIGAN ROADS PROGRAM	11,000.00	11,000.00	4,636.20	6,363.80	42.15
202-000-550.000	ANNUAL WINTER MAINTENANCE PMT	4,000.00	4,000.00	0.00	4,000.00	0.00
202-000-665.000	INTEREST INCOME	8,000.00	8,000.00	11,809.19	(3,809.19)	147.61
202-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	0.00	0.00	19.88	(19.88)	100.00
202-000-679.000	MISCELLANEOUS INCOME	1,000.00	1,000.00	0.00	1,000.00	0.00
Total Dept 000 - REVENUE		733,634.00	733,634.00	309,589.53	424,044.47	42.20
Revenues		733,634.00	733,634.00	309,589.53	424,044.47	42.20
Fund 202 - MAJOR STREET FUND:						
TOTAL REVENUES		733,634.00	733,634.00	309,589.53	424,044.47	42.20

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 202 MAJOR STREET FUND						
Account Category: Expenditures						
453	- RE-CONSTRUCTION	54,400.00	54,400.00	29,400.00	25,000.00	54.04
458	- NON-MOTORIZED	7,007.00	7,007.00	2,537.50	4,469.50	36.21
463	- SURFACE MAINTENANCE	91,668.00	91,668.00	32,460.73	59,207.27	35.41
464	- STORM DRAINS	10,568.00	10,568.00	6,311.00	4,257.00	59.72
474	- TRAFFIC CONTROL	25,517.00	25,517.00	21,272.26	4,244.74	83.37
478	- WINTER MAINTENANCE	125,520.00	125,520.00	26,258.07	99,261.93	20.92
522	- SWEEP/FLUSHING	26,513.00	26,513.00	18,732.69	7,780.31	70.65
537	- ADMINISTRATIVE	392,441.00	392,441.00	252,262.28	140,178.72	64.28
Expenditures		733,634.00	733,634.00	389,234.53	344,399.47	53.06
Fund 202 - MAJOR STREET FUND:						
TOTAL EXPENDITURES		733,634.00	733,634.00	389,234.53	344,399.47	53.06

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal	YTD Balance 10/31/2025 (Abnormal)	Available Balance 10/31/2025 Normal	Available Balance 10/31/2025 (Abnormal)	% Bdgt Used
Fund: 203 LOCAL STREET FUND								
Account Category: Revenues								
Department: 000 REVENUE								
203-000-548.000	MOTOR VEHICLE FUNDS - ACT 51	268,436.00	268,436.00	110,129.23		158,306.77		41.03
203-000-549.000	BUILD MICHIGAN ROADS PROGRAM	2,500.00	2,500.00	1,741.89		758.11		69.68
203-000-550.000	ANNUAL WINTER MAINTENANCE PMT	1,200.00	1,200.00	0.00		1,200.00		0.00
203-000-551.000	METRO ACT PA 48 STABALIZATION AUTHOR	29,064.00	29,064.00	31,806.41			(2,742.41)	109.44
203-000-631.012	PERMIT FEES	500.00	500.00	0.00		500.00		0.00
203-000-665.000	INTEREST INCOME	14,500.00	14,500.00	8,679.59		5,820.41		59.86
203-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	0.00	0.00	19.88			(19.88)	100.00
203-000-699.202	TRANSFER FROM MAJOR STREET	200,000.00	200,000.00	200,000.00		0.00		100.00
Total Dept 000 - REVENUE		516,200.00	516,200.00	352,377.00		163,823.00		68.26
Revenues		516,200.00	516,200.00	352,377.00		163,823.00		68.26
Fund 203 - LOCAL STREET FUND:								
TOTAL REVENUES		516,200.00	516,200.00	352,377.00		163,823.00		68.26

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal	YTD Balance 10/31/2025 (Abnormal)	Available Balance 10/31/2025 Normal	Available Balance 10/31/2025 (Abnormal)	% Bdgt Used
Fund: 203 LOCAL STREET FUND								
Account Category: Expenditures								
453 - RE-CONSTRUCTION		9,600.00	9,600.00	11,061.28			(1,461.28)	115.22
458 - NON-MOTORIZED		2,536.00	2,536.00	958.50		1,577.50		37.80
463 - SURFACE MAINTENANCE		256,851.00	256,851.00	220,995.69		35,855.31		86.04
464 - STORM DRAINS		9,065.00	9,065.00	8,818.83		246.17		97.28
474 - TRAFFIC CONTROL		6,329.00	6,329.00	1,262.17		5,066.83		19.94
478 - WINTER MAINTENANCE		109,898.00	109,898.00	12,312.53		97,585.47		11.20
522 - SWEEP/FLUSHING		39,979.00	39,979.00	25,115.20		14,863.80		62.82
537 - ADMINISTRATIVE		81,942.00	81,942.00	51,810.04		30,131.96		63.23
Expenditures		516,200.00	516,200.00	332,334.24		183,865.76		64.38
Fund 203 - LOCAL STREET FUND:								
TOTAL EXPENDITURES		516,200.00	516,200.00	332,334.24		183,865.76		64.38

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 244 ECONOMIC DEVELOPMENT FUND						
Account Category: Revenues						
Department: 000 REVENUE						
244-000-665.000	INTEREST INCOME	2,200.00	2,200.00	2,426.15	(226.15)	110.28
244-000-699.390	TRANSFER FROM FUND BALANCE	10,350.00	10,350.00	0.00	10,350.00	0.00
Total Dept 000 - REVENUE		12,550.00	12,550.00	2,426.15	10,123.85	19.33
Revenues		12,550.00	12,550.00	2,426.15	10,123.85	19.33
Fund 244 - ECONOMIC DEVELOPMENT FUND:						
TOTAL REVENUES		12,550.00	12,550.00	2,426.15	10,123.85	19.33

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 244 ECONOMIC DEVELOPMENT FUND						
Account Category: Expenditures						
537 - ADMINISTRATIVE		12,550.00	12,550.00	8,524.69	4,025.31	67.93
Expenditures		12,550.00	12,550.00	8,524.69	4,025.31	67.93
Fund 244 - ECONOMIC DEVELOPMENT FUND:						
TOTAL EXPENDITURES		12,550.00	12,550.00	8,524.69	4,025.31	67.93

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 230 DR MARY CRETENS COMMUNITY FOUNDATION						
Account Category: Revenues						
Department: 000 REVENUE						
230-000-596.003	ANNUAL CONTRIBUTION	155,000.00	155,000.00	0.00	155,000.00	0.00
230-000-665.000	INTEREST INCOME	20,000.00	20,000.00	13,886.27	6,113.73	69.43
230-000-699.390	TRANSFER FROM FUND BALANCE	23,000.00	23,000.00	0.00	23,000.00	0.00
Total Dept 000 - REVENUE		198,000.00	198,000.00	13,886.27	184,113.73	7.01
Revenues		198,000.00	198,000.00	13,886.27	184,113.73	7.01
Fund 230 - DR MARY CRETENS COMMUNITY FOUNDATION:						
TOTAL REVENUES		198,000.00	198,000.00	13,886.27	184,113.73	7.01

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 230 DR MARY CRETENS COMMUNITY FOUNDATION						
Account Category: Expenditures						
537 - ADMINISTRATIVE		198,000.00	198,000.00	1,500.00	196,500.00	0.76
Expenditures		198,000.00	198,000.00	1,500.00	196,500.00	0.76
Fund 230 - DR MARY CRETENS COMMUNITY FOUNDATION:						
TOTAL EXPENDITURES		198,000.00	198,000.00	1,500.00	196,500.00	0.76

