

ARKANSAS INSURANCE DEPARTMENT | PERPETUAL CARE CEMETERIES

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY ONE INDIVIDUAL TRUSTEE  
FOR THE YEAR \_\_\_\_\_

**THIS ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 15<sup>th</sup> WITH THE ARKANSAS OFFICE OF 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 TRUSTEE: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

REPORT PREPARED BY: \_\_\_\_\_

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 ☐

Schedule "B" Gross Income Earned on the Trust Fund and Disbursements of Income to the Cemetery ☐

Schedule "C" Expenses Paid from the Trust Fund ☐

Schedule "D" Miscellaneous Additions and/or Deductions ☐

Schedule "E" Principal and Undisbursed Income in the Trust Fund ☐

Schedule "F" Assets in the Trust Fund ☐

Copy of bank statements showing all deposits, assets, income earned disbursements, expenses, fees, and miscellaneous additions and deductions for the filing period ☐

QUESTIONS AND INFORMATION

- (1) Has there been any change in Trustee or form of Trustee since last year's filing?  
☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
- (2) Has a copy of the Trust Agreement and all amendments thereto been filed with the Arkansas Cemetery Board?  
☐ Yes ☐ No
- (3) Since the last filing, was or is any asset of the trust fund in any way encumbered by debt?  
☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
- (4) Since the last filing, was or is any permitted cemetery property in any way encumbered by debt?  
☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
- (5) Were any trust fund monies used to make loans to the cemetery, the cemetery's officers, directors, partners, or employees in this filing period?  
☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
- (6) Where specifically (location) are the trust fund savings accounts and/or certificates of deposit kept?  
\_\_\_\_\_

AFFIDAVIT OF TRUSTEE

STATE OF ARKANSAS }  
COUNTY OF \_\_\_\_\_ }SS.  
\_\_\_\_\_ }

BEFORE ME, the undersigned authority, on the day personally appeared \_\_\_\_\_  
(Trustees Name}  
known to me to be the Trustee 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)

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

\_\_\_\_\_  
(Notary Public)

My Commission Expires:  
\_\_\_\_\_

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED:

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

AMOUNT OF  
DEPOSIT  
RECEIVED

\$

TOTAL AMOUNT OF DEPOSITS FOR THE YEAR

\$

## NAME OF TRUSTEE:

CEMETERY FOR WHICH THE TRUST FUND WAS ESTABLISHED:

[illegible]

**Ensure that the income earned and money disbursed to the cemetery can be verified on the enclosed bank statements.**

## ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY ONE INDIVIDUAL TRUSTEE

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

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

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

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

[illegible]

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY ONE INDIVIDUAL TRUSTEE

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

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

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 the miscellaneous addition/deduction to the trust fund can be verified on the current bank statements provided. Explain each miscellaneous addition/deduction listed on this schedule.

\_\_\_\_\_

\_\_\_\_\_

## ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY ONE INDIVIDUAL TRUSTEE

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

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

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 "E" of the previous year's annual report)	\$ _____	\$ _____
(2) <u>ADDITIONS</u>		
Make sure "A" → A. Trust fund Deposits Received from Cemetery matches the (from Schedule "A", page 3) TOTAL from (D) \$ _____	\$ _____	[REDACTED]
B. Gross Income Earned on Trust Fund (from Schedule "B", page 4)	[REDACTED]	\$ _____
C. Other Miscellaneous Additions (from Schedule "D", page 6)	\$ _____	\$ _____
(3) TOTAL ADDITIONS (add lines 2A thru 2C)	\$ _____	\$ _____
(4) SUBTOTAL (add lines 1 and 3)	\$ _____	\$ _____
(5) <u>DEDUCTIONS</u>		
A. Total Income Disbursements (from Schedule "B", page 4)	[REDACTED]	\$ _____
B. Total Expenses (from Schedule "C", page 5)	[REDACTED]	\$ _____
C. Other Miscellaneous Deductions (from Schedule "D", page 6)	\$ _____	\$ _____
(6) TOTAL DEDUCTIONS (add lines 5A thru 5C)	\$ _____	\$ _____
(7) Balances of Principal and Undisbursed Income in the Trust Fund as of December 31 <sup>st</sup> (subtract line 6 from line 4)	\$ _____	\$ _____

↙ + ↘

**Add these two numbers together. Does it match Pg. 8, Line "C"?**

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

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY ONE INDIVIDUAL TRUSTEE

SCHEDULE OF ASSETS IN THE TRUST FUND

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

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

ASSETS IN THE TRUST FUND

**Note:** Please attach a copy of account statements for each asset in the Trust Fund as of December 31<sup>st</sup>.

A. SAVINGS ACCOUNTS AND CERTIFICATES OF DEPOSIT

NAME AND ADDRESS OF BANK OR <u>SAVINGS &amp; LOAN</u>	TYPE OF ACCOUNT ( <u>PASSBOOK OR CD</u> )	ACCOUNT OR <u>CD NUMBER</u>	INTEREST <u>RATE</u>	<u>BALANCE</u>	Submit bank statement(s) or other evidence showing asset(s).
_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

B. TOTAL ASSETS IN THE TRUST FUND

\$  

Line "B" must match Line "C".

C. TOTAL PRINCIPAL AND UNDISBURSED INCOME IN THE TRUST FUND

\$  

**Line "C" must match the total of the Principal AND Undisbursed Income from Schedule "E", Line 7.**

NOTE: If the balance of Undisbursed Income on Schedule "F", line 7 has a negative balance, provide an explanation for the over disbursement of income and what has been done to correct the over disbursement.

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