

ARKANSAS INSURANCE DEPARTMENT | PERPETUAL CARE CEMETERIES

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES  
FOR THE YEAR \_\_\_\_\_

**THIS ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 15<sup>th</sup>, WITH THE ARKANSAS INSURANCE DEPARTMENT, PERPETUAL CARE CEMETERIES, 1 Commerce Way, Suite 502, Little Rock, AR 72202-2087.**

**NOTE: Pursuant to Ark. Code Ann. § 20-17-1015(c)(3), a cemetery company will be assessed a \$50.00 per day additional contribution to the permanent maintenance trust fund for failure to timely file this report.**

NAME OF CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

ADDRESS OF CEMETERY: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCATION OF TRUSTEE'S BOOKS AND RECORDS: \_\_\_\_\_

PERSON RESPONSIBLE FOR BOOKS AND RECORDS: \_\_\_\_\_

AREA CODE/TELEPHONE \_\_\_\_\_ AREA CODE/FACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ANNUAL REPORT PREPARED BY: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE/TELEPHONE \_\_\_\_\_ AREA CODE/FACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHEDULES

CHECK IF COMPLETED  
SCHEDULE IS ATTACHED

Schedule "A"	Trust Fund Deposits Received from the Cemetery	<input type="checkbox"/>
Schedule "B"	Gross Income Earned on the Trust Fund and Disbursements of Income to the Cemetery	<input type="checkbox"/>
Schedule "C"	Expenses Paid from the Trust Fund	<input type="checkbox"/>
Schedule "D"	Capital Gains and Losses	<input type="checkbox"/>
Schedule "E"	Miscellaneous Additions and/or Deductions	<input type="checkbox"/>
Schedule "F"	Principal and Undisbursed Income in the Trust Fund	<input type="checkbox"/>
Schedule "G"	Assets in the Trust Fund	<input type="checkbox"/>
Bond Rider reflecting an amount greater than or equal to Principal on Schedule "F", Line 7		<input type="checkbox"/>
Copy of bank statements for the fiscal year ending December 31 <sup>st</sup>		<input type="checkbox"/>
Form 1099		<input type="checkbox"/>

## QUESTIONS AND INFORMATION

(1) List the names and addresses of the three (3) Trustees below and the financial interest of each in the cemetery.

NAME OF TRUSTEE: \_\_\_\_\_ FINANCIAL INTEREST ☐ YES ☐ NO

ADDRESS OF TRUSTEE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE/TELEPHONE \_\_\_\_\_ AREA CODE/FACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF TRUSTEE: \_\_\_\_\_ FINANCIAL INTEREST ☐ YES ☐ NO

ADDRESS OF TRUSTEE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE/TELEPHONE \_\_\_\_\_ AREA/CODEFACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF TRUSTEE: \_\_\_\_\_ FINANCIAL INTEREST ☐ YES ☐ NO

ADDRESS OF TRUSTEE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE/TELEPHONE \_\_\_\_\_ AREA CODE/FACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

(2) Which of the above Trustees may disburse money from the Trust Fund? \_\_\_\_\_

(3) The current fidelity bond amount \$ \_\_\_\_\_

**This amount must be equal to or greater than Principal Balance on Schedule "F", Line 7. If this amount is less than Schedule "F", Line 7, increase accordingly and submit it to the Department no later than March 31<sup>st</sup>.**

(4) Attach a copy of the most recent policy rider or endorsement that reflects the current fidelity bond coverage.

☐ Check here if the rider or endorsement is attached.

(5) Has there been any change in Trustees or form of Trustee since the last filing date?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

(6) Has a copy of the Trust Agreement and all amendments thereto been filed with the Arkansas Cemetery Board?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

(7) As of December 31<sup>st</sup>, was or is any asset of the Trust Fund in any way encumbered by debt?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

(8) As of December 31<sup>st</sup>, was or is any permitted cemetery property in any way encumbered by debt?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

(9) Were any Trust Fund monies used to make loans to the cemetery, the cemetery's officers, directors, partners, or employees?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

(10) Where specifically (location) are the Trust Fund assets such as stocks, bonds, certificates of deposit, etc., kept?

\_\_\_\_\_

## AFFIDAVIT OF TRUSTEES

STATE OF ARKANSAS }  
 }SS.  
COUNTY OF }

BEFORE ME, the undersigned authority, on the day personally appeared

(Trustees Names)

known to me to be the Trustees of \_\_\_\_\_  
(Name of Permanent Maintenance Trust Fund)

and being duly sworn on oath did depose and say, for him/herself that the affiant has read the above and foregoing report of status of Permanent Maintenance Trust Fund of said Cemetery, that each knows the contents thereof, and that the facts set forth therein are known by each of the said affiants to be in all things true and correct.