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 248 DOWNTOWN DEVELOPMENT AUTHORITY						
Account Category: Revenues						
Department: 000 REVENUE						
248-000-437.001	CITY CAPTURE	259,718.00	259,718.00	260,511.10	(793.10)	100.31
248-000-437.005	BAY COLLEGE CAPTURE	55,470.00	55,470.00	28,146.95	27,323.05	50.74
248-000-437.009	DELTA COUNTY CAPTURE	84,288.00	84,288.00	85,534.94	(1,246.94)	101.48
248-000-437.013	DC ROAD PATROL CAPTURE	21,775.00	21,775.00	0.00	21,775.00	0.00
248-000-437.015	COMM ACTION CAPTURE	13,399.00	13,399.00	0.00	13,399.00	0.00
248-000-437.019	911 DISPATCH CAPTURE	12,561.00	12,561.00	0.00	12,561.00	0.00
248-000-437.021	DATA CAPTURE	10,093.00	10,093.00	0.00	10,093.00	0.00
248-000-437.023	DC RECYCLING CAPTURE	5,023.00	5,023.00	0.00	5,023.00	0.00
248-000-437.025	DELTA COUNTY JAIL BOND CAPTURE	11,943.00	11,943.00	0.00	11,943.00	0.00
248-000-540.000	GRANT REVENUE	6,000.00	6,000.00	2,000.00	4,000.00	33.33
248-000-573.000	LOCAL COMM STABALIZATION SHARE APPRO	6,363.00	6,363.00	0.00	6,363.00	0.00
248-000-642.000	DDA FACADE OWNER'S MATCH	25,000.00	25,000.00	0.00	25,000.00	0.00
248-000-665.000	INTEREST REVENUE	5,000.00	5,000.00	8,578.63	(3,578.63)	171.57
248-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	60.00	60.00	39.75	20.25	66.25
248-000-674.000	DONATIONS	0.00	0.00	500.00	(500.00)	100.00
248-000-675.006	FARMERS MARKET	1,500.00	1,500.00	2,975.00	(1,475.00)	198.33
248-000-675.007	FARMERS MARKET--FOOD ASSISTANCE PROG	1,800.00	1,800.00	2,260.00	(460.00)	125.56
248-000-675.008	FARMERS MARKET--SQUARE RENTAL FEES	200.00	200.00	0.00	200.00	0.00
248-000-675.009	SOCIAL DISTRICT SPONSORSHIPS	6,000.00	6,000.00	0.00	6,000.00	0.00
248-000-675.010	SOCIAL DISTRICT STICKER REVENUE	1,200.00	1,200.00	0.00	1,200.00	0.00
Total Dept 000 - REVENUE		527,393.00	527,393.00	390,546.37	136,846.63	74.05
Revenues		527,393.00	527,393.00	390,546.37	136,846.63	74.05
Fund 248 - DOWNTOWN DEVELOPMENT AUTHORITY:						
TOTAL REVENUES		527,393.00	527,393.00	390,546.37	136,846.63	74.05

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 248 DOWNTOWN DEVELOPMENT AUTHORITY						
Account Category: Expenditures						
537 - ADMINISTRATIVE		527,393.00	527,393.00	353,699.25	173,693.75	67.07
Expenditures		527,393.00	527,393.00	353,699.25	173,693.75	67.07
Fund 248 - DOWNTOWN DEVELOPMENT AUTHORITY:						
TOTAL EXPENDITURES		527,393.00	527,393.00	353,699.25	173,693.75	67.07

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 301 GENERAL DEBT SERVICE FUND						
Account Category: Revenues						
Department: 000 REVENUE						
301-000-441.101	GENERAL FUND CONTRIBUTIONS	25,000.00	25,000.00	25,000.00	0.00	100.00
301-000-441.202	MAJOR STREET FUND CONTRIBUTIONS	29,400.00	29,400.00	29,400.00	0.00	100.00
301-000-441.203	LOCAL STREET FUND CONTRIBUTIONS	9,600.00	9,600.00	9,600.00	0.00	100.00
301-000-441.248	DDA CONTRIBUTIONS	227,000.00	227,000.00	227,000.00	0.00	100.00
301-000-441.590	WASTEWATER FUND CONTRIBUTIONS	25,000.00	25,000.00	25,000.00	0.00	100.00
301-000-441.591	WATER FUND CONTRIBUTIONS	18,000.00	18,000.00	18,000.00	0.00	100.00
301-000-665.000	INTEREST INCOME	12,000.00	12,000.00	8,428.93	3,571.07	70.24
301-000-699.390	TRANSFER FROM FUND BALANCE	13,950.00	13,950.00	0.00	13,950.00	0.00
Total Dept 000 - REVENUE		359,950.00	359,950.00	342,428.93	17,521.07	95.13
Revenues		359,950.00	359,950.00	342,428.93	17,521.07	95.13
Fund 301 - GENERAL DEBT SERVICE FUND:						
TOTAL REVENUES		359,950.00	359,950.00	342,428.93	17,521.07	95.13

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 301 GENERAL DEBT SERVICE FUND						
Account Category: Expenditures						
537 - ADMINISTRATIVE		359,950.00	359,950.00	39,425.00	320,525.00	10.95
Expenditures		359,950.00	359,950.00	39,425.00	320,525.00	10.95
Fund 301 - GENERAL DEBT SERVICE FUND:						
TOTAL EXPENDITURES		359,950.00	359,950.00	39,425.00	320,525:00	10.95

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 540 SOLID WASTE FUND						
Account Category: Revenues						
Department: 000 REVENUE						
540-000-479.007	COMPOST PERMIT REVENUE	0.00	0.00	235.62	(235.62)	100.00
540-000-613.000	GARBAGE COLLECTION FEES	360,000.00	360,000.00	185,328.08	174,671.92	51.48
540-000-613.001	SALE OF GARBAGE CARTS	400.00	400.00	250.00	150.00	62.50
540-000-613.005	COMPOST REVENUE	191,800.00	191,800.00	106,986.24	84,813.76	55.78
540-000-647.003	LOADER LOAN REPAYMENT	13,500.00	13,500.00	0.00	13,500.00	0.00
540-000-658.000	PENALTY INCOME	4,000.00	4,000.00	2,037.25	1,962.75	50.93
540-000-665.000	INTEREST INCOME	14,000.00	14,000.00	12,040.83	1,959.17	86.01
540-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	450.00	450.00	317.51	132.49	70.56
540-000-679.000	MISCELLANEOUS INCOME	200.00	200.00	0.00	200.00	0.00
Total Dept 000 - REVENUE		584,350.00	584,350.00	307,195.53	277,154.47	52.57
Revenues		584,350.00	584,350.00	307,195.53	277,154.47	52.57
Fund 540 - SOLID WASTE FUND:						
TOTAL REVENUES		584,350.00	584,350.00	307,195.53	277,154.47	52.57

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 540 SOLID WASTE FUND						
Account Category: Expenditures						
522 - SWEEP/FLUSHING		0.00	0.00	1,898.94	(1,898.94)	100.00
523 - COMPOSTING		28,092.00	28,092.00	28,980.99	(888.99)	103.16
525 - CITY CLEAN UP		12,075.00	12,075.00	10,573.24	1,501.76	87.56
528 - GARBAGE COLLECTION		219,761.00	219,761.00	127,261.65	92,499.35	57.91
537 - ADMINISTRATIVE		278,979.00	278,979.00	93,456.33	185,522.67	33.50
539 - METER READING & BILLING		8,669.00	8,669.00	4,811.97	3,857.03	55.51
560 - VEHICLE EXPENSE		36,774.00	36,774.00	27,130.63	9,643.37	73.78
Expenditures		584,350.00	584,350.00	294,113.75	290,236.25	50.33
Fund 540 - SOLID WASTE FUND:						
TOTAL EXPENDITURES		584,350.00	584,350.00	294,113.75	290,236.25	50.33

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 582 ELECTRIC FUND						
Account Category: Revenues						
Department: 000 REVENUE						
582-000-480.000	EASEMENTS	6,000.00	6,000.00	0.00	6,000.00	0.00
582-000-596.000	ATC O&M	8,185.00	8,185.00	0.00	8,185.00	0.00
582-000-617.000	RESIDENTIAL SALES	2,394,764.00	2,394,764.00	1,296,706.16	1,098,057.84	54.15
582-000-617.002	SMALL & LARGE POWER SALES	880,994.00	880,994.00	13,651.81	867,342.19	1.55
582-000-617.003	WATER HEATER SALES	51,500.00	51,500.00	23,383.18	28,116.82	45.40
582-000-617.004	COMMERCIAL SALES	1,229,983.00	1,229,983.00	470,293.64	759,689.36	38.24
582-000-617.005	PCAC	59,588.00	59,588.00	81,351.51	(21,763.51)	136.52
582-000-617.007	STREET LIGHTS	92,700.00	92,700.00	49,916.96	42,783.04	53.85
582-000-618.000	LIEF CHARGE	32,000.00	32,000.00	16,618.16	15,381.84	51.93
582-000-619.000	SALES TAX	156,560.00	156,560.00	80,712.91	75,847.09	51.55
582-000-620.001	ENERGY OPTIMIZATION	25,000.00	25,000.00	0.00	25,000.00	0.00
582-000-643.000	RECONNECT CHARGE	3,000.00	3,000.00	3,385.00	(385.00)	112.83
582-000-647.002	LEASE ON TRASH CARTS	31,500.00	31,500.00	0.00	31,500.00	0.00
582-000-647.004	LOAN PAYMENT-MARBLE ARMS	22,600.00	22,600.00	0.00	22,600.00	0.00
582-000-658.000	PENALTY INCOME	30,000.00	30,000.00	14,063.71	15,936.29	46.88
582-000-658.001	DOOR HANGER CHARGES	25,000.00	25,000.00	16,450.00	8,550.00	65.80
582-000-665.000	INTEREST INCOME	90,000.00	90,000.00	64,837.92	25,162.08	72.04
582-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	5,000.00	5,000.00	3,318.66	1,681.34	66.37
582-000-667.002	COMMUNTICATION TOWER--CELLCOM	18,150.00	18,150.00	18,150.00	0.00	100.00
582-000-667.003	COMMUNICATION TOWER--VERIZON	12,000.00	12,000.00	8,680.16	3,319.84	72.33
582-000-667.004	UTILITY POLE RENTAL	21,000.00	21,000.00	20,976.00	24.00	99.89
582-000-669.001	ATC INVESTMENT REVENUE	50,000.00	50,000.00	27,782.90	22,217.10	55.57
582-000-676.000	WPPI-COMMUNITY RELATIONS REIMBURSEME	24,900.00	24,900.00	10,224.00	14,676.00	41.06
582-000-679.000	MISCELLANEOUS INCOME	2,000.00	2,000.00	149.50	1,850.50	7.48
582-000-699.390	TRANSFER FROM FUND BALANCE	275,877.00	275,877.00	0.00	275,877.00	0.00
Total Dept 000 - REVENUE		5,548,301.00	5,548,301.00	2,220,652.18	3,327,648.82	40.02
Revenues		5,548,301.00	5,548,301.00	2,220,652.18	3,327,648.82	40.02
Fund 582 - ELECTRIC FUND:						
TOTAL REVENUES		5,548,301.00	5,548,301.00	2,220,652.18	3,327,648.82	40.02

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 582 ELECTRIC FUND						
Account Category: Expenditures						
448	STREET LIGHTING	117,720.00	117,720.00	45,036.43	72,683.57	38.26
537	ADMINISTRATIVE	1,311,421.00	1,311,421.00	709,696.32	601,724.68	54.12
538	SAFETY TRAINING PROGRAM	75,200.00	75,200.00	36,222.41	38,977.59	48.17
539	METER READING & BILLING	217,450.00	217,450.00	97,334.74	120,115.26	44.76
540	CONSUMER SERVICES	0.00	0.00	9,652.29	(9,652.29)	100.00
541	WPPI COMMUNITY SERVICES	24,900.00	24,900.00	14,016.80	10,883.20	56.29
542	NEW CONSTRUCTION	17,865.00	17,865.00	30,261.08	(12,396.08)	169.39
544	LINE MAINTENANCE	677,800.00	677,800.00	387,843.51	289,956.49	57.22
547	METER MAINTENANCE	0.00	0.00	1,725.00	(1,725.00)	100.00
550	ENERGY & SUBSTATION	2,903,570.00	2,903,570.00	1,561,910.65	1,341,659.35	53.79
552	ENERGY OPTIMIZATION	40,000.00	40,000.00	9,851.16	30,148.84	24.63
555	BUILDING & GROUNDS	53,625.00	53,625.00	49,673.99	3,951.01	92.63
560	VEHICLE EXPENSE	108,750.00	116,750.00	83,627.84	33,122.16	71.63
Expenditures		5,548,301.00	5,556,301.00	3,036,852.22	2,519,448.78	54.66
Fund 582 - ELECTRIC FUND:						
TOTAL EXPENDITURES		5,548,301.00	5,556,301.00	3,036,852.22	2,519,448.78	54.66

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 590 WASTE WATER FUND						
Account Category: Revenues						
Department: 000 REVENUE						
590-000-607.000	TAP FEES	2,500.00	2,500.00	6,000.00	(3,500.00)	240.00
590-000-615.000	SEWER CHARGE REVENUE	1,811,058.00	1,811,058.00	901,163.01	909,894.99	49.76
590-000-615.001	SEWER CHARGE-MASONVILLE TWP	295,624.00	295,624.00	138,268.13	157,355.87	46.77
590-000-615.002	MASONVILLE TWP REVENUE	1,000.00	1,000.00	0.00	1,000.00	0.00
590-000-646.000	CONSUMER SERVICE	2,000.00	2,000.00	6,600.02	(4,600.02)	330.00
590-000-646.001	SEWER CONNECTIONS & CLEAN	500.00	500.00	0.00	500.00	0.00
590-000-658.000	PENALTY INCOME	13,000.00	13,000.00	7,881.58	5,118.42	60.63
590-000-665.000	INTEREST INCOME	30,000.00	30,000.00	37,723.84	(7,723.84)	125.75
590-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	6,500.00	6,500.00	4,097.19	2,402.81	63.03
590-000-679.000	MISCELLANEOUS INCOME	1,500.00	1,500.00	221.10	1,278.90	14.74
590-000-692.001	SRF PROCEEDS	2,088,000.00	2,088,000.00	586,224.25	1,501,775.75	28.08
Total Dept 000 - REVENUE		4,251,682.00	4,251,682.00	1,688,179.12	2,563,502.88	39.71
Revenues		4,251,682.00	4,251,682.00	1,688,179.12	2,563,502.88	39.71
Fund 590 - WASTE WATER FUND:						
TOTAL REVENUES		4,251,682.00	4,251,682.00	1,688,179.12	2,563,502.88	39.71