(Trustee)

(Trustee)

(Trustee)

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Public)

My Commission Expires:

**Note: All three (3) Trustees must sign the affidavit.**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

SCHEDULE OF ACCOUNTING FOR TRUST FUND DEPOSITS RECEIVED FROM THE CEMETERY

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

List the amount of each Trust Fund deposit received from the Cemetery during the year and the date that each deposit was received.

Ensure each deposit can be verified on the bank statements provided. If a deposit cannot be verified, please provide an explanation.

DATE DEPOSIT  
RECEIVED  
(MM/DD/YY)

AMOUNT OF  
DEPOSIT  
RECEIVED

\$

TOTAL AMOUNT OF DEPOSITS FOR YEAR

\$



## ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

## SCHEDULE OF ACCOUNTING FOR EXPENSES PAID FROM THE TRUST FUND

NAME OF TRUSTEES:

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED:

List the amount and description of each expense paid from the Trust Fund during the year.

DESCRIPTION OF EXPENSE <u>(Bank or brokerage firm fees, tax return preparation, etc.)</u>	AMOUNT OF EXPENSE
	\$
TOTAL EXPENSES FOR THE YEAR	\$

**Ensure all fees and expenses can be verified on the enclosed bank statements.**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

SCHEDULE OF ACCOUNTING FOR CAPITAL GAINS AND LOSSES FROM SALE OF TRUST FUND ASSETS

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

List each asset sold during the year and give as detailed description of the asset as possible (number of shares, certificate number, bond number, rate of interest, due date, etc.). Capital gain or loss distributions received by the Trust Fund during the year should be reported on this Schedule.

	(1)	(2)	(3)	(4)
	DATE SOLD (MM/DD/YY)	AMOUNT RECEIVED	COST	CAPITAL GAIN OR (LOSS) (Column 2- Column 3)
DESCRIPTION OF ASSET SOLD		\$	\$	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
NET CAPITAL GAIN OR (LOSS)		\$	\$	\$

Ensure assets sold can be verified on the enclosed bank statements.

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

SCHEDULE OF ACCOUNTING FOR MISCELLANEOUS ADDITIONS TO THE TRUST FUND  
AND/OR MISCELLANEOUS DEDUCTIONS FROM THE TRUST FUND

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

(1) MISCELLANEOUS ADDITIONS

<u>DESCRIPTION OF ADDITION</u>	<u>IS ADDITION TO PRINCIPAL OR INCOME?</u>	<u>DATE (MM/DD/YY)</u>	<u>AMOUNT</u>
			\$
TOTAL MISCELLANEOUS ADDITIONS			\$

(2) MISCELLANEOUS DEDUCTIONS

<u>DESCRIPTION OF DEDUCTIONS</u>	<u>IS DEDUCTION FROM PRINCIPAL OR INCOME?</u>	<u>DATE (MM/DD/YY)</u>	<u>AMOUNT</u>
			\$
TOTAL MISCELLANEOUS DEDUCTIONS			\$

Ensure miscellaneous additions and deductions to the Trust Fund can be verified on the current bank statement(s) provided.  
Provide an explanation of each miscellaneous addition and/or deduction on the Schedule.



## ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

## SCHEDULE OF ACCOUNTING FOR PRINCIPAL AND UNDISBURSED IN THE TRUST FUND

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

	<u>PRINCIPAL</u>	<u>UNDISBURSED INCOME</u>
(1) Balances of Principal and Undisbursed Income in the Trust Fund as of December 31 <sup>st</sup> (from Schedule "F" of the Past year Annual Report)	\$ _____	\$ _____
(2) <u>ADDITIONS</u>		
A. Trust fund Deposits Received from Cemetery (from Schedule "A", page 4)	_____	_____
B. Gross Income Earned on Trust Fund (from Schedule "B", page 5)	_____	\$ _____
C. Net Capital Gain (from Schedule "D", page 7)	\$ _____	_____
D. Accretion of Bond Discount	_____	_____
E. Other Miscellaneous Additions (from Schedule "E", page 8)	_____	\$ _____
(3) TOTAL ADDITIONS (add lines 2A thru 2E)	\$ _____	\$ _____
(4) SUBTOTAL (add lines 1 thru 3)	\$ _____	\$ _____
(5) <u>DEDUCTIONS</u>		
A. Total Income Disbursements (from Schedule "B", page 5)	_____	\$ _____
B. Total Expenses (from Schedule "C", page 6)	_____	_____
C. Net Capital Loss (from Schedule "D", page 7)	_____	_____
D. Amortization of Bond Premium	_____	_____
E. Other Miscellaneous Deductions (from Schedule "E", page 8)	_____	_____
(6) TOTAL DEDUCTIONS (add lines 5A thru 5E)	\$ _____	\$ _____
(7) Balances of Principal and Undisbursed Income in the Trust Fund as of December 31 <sup>st</sup> (subtract line 6 from line 4)	\$ _____	\$ _____