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 590 WASTE WATER FUND						
Account Category: Expenditures						
527	SOLDS HANDLING	13,311.00	13,311.00	7,815.29	5,495.71	58.71
536	MASONVILLE TWP SEWER PROJECT	95,679.00	95,679.00	45,176.78	50,502.22	47.22
537	ADMINISTRATIVE	1,517,056.00	1,517,056.00	1,021,411.56	495,644.44	67.33
538	SAFETY TRAINING PROGRAM	11,390.00	11,390.00	3,911.34	7,478.66	34.34
539	METER READING & BILLING	45,023.00	45,023.00	24,434.08	20,588.92	54.27
540	CONSUMER SERVICES	14,285.00	14,285.00	12,310.81	1,974.19	86.18
544	LINE MAINTENANCE	16,690.00	16,690.00	7,750.24	8,939.76	46.44
547	METER MAINTENANCE	20,446.00	20,446.00	6,904.77	13,541.23	33.77
549	PLANT OPERATION & MAINTENANCE	205,522.00	205,522.00	101,144.73	104,377.27	49.21
551	LAB	82,215.00	82,215.00	55,340.75	26,874.25	67.31
553	LIFT STATIONS	60,860.00	60,860.00	48,803.04	12,056.96	80.19
555	BUILDING & GROUNDS	37,890.00	37,890.00	24,298.30	13,591.70	64.13
556	PLANT IMPROVEMENTS	89,344.00	89,344.00	222,856.68	(133,512.68)	249.44
560	VEHICLE EXPENSE	34,454.00	34,454.00	8,067.01	26,386.99	23.41
562	CONSENT ORDER	2,007,517.00	2,007,517.00	367,438.11	1,640,078.89	18.30
Expenditures		4,251,682.00	4,251,682.00	1,957,663.49	2,294,018.51	46.04
Fund 590 - WASTE WATER FUND:						
TOTAL EXPENDITURES		4,251,682.00	4,251,682.00	1,957,663.49	2,294,018.51	46.04

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 591 WATER FUND						
Account Category: Revenues						
Department: 000 REVENUE						
591-000-614.003	WELL POINTS & WATER TESTING	3,200.00	3,200.00	3,212.00	(12.00)	100.38
591-000-616.000	SALES TO CUSTOMERS	998,000.00	998,000.00	528,410.38	469,589.62	52.95
591-000-616.002	PUBLIC FIRE PROTECTION CHARGE	57,950.00	57,950.00	28,970.88	28,979.12	49.99
591-000-643.000	RECONNECT CHARGE	1,500.00	1,500.00	2,160.00	(660.00)	144.00
591-000-646.000	CONSUMER SERVICE	1,000.00	1,000.00	0.00	1,000.00	0.00
591-000-646.001	TAP FEE	1,500.00	1,500.00	3,420.00	(1,920.00)	228.00
591-000-658.000	PENALTIES INCOME	7,500.00	7,500.00	3,264.58	4,235.42	43.53
591-000-665.000	INTEREST INCOME	15,000.00	15,000.00	21,456.17	(6,456.17)	143.04
591-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	10,000.00	10,000.00	6,969.42	3,030.58	69.69
591-000-679.000	MISCELLANEOUS INCOME	500.00	500.00	513,834.36	(513,334.36)	102,766.87
591-000-699.390	TRANSFER FROM FUND BALANCE	203,773.00	203,773.00	0.00	203,773.00	0.00
Total Dept 000 - REVENUE		1,299,923.00	1,299,923.00	1,111,697.79	188,225.21	85.52
Revenues		1,299,923.00	1,299,923.00	1,111,697.79	188,225.21	85.52
Fund 591 - WATER FUND:						
TOTAL REVENUES		1,299,923.00	1,299,923.00	1,111,697.79	188,225.21	85.52

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 591 WATER FUND						
Account Category: Expenditures						
534 - NEW LINES		18,000.00	18,000.00	18,000.00	0.00	100.00
537 - ADMINISTRATIVE		531,713.00	531,713.00	250,136.07	281,576.93	47.04
538 - SAFETY TRAINING PROGRAM		5,710.00	5,710.00	1,746.02	3,963.98	30.58
539 - METER READING & BILLING		42,400.00	42,400.00	28,258.84	14,141.16	66.65
540 - CONSUMER SERVICES		68,850.00	68,850.00	34,675.86	34,174.14	50.36
544 - LINE MAINTENANCE		28,240.00	28,240.00	12,637.28	15,602.72	44.75
545 - RESERVOIR & ELEV TANK		24,350.00	24,350.00	20,484.89	3,865.11	84.13
547 - METER MAINTENANCE		26,160.00	26,160.00	6,869.11	19,290.89	26.26
549 - PLANT OPERATION & MAINTENANCE		301,820.00	301,820.00	89,413.14	212,406.86	29.62
551 - LAB		142,260.00	142,260.00	80,264.53	61,995.47	56.42
554 - HYDRANT MAINTENANCE		3,620.00	3,620.00	647.47	2,972.53	17.89
555 - BUILDING & GROUNDS		21,300.00	21,300.00	7,304.86	13,995.14	34.30
556 - PLANT IMPROVEMENTS		8,500.00	8,500.00	0.00	8,500.00	0.00
560 - VEHICLE EXPENSE		77,000.00	77,000.00	71,069.95	5,930.05	92.30
Expenditures		1,299,923.00	1,299,923.00	621,508.02	678,414.98	47.81
Fund 591 - WATER FUND:						
TOTAL EXPENDITURES		1,299,923.00	1,299,923.00	621,508.02	678,414.98	47.81

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 594 HARBOR FUND						
Account Category: Revenues						
Department: 000 REVENUE						
594-000-479.005	SEASONAL LAUNCH PERMITS	2,500.00	2,500.00	4,756.00	(2,256.00)	190.24
594-000-479.006	DAILY LAUNCH PERMITS	2,400.00	2,400.00	1,790.41	609.59	74.60
594-000-540.000	GRANT REVENUE	172,000.00	172,000.00	0.00	172,000.00	0.00
594-000-596.000	MISCELLANEOUS	0.00	0.00	312.30	(312.30)	100.00
594-000-614.001	HARBOR - SEASONAL DOCKAGE	65,000.00	65,000.00	74,847.56	(9,847.56)	115.15
594-000-614.002	HARBOR - TRANSIENT DOCKAGE	5,700.00	5,700.00	2,348.70	3,351.30	41.21
594-000-614.007	GAS & OIL SALES	12,500.00	12,500.00	8,803.25	3,696.75	70.43
594-000-646.000	SEWAGE PUMP OUTS	15.00	15.00	0.00	15.00	0.00
594-000-665.000	INTEREST INCOME	5,000.00	5,000.00	6,668.85	(1,668.85)	133.38
594-000-666.001	LIABILITY & PROP INS REIMBURSEMENT	420.00	420.00	281.38	138.62	67.00
594-000-679.000	MISCELLANEOUS INCOME	0.00	0.00	53.00	(53.00)	100.00
594-000-699.390	TRANSFER FROM FUND BALANCE	188,533.00	188,533.00	0.00	188,533.00	0.00
Total Dept 000 - REVENUE		454,068.00	454,068.00	99,861.45	354,206.55	21.99
Revenues		454,068.00	454,068.00	99,861.45	354,206.55	21.99
Fund 594 - HARBOR FUND:						
TOTAL REVENUES		454,068.00	454,068.00	99,861.45	354,206.55	21.99

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 594 HARBOR FUND						
Account Category: Expenditures						
537 - ADMINISTRATIVE		454,068.00	454,068.00	54,702.47	399,365.53	12.05
Expenditures		454,068.00	454,068.00	54,702.47	399,365.53	12.05
Fund 594 - HARBOR FUND:						
TOTAL EXPENDITURES		454,068.00	454,068.00	54,702.47	399,365.53	12.05

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 705 CEMETERY PERPETUAL CARE FUND						
Account Category: Revenues						
Department: 000 REVENUE						
705-000-614.002	PERPETUAL CARE REVENUE	1,000.00	1,000.00	2,650.00	(1,650.00)	265.00
705-000-665.000	INTEREST INCOME	11,000.00	11,000.00	7,949.18	3,050.82	72.27
Total Dept 000 - REVENUE		12,000.00	12,000.00	10,599.18	1,400.82	88.33
Revenues		12,000.00	12,000.00	10,599.18	1,400.82	88.33
Fund 705 - CEMETERY PERPETUAL CARE FUND:						
TOTAL REVENUES		12,000.00	12,000.00	10,599.18	1,400.82	88.33

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 705 CEMETERY PERPETUAL CARE FUND						
Account Category: Expenditures						
537 - ADMINISTRATIVE		12,000.00	12,000.00	0.00	12,000.00	0.00
Expenditures		12,000.00	12,000.00	0.00	12,000.00	0.00
Fund 705 - CEMETERY PERPETUAL CARE FUND:						
TOTAL EXPENDITURES		12,000.00	12,000.00	0.00	12,000.00	0.00

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 706 MAPLERIDGE TOWNSHIP						
Account Category: Revenues						
Department: 000 REVENUE						
706-000-614.007	RECONNECT CHARGES	0.00	0.00	170.00	(170.00)	100.00
706-000-616.001	WATER CHARGE--MAPLERIDGE TWP	0.00	0.00	26,384.52	(26,384.52)	100.00
706-000-616.003	MAPLERIDGE TWP REVENUE	0.00	0.00	6,600.94	(6,600.94)	100.00
706-000-658.000	PENALTY INCOME	0.00	0.00	410.57	(410.57)	100.00
Total Dept 000 - REVENUE		0.00	0.00	33,566.03	(33,566.03)	100.00
Revenues		0.00	0.00	33,566.03	(33,566.03)	100.00
Fund 706 - MAPLERIDGE TOWNSHIP:						
TOTAL REVENUES		0.00	0.00	33,566.03	(33,566.03)	100.00

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 706 MAPLERIDGE TOWNSHIP						
Account Category: Expenditures						
537 - ADMINISTRATIVE		0.00	0.00	35,451.40	(35,451.40)	100.00
Expenditures		0.00	0.00	35,451.40	(35,451.40)	100.00
Fund 706 - MAPLERIDGE TOWNSHIP:						
TOTAL EXPENDITURES		0.00	0.00	35,451.40	(35,451.40)	100.00

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 731 RETIREMENT SYSTEM FUND						
Account Category: Revenues						
Department: 000 REVENUE						
731-000-665.000	INTEREST INCOME	12,000.00	12,000.00	13,364.72	(1,364.72)	111.37
731-000-699.101	TRANSFER FROM GENERAL FUND	75,000.00	75,000.00	75,000.00	0.00	100.00
731-000-699.202	TRANSFER FROM MAJOR STREET	15,747.00	15,747.00	15,747.00	0.00	100.00
731-000-699.203	TRANSFER FROM LOCAL STREET	15,747.00	15,747.00	15,747.00	0.00	100.00
Total Dept 000 - REVENUE		118,494.00	118,494.00	119,858.72	(1,364.72)	101.15
Revenues		118,494.00	118,494.00	119,858.72	(1,364.72)	101.15
Fund 731 - RETIREMENT SYSTEM FUND:						
TOTAL REVENUES		118,494.00	118,494.00	119,858.72	(1,364.72)	101.15
Report Totals:						
TOTAL REVENUES - ALL FUNDS		19,852,099.00	19,852,099.00	10,405,905.18	9,446,193.82	52.42

REVENUE AND EXPENDITURE REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025
% Fiscal Year Completed: 58.63

GL Number	Description	25-26 Original Budget	25-26 Amended Budget	YTD Balance 10/31/2025 Normal (Abnormal)	Available Balance 10/31/2025 Normal (Abnormal)	% Bdgt Used
Fund: 731 RETIREMENT SYSTEM FUND						
Account Category: Expenditures						
537 - ADMINISTRATIVE		118,494.00	118,494.00	0.00	118,494.00	0.00
Expenditures		118,494.00	118,494.00	0.00	118,494.00	0.00
Fund 731 - RETIREMENT SYSTEM FUND:						
TOTAL EXPENDITURES		118,494.00	118,494.00	0.00	118,494.00	0.00
Report Totals:						
TOTAL EXPENDITURES - ALL FUNDS		19,852,099.18	19,860,099.18	10,085,318.99	9,774,780.19	50.78

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 101 GENERAL FUND		
***** Assets *****		
101-000-001.000	CASH	915,806.83
101-000-004.000	PETTY CASH	440.00
101-000-004.001	PETTY CASH	150.00
101-000-017.000	INVESTMENT IN FIRST BANK	371,991.38
101-000-017.001	INVESTMENTS IN MI CLASS	521,858.26
101-000-017.002	BAY DE NOC TRAIL INVESTMENTS IN MI CLASS	8,936.81
101-000-017.003	OLSON TRUST INVESTMENTS IN MI CLASS	36,729.82
101-000-026.000	TAXES REC DELINQ REAL	32,648.60
101-000-040.000	MISCELLANEOUS ACCOUNTS RECEIVABLE	91,804.55
101-000-047.000	DELINQUENT SPECIAL ASSESSMENTS	23,455.19
101-000-055.000	ACCRUED INCOME	3,096.65
101-000-078.000	DUE FROM STATE OF MICHIGAN	4,206.30
101-000-102.000	INVENTORY-GRAVEL STOCKPILE	57,350.91
101-000-123.000	PREPAID EXPENSE	(244.66)
101-000-275.000	MERIT ESCROW	(6,000.00)
Total Assets		2,062,230.64
***** Liabilities *****		
101-000-202.000	ACCOUNTS PAYABLE	(1,720.84)
101-000-209.000	INSURANCE PAYABLE	411.27
101-000-214.540	DUE TO SOLID WASTE FUND	65,250.00
101-000-214.582	DUE TO ELECTRIC FUND	505,600.41
101-000-216.002	REVENUE COLLECTED IN ADV CAMPGROUND	9,895.00
101-000-216.004	REVENUE COLLECTED IN ADV PAVILION	490.00
101-000-216.005	REVENUE COLLECTED IN ADV SPORTS PARK	1,000.00
101-000-228.001	STATE UNEMPLOYMENT INSURANCE	782.81
101-000-228.002	STATE TAX LIABILITY	14,725.21
101-000-231.000	FRINGES PAYABLE	(1,507.46)
101-000-231.006	MEDICAL SAVINGS ACCOUNT	100.00
101-000-231.014	DISABILITY INSURANCE PAYABLE	(542.97)
101-000-231.015	AFLAC-CANCER, ACCIDENT, ICU, HIP PAYABLE	493.74
101-000-231.016	AFLAC-SHORT TERM DISABILITY PAYABLE	(578.21)
101-000-231.021	CIRCLE TRUST	3,526.64
101-000-231.035	TEAMSTERS INSURANCE LIAB	4,108.56
101-000-257.000	ACCRUED PAYROLL	5,781.54
101-000-259.000	ST FIRE INSURANCE WITHHOLDING	15,520.00
101-000-361.000	DEFERRED REVENUES	32,648.60
Total Liabilities		655,984.30
***** Fund Equity *****		
101-000-375.000	OLSON TRUST	35,334.60
101-000-380.000	POLICE CAR RESERVE FUND	43,191.67
101-000-382.000	FIRE CIP	260,842.94
101-000-383.000	K9 FUND	20,121.16
101-000-383.001	PUBLIC SAFETY BUILDING ROOF REPAIR RESER	50,000.00
101-000-383.002	PUBLIC SAFETY EQUIPMENT RESERVE FUND	44,000.00
101-000-383.600	DPW RESERVE FUND	24,764.44
101-000-384.000	BAY DE NOC TRAIL FUND BALANCE	8,288.08
101-000-390.000	FUND BALANCE	482,467.56
Total Fund Equity		969,010.45
Total Fund 101:		
TOTAL ASSETS		2,062,230.64
BEG. FUND BALANCE		969,010.45
+ NET OF REVENUES & EXPENDITURES		437,235.89
= ENDING FUND BALANCE		1,406,246.34
+ LIABILITIES		655,984.30
= TOTAL LIABILITIES AND FUND BALANCE		2,062,230.64