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**Add "Principal" and "Undisbursed Income". This should match Schedule "G", Line K.**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

SCHEDULE OF ASSETS IN THE TRUST FUND

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

ASSETS IN THE TRUST FUND

A. CASH AND CASH EQUIVALENTS

<u>NAME AND ADDRESS OF BANK OR OTHER INSTITUTION</u>	<u>ACCOUNT NUMBER</u>	<u>BALANCE</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL CASH AND CASH EQUIVALENTS		\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>

B. SAVINGS ACCOUNTS

<u>NAME AND ADDRESS OF INSTITUTION</u>	<u>TYPE OF ACCOUNT (PASSBOOK OR CD)</u>	<u>ACCOUNT OR CD NUMBER</u>	<u>INTEREST RATE</u>	<u>BALANCE</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SAVINGS ACCOUNTS				\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>

## ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

## SCHEDULE OF ASSETS IN THE TRUST FUND

NAME OF TRUSTEE: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

C. GOVERNMENT SECURITIES AND MUNICIPAL OBLIGATIONS

<u>DESCRIPTION OF SECURITY</u>	<u>DATE ACQUIRED (MM/DD/YY)</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE (MM/DD/YY)</u>	<u>PAR VALUE</u>	<u>COST</u>
				\$	\$
TOTAL GOVERNMENT SECURITIES AND MUNICIPAL OBLIGATIONS					\$

D. CORPORATE BONDS AND OBLIGATIONS

<u>DESCRIPTION OF SECURITY</u>	<u>DATE ACQUIRED (MM/DD/YY)</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE (MM/DD/YY)</u>	<u>PAR VALUE</u>	<u>COST</u>
				\$	\$
TOTAL CORPORATE BONDS OBLIGATIONS					\$

E. CORPORATE STOCKS

<u>DESCRIPTION OF SECURITY</u>	<u>DATE ACQUIRED (MM/DD/YY)</u>	<u>TYPE OF STOCK (Common or Preferred)</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>
				\$
TOTAL CORPORATE STOCKS				\$

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

SCHEDULE OF ASSETS IN THE TRUST FUND

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

F. BANK COMMON TRUST FUNDS

<u>DESCRIPTION OF SECURITY</u>	<u>NUMBER OF UNITS OWNED</u>	<u>COST</u>
		\$
TOTAL BANK COMMON TRUST FUNDS		\$

G. MUTUAL FUNDS

<u>DESCRIPTION OF SECURITY</u>	<u>NUMBER OF SHARES</u>	<u>COST</u>
		\$
TOTAL MUTUAL FUNDS		\$

H. REAL ESTATE MORTGAGES

<u>NAME OF MORTGAGOR</u>	<u>DATE OF LOAN (MM/DD/YY)</u>	<u>INTEREST RATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>BALANCE</u>
			\$	\$
TOTAL REAL ESTATE MORTGAGES				\$

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY THREE (3) TRUSTEES

SCHEDULE OF ASSETS IN THE TRUST FUND

NAME OF TRUSTEES: \_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED: \_\_\_\_\_

I. OTHER INVESTMENTS (Give a detailed description.)

<u>DESCRIPTION OF INVESTMENT</u>	<u>DATE ACQUIRED</u> <u>(MM/DD/YY)</u>	<u>COST</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER INVESTMENTS		\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>

Ensure bank statements reflect amounts of cash and cash equivalents and savings accounts, government securities and, municipal obligations, corporate bonds and obligations, corporate stocks, bank common trust funds, mutual funds, real estate mortgages and other investments above.

J. TOTAL ASSETS IN THE TRUST FUND  
(Add the totals of items "A" through "I" above)

\$  

Line "J" must match Line "K".

K. TOTAL PRINCIPAL AND UNDISBURSED INCOME IN THE TRUST FUND  
(from Schedule "F", line 7)

\$  

Line "K" must match the total of the Principal AND Undisbursed Income from Schedule "F", Line 7.

NOTE: If the balance of Undisbursed Income on Schedule "F", line 7 is a negative balance, please explain the reason for the over disbursement(s) of income and what has been done to correct the over disbursement(s).

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