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 103 LAND DEVELOPMENT FUND		
*** Assets ***		
103-000-001.000	CASH	16,720.72
Total Assets		16,720.72
*** Fund Equity ***		
103-000-390.000	FUND BALANCE	16,385.47
Total Fund Equity		16,385.47
Total Fund 103:		
TOTAL ASSETS		16,720.72
BEG. FUND BALANCE		16,385.47
+ NET OF REVENUES & EXPENDITURES		335.25
= ENDING FUND BALANCE		16,720.72
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		16,720.72

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 202 MAJOR STREET FUND		
***** Assets *****		
202-000-001.000	CASH	263,686.11
202-000-017.000	INVESTMENT IN FIRST BANK	83,891.30
202-000-017.001	INVESTMENTS IN MI CLASS	112,045.40
202-000-055.000	ACCRUED INCOME	698.36
Total Assets		460,321.17
***** Liabilities *****		
202-000-214.582	DUE TO ELECTRIC FUND	23,006.88
202-000-257.000	ACCRUED PAYROLL	163.93
Total Liabilities		23,170.81
***** Fund Equity *****		
202-000-390.000	FUND BALANCE	516,795.36
Total Fund Equity		516,795.36
Total Fund 202:		
TOTAL ASSETS		460,321.17
BEG. FUND BALANCE		516,795.36
+ NET OF REVENUES & EXPENDITURES		(79,645.00)
= ENDING FUND BALANCE		437,150.36
+ LIABILITIES		23,170.81
= TOTAL LIABILITIES AND FUND BALANCE		460,321.17

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 203 LOCAL STREET FUND		
***** Assets *****		
203-000-001.000	CASH	54,373.58
203-000-017.000	INVESTMENT IN FIRST BANK	182,715.89
203-000-017.001	INVESTMENTS IN MI CLASS	200,448.33
203-000-055.000	ACCRUED INCOME	1,521.02
Total Assets		439,058.82
***** Liabilities *****		
203-000-214.582	DUE TO ELECTRIC FUND	19,888.89
203-000-257.000	ACCRUED PAYROLL	252.57
Total Liabilities		20,141.46
***** Fund Equity *****		
203-000-390.000	FUND BALANCE	398,874.60
Total Fund Equity		398,874.60
Total Fund 203:		
TOTAL ASSETS		439,058.82
BEG. FUND BALANCE		398,874.60
+ NET OF REVENUES & EXPENDITURES		20,042.76
= ENDING FUND BALANCE		418,917.36
+ LIABILITIES		20,141.46
= TOTAL LIABILITIES AND FUND BALANCE		439,058.82

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 214 MSHDA HOMEOWNER		
*** Assets ***		
214-000-001.000	CASH	23,528.69
Total Assets		23,528.69
*** Fund Equity ***		
214-000-390.000	FUND BALANCE	23,528.69
Total Fund Equity		23,528.69
Total Fund 214:		
TOTAL ASSETS		23,528.69
BEG. FUND BALANCE		23,528.69
+ NET OF REVENUES & EXPENDITURES		0.00
= ENDING FUND BALANCE		23,528.69
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		23,528.69

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 216 MSHDA-HABITAT REHAB		
*** Assets ***		
216-000-001.000	CASH	25,000.00
Total Assets		25,000.00
*** Fund Equity ***		
216-000-390.000	FUND BALANCE	25,000.00
Total Fund Equity		25,000.00
Total Fund 216:		
TOTAL ASSETS		25,000.00
BEG. FUND BALANCE		25,000.00
+ NET OF REVENUES & EXPENDITURES		0.00
= ENDING FUND BALANCE		25,000.00
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		25,000.00

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 230 DR MARY CRETENS COMMUNITY FOUNDATION		
***** Assets *****		
230-000-001.000	CASH	60.69
230-000-017.000	INVESTMENT IN FIRST BANK	107,911.25
230-000-017.001	INVESTMENTS IN MI CLASS	303,639.45
230-000-055.000	ACCRUED INCOME	898.31
Total Assets		412,509.70
***** Fund Equity *****		
230-000-390.000	FUND BALANCE	400,123.43
Total Fund Equity		400,123.43
Total Fund 230:		
TOTAL ASSETS		412,509.70
BEG. FUND BALANCE		400,123.43
+ NET OF REVENUES & EXPENDITURES		12,386.27
= ENDING FUND BALANCE		412,509.70
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		412,509.70

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 244 ECONOMIC DEVELOPMENT FUND		
***** Assets *****		
244-000-001.000	CASH	6,817.54
244-000-017.000	INVESTMENT IN FIRST BANK	24,930.55
244-000-017.001	INVESTMENTS IN MI CLASS	63,355.52
244-000-055.000	ACCRUED INCOME	207.53
Total Assets		95,311.14
***** Fund Equity *****		
244-000-389.000	CURRENT SURPLUS - RESERVE	39,727.35
244-000-390.000	FUND BALANCE	61,682.33
Total Fund Equity		101,409.68
Total Fund 244:		
TOTAL ASSETS		95,311.14
BEG. FUND BALANCE		101,409.68
+ NET OF REVENUES & EXPENDITURES		(6,098.54)
= ENDING FUND BALANCE		95,311.14
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		95,311.14

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 248 DOWNTOWN DEVELOPMENT AUTHORITY		
***** Assets *****		
248-000-001.000	CASH	(132,461.61)
248-000-017.000	INVESTMENT IN FIRST BANK	77,580.75
248-000-017.001	INVESTMENTS IN MI CLASS	404,207.96
248-000-055.000	ACCRUED INCOME	645.82
Total Assets		349,972.92
***** Liabilities *****		
248-000-202.000	ACCOUNTS PAYABLE	2,877.66
248-000-257.000	ACCRUED PAYROLL	259.28
Total Liabilities		3,136.94
***** Fund Equity *****		
248-000-390.000	FUND BALANCE	309,988.86
Total Fund Equity		309,988.86
Total Fund 248:		
TOTAL ASSETS		349,972.92
BEG. FUND BALANCE		309,988.86
+ NET OF REVENUES & EXPENDITURES		36,847.12
= ENDING FUND BALANCE		346,835.98
+ LIABILITIES		3,136.94
= TOTAL LIABILITIES AND FUND BALANCE		349,972.92

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 301 GENERAL DEBT SERVICE FUND		
***** Assets *****		
301-000-001.000	CASH	295,318.00
301-000-017.000	INVESTMENT IN FIRST BANK	166,612.43
301-000-017.001	INVESTMENTS IN MI CLASS	10,501.23
301-000-055.000	ACCRUED INCOME	1,386.97
301-000-123.000	PREPAID EXPENSE	500.00
Total Assets		474,318.63
***** Fund Equity *****		
301-000-390.000	FUND BALANCE	171,314.70
Total Fund Equity		171,314.70
Total Fund 301:		
TOTAL ASSETS		474,318.63
BEG. FUND BALANCE		171,314.70
+ NET OF REVENUES & EXPENDITURES		303,003.93
= ENDING FUND BALANCE		474,318.63
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		474,318.63

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 540 SOLID WASTE FUND		
***** Assets *****		
540-000-001.000	CASH	88,220.66
540-000-017.000	INVESTMENT IN FIRST BANK	59,614.13
540-000-017.001	INVESTMENTS IN MI CLASS	430,309.43
540-000-033.000	UTILITIES RECEIVABLE	47,873.91
540-000-055.000	ACCRUED INCOME	496.26
540-000-084.101	DUE FROM GENERAL FUND	65,250.00
540-000-148.000	CAPITALIZED EQUIPMENT	718,596.32
540-000-149.000	ACCUM DEPRECIATION - CAP EQUIPMENT	(488,798.32)
540-000-196.000	DEFERRED OUTFLOWS--PENSION	9,269.00
Total Assets		930,831.39
***** Liabilities *****		
540-000-202.000	ACCOUNTS PAYABLE	(117.79)
540-000-255.000	UTILITY BILLING DEPOSIT	1,727.33
540-000-257.000	ACCRUED PAYROLL	234.53
540-000-334.000	PENSION LIABILITY	52,987.00
540-000-360.001	DEFERRED INFLOWS--PENSION	4,895.00
Total Liabilities		59,726.07
***** Fund Equity *****		
540-000-390.000	FUND BALANCE	858,023.54
Total Fund Equity		858,023.54
Total Fund 540:		
TOTAL ASSETS		930,831.39
BEG. FUND BALANCE		858,023.54
+ NET OF REVENUES & EXPENDITURES		13,081.78
= ENDING FUND BALANCE		871,105.32
+ LIABILITIES		59,726.07
= TOTAL LIABILITIES AND FUND BALANCE		930,831.39

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 582 ELECTRIC FUND		
***** Assets *****		
582-000-001.000	CASH	1,100,675.12
582-000-004.000	INVESTMENT IN ATC	592,473.48
582-000-017.000	INVESTMENT IN FIRST BANK	683,452.12
582-000-017.001	INVESTMENTS IN MI CLASS	912,820.75
582-000-033.000	UTILITIES RECEIVABLE	(153,788.82)
582-000-040.000	MISCELLANEOUS ACCOUNTS RECEIVABLE	9,500.39
582-000-055.000	ACCRUED INCOME	5,689.41
582-000-062.000	LEASES RECEIVABLE (CURRENT)	25,135.97
582-000-084.101	DUE FROM GENERAL FUND	505,600.41
582-000-084.202	DUE FROM MAJOR STREET FUND	23,006.88
582-000-084.203	DUE FROM LOCAL STREET FUND	19,888.89
582-000-103.000	INVENTORY	205,107.22
582-000-130.000	LAND FOR WASTEWATER	236,835.69
582-000-136.000	BUILDINGS	1,033,541.26
582-000-137.000	ACCUM DEPRECIATION - BUILDING	(550,863.97)
582-000-140.000	EQUIPMENT	925,234.90
582-000-141.000	ACCUM DEPRECIAITON - EQUIPMENT	(564,646.36)
582-000-159.000	DISTRIBUTION SYSTEM CONTROL	7,803,069.26
582-000-159.001	RESERVE FOR DEPRECIATION	(5,314,795.35)
582-000-189.000	LEASES RECEIVABLE (LONG TERM)	62,472.84
582-000-196.000	DEFERRED OUTFLOWS--PENSION	116,549.00
Total Assets		7,676,959.09
***** Liabilities *****		
582-000-202.000	ACCOUNTS PAYABLE	17,768.39
582-000-255.000	UTILITY BILLING DEPOSIT	77,753.57
582-000-257.000	ACCRUED PAYROLL	1,827.47
582-000-260.000	ACCRUED SICK & VACATION	29,318.61
582-000-260.001	ACCRUED SICK & VACATION-CURRENT	124,403.26
582-000-276.000	NMU ESCROW	6,000.00
582-000-334.000	PENSION LIABILITY	560,813.00
582-000-360.001	DEFERRED INFLOWS--PENSION	52,402.00
582-000-361.000	DEFERRED INFLOWS LEASES	87,608.81
582-537-257.000	ACCRUED PAYROLL	2,330.00
Total Liabilities		960,225.11
***** Fund Equity *****		
582-000-387.000	CAPITAL SURPLUS	257,278.58
582-000-390.000	FUND BALANCE	7,275,655.44
Total Fund Equity		7,532,934.02
Total Fund 582:		
TOTAL ASSETS		7,676,959.09
BEG. FUND BALANCE		7,532,934.02
+ NET OF REVENUES & EXPENDITURES		(816,200.04)
= ENDING FUND BALANCE		6,716,733.98
+ LIABILITIES		960,225.11
= TOTAL LIABILITIES AND FUND BALANCE		7,676,959.09

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 590 WASTE WATER FUND		
***** Assets *****		
590-000-001.000	CASH	700,877.81
590-000-001.009	WASTEWATER UPGRADES	495.83
590-000-017.000	INVESTMENT IN FIRST BANK	152,634.48
590-000-017.001	INVESTMENTS IN MI CLASS	704,842.46
590-000-033.000	UTILITIES RECEIVABLE	128,490.63
590-000-033.001	WASTEWATER - RR	73,119.52
590-000-040.000	MISCELLANEOUS ACCOUNTS RECEIVABLE	2,450.11
590-000-040.001	PUMP STATION & SEWER CONNECTION RECEIVAB	1,127.20
590-000-055.000	ACCRUED INCOME	1,270.61
590-000-078.000	DUE FROM STATE OF MICHIGAN	379,353.50
590-000-131.000	EQUIPMENT	608,717.86
590-000-136.000	BUILDINGS	13,979,330.26
590-000-136.002	UTILITY PLANT IN SERVICE	5,887,068.73
590-000-137.000	ACCUMULATED DEPRECIATION	(4,275,922.12)
590-000-156.000	CONSTRUCTION IN PROGRESS	6,227,761.76
590-000-196.000	DEFERRED OUTFLOWS--PENSION	33,018.00
Total Assets		24,604,636.64
***** Liabilities *****		
590-000-202.000	ACCOUNTS PAYABLE	10,578.49
590-000-202.001	MASONVILLE TWP AP	72,744.50
590-000-202.002	RETAINAGE PAYABLE	75,000.00
590-000-255.000	UTILITY BILLING DEPOSIT	11,695.00
590-000-257.000	ACCRUED PAYROLL	1,416.99
590-000-260.000	ACCRUED SICK & VACATION	26,109.18
590-000-260.001	ACCRUED SICK & VACATION-CURRENT	104,436.73
590-000-300.000	BOND PAYABLE	16,997,693.75
590-000-307.002	NOTE PAYABLE - SLUDGE STORAGE	180,718.00
590-000-334.000	PENSION LIABILITY	162,005.00
590-000-360.001	DEFERRED INFLOWS--PENSION	16,100.00
Total Liabilities		17,658,497.64
***** Fund Equity *****		
590-000-287.000	EMPLOYEE LEAVE	9,820.00
590-000-302.000	CONTRIBUTIONS	234,615.95
590-000-350.000	CONTRIBUTED CAPITAL	779,695.71
590-000-376.000	CURRENT SURPLUS-BOND RESERVE	80,000.00
590-000-388.000	CURRENT SURPLUS-UNRESERVED	(92,898.05)
590-000-389.000	CURRENT SURPLUS - RESERVE	(46,058.86)
590-000-390.000	FUND BALANCE	6,250,448.62
Total Fund Equity		7,215,623.37
Total Fund 590:		
TOTAL ASSETS		24,604,636.64
BEG. FUND BALANCE		7,215,623.37
+ NET OF REVENUES & EXPENDITURES		(269,484.37)
= ENDING FUND BALANCE		6,946,139.00
+ LIABILITIES		17,658,497.64
= TOTAL LIABILITIES AND FUND BALANCE		24,604,636.64

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 591 WATER FUND		
***** Assets *****		
591-000-001.000	CASH	129,186.20
591-000-017.000	INVESTMENT IN FIRST BANK	306,994.07
591-000-017.001	INVESTMENTS IN MI CLASS	244,661.53
591-000-017.101	MI CLASS INVESTMENT PFAS SETTLEMENT	439,495.25
591-000-033.000	UTILITIES RECEIVABLE	66,306.12
591-000-040.000	MISCELLANEOUS ACCOUNTS RECEIVABLE	1,324.04
591-000-055.000	ACCRUED INCOME	2,555.58
591-000-131.000	EQUIPMENT	636,655.06
591-000-133.000	ACCUM. DEPT.-WATER UTILITY	(4,423,737.99)
591-000-136.001	FILTRATION PLANT	5,901,226.06
591-000-136.003	GARAGE	304,005.87
591-000-137.000	ACCUM DEPRECIATION - GARAGE	(102,797.83)
591-000-141.000	ACCUM DEPRECIAITON - EQUIPMENT	(185,501.57)
591-000-156.000	CONSTRUCTION IN PROGRESS	24,078.76
591-000-196.000	DEFERRED OUTFLOWS--PENSION	54,871.00
Total Assets		3,399,322.15
***** Liabilities *****		
591-000-202.000	ACCOUNTS PAYABLE	(482.21)
591-000-255.000	UTILITY BILLING DEPOSIT	6,762.00
591-000-257.000	ACCRUED PAYROLL	(688.40)
591-000-260.000	ACCRUED SICK & VACATION	13,849.30
591-000-260.001	ACCRUED SICK & VACATION-CURRENT	55,397.20
591-000-334.000	PENSION LIABILITY	240,978.00
591-000-360.001	DEFERRED INFLOWS--PENSION	24,284.00
Total Liabilities		340,099.89
***** Fund Equity *****		
591-000-287.000	EMPLOYEE LEAVE	9,820.00
591-000-302.000	CONTRIBUTIONS	199,168.29
591-000-350.000	CONTRIBUTED CAPITAL	105,596.57
591-000-390.000	CURRENT SURPLUS	2,254,447.63
Total Fund Equity		2,569,032.49
Total Fund 591:		
TOTAL ASSETS		3,399,322.15
BEG. FUND BALANCE		2,569,032.49
+ NET OF REVENUES & EXPENDITURES		490,189.77
+ FUND BALANCE ADJUSTMENTS		171.98
= ENDING FUND BALANCE		3,059,394.24
+ LIABILITIES		340,099.89
= TOTAL LIABILITIES AND FUND BALANCE		3,399,322.15

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 594 HARBOR FUND		
***** Assets *****		
594-000-001.000	CASH	31,741.80
594-000-017.000	INVESTMENT IN FIRST BANK	69,159.49
594-000-017.001	INVESTMENTS IN MI CLASS	161,766.02
594-000-055.000	ACCRUED INCOME	575.72
594-000-140.000	EQUIPMENT	553,366.01
594-000-141.000	ACCUM DEPRECIAITON - EQUIPMENT	(353,721.02)
Total Assets		462,888.02
***** Liabilities *****		
594-000-202.000	ACCOUNTS PAYABLE	40.65
594-000-216.000	REVENUE COLLECTED IN ADVANCE	25.00
594-000-257.000	ACCRUED PAYROLL	0.31
Total Liabilities		65.96
***** Fund Equity *****		
594-000-390.000	FUND BALANCE	417,663.08
Total Fund Equity		417,663.08
Total Fund 594:		
TOTAL ASSETS		462,888.02
BEG. FUND BALANCE		417,663.08
+ NET OF REVENUES & EXPENDITURES		45,158.98
= ENDING FUND BALANCE		462,822.06
+ LIABILITIES		65.96
= TOTAL LIABILITIES AND FUND BALANCE		462,888.02

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 705 CEMETERY PERPETUAL CARE FUND		
*** Assets ***		
705-000-001.000	CASH	797.01
705-000-017.000	INVESTMENT IN FIRST BANK	129,584.59
705-000-017.001	INVESTMENTS IN MI CLASS	157,042.88
705-000-055.000	ACCRUED INCOME	1,078.73
Total Assets		288,503.21
*** Fund Equity ***		
705-000-389.000	CURRENT SURPLUS - RESERVE	217,928.95
705-000-390.000	CURRENT SURPLUS - UNRESERVED	59,975.08
Total Fund Equity		277,904.03
Total Fund 705:		
TOTAL ASSETS		288,503.21
BEG. FUND BALANCE		277,904.03
+ NET OF REVENUES & EXPENDITURES		10,599.18
= ENDING FUND BALANCE		288,503.21
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		288,503.21

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 706 MAPLERIDGE TOWNSHIP		
***** Assets *****		
706-000-001.000	CASH	1,793.16
706-000-033.002	UTILITIES REC MAPLERIDGE TWP	1,670.24
706-000-040.000	MISCELLANEOUS ACCOUNTS RECEIVABLE	1,760.00
Total Assets		5,223.40
***** Liabilities *****		
706-000-202.003	MAPLERIDGE TWP PAYABLE TO CITY	50.00
706-000-257.000	ACCRUED PAYROLL	12.99
Total Liabilities		62.99
***** Fund Equity *****		
706-000-390.000	CURRENT SURPLUS	7,045.78
Total Fund Equity		7,045.78
Total Fund 706:		
TOTAL ASSETS		5,223.40
BEG. FUND BALANCE		7,045.78
+ NET OF REVENUES & EXPENDITURES		(1,885.37)
+ FUND BALANCE ADJUSTMENTS		(171.98)
= ENDING FUND BALANCE		4,988.43
+ LIABILITIES		62.99
= TOTAL LIABILITIES AND FUND BALANCE		5,223.40

BALANCE SHEET REPORT FOR CITY OF GLADSTONE

Balance As Of 10/31/2025

GL Number	Description	Normal (Abnormal)
Fund: 731 RETIREMENT SYSTEM FUND		
*** Assets ***		
731-000-001.000	CASH	6,709.46
731-000-017.000	INVESTMENT IN FIRST BANK	188,286.51
731-000-017.001	INVESTMENTS IN MI CLASS	310,432.00
731-000-055.000	ACCRUED INCOME	1,567.40
Total Assets		506,995.37
*** Fund Equity ***		
731-000-390.000	FUND BALANCE	387,136.65
Total Fund Equity		387,136.65
Total Fund 731:		
TOTAL ASSETS		506,995.37
BEG. FUND BALANCE		387,136.65
+ NET OF REVENUES & EXPENDITURES		119,858.72
= ENDING FUND BALANCE		506,995.37
+ LIABILITIES		0.00
= TOTAL LIABILITIES AND FUND BALANCE		506,995.37