

ARKANSAS INSURANCE DEPARTMENT | PERPETUAL CARE CEMETERIES

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY A BANK TRUSTEE  
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, 1200 WEST THIRD STREET, LITTLE ROCK, AR 72201-1904.**

**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 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

DATE OF TRUST AGREEMENT: \_\_\_\_\_

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

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

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

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

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

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

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

SCHEDULES

CHECK IF COMPLETED  
SCHEDULE IS ATTACHED

Schedule "A" Principal and Undisbursed Income in the Trust Fund

Schedule "B" Assets and Liabilities in the Trust Fund

Copy of bank statements showing all deposits in and assets to the Trust Fund during filing period

AFFIDAVIT OF TRUSTEE

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

BEFORE ME, the undersigned authority, on the day personally appeared \_\_\_\_\_  
(Trust Officer)

a duly authorized Trust Officer of \_\_\_\_\_  
(Name of Bank)

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.

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Signature of Trust Officer)

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

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

My Commission Expires:

\_\_\_\_\_

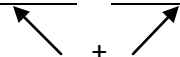
ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY BANK TRUSTEE

SCHEDULE OF ACCOUNTING FOR PRINCIPAL AND UNDISBURSED INCOME IN THE TRUST FUND AS OF \_\_\_\_\_

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 "A" of the previous Annual Report)	\$ _____	\$ _____
(2) ADDITIONS FOR THE CURRENT YEAR		
A. Trust Fund Deposits Received from Cemetery	\$ _____	██████████
B. Gross Income Earned on Trust Fund	██████████	\$ _____
C. Net Capital Gain	\$ _____	██████████
D. Accretion of Bond Discount	\$ _____	██████████
E. Other Miscellaneous Additions	\$ _____	\$ _____
(3) TOTAL ADDITIONS (add lines 2A thru 2E)	\$ _____	\$ _____
(4) SUBTOTAL (add lines 1 and 3)	\$ _____	\$ _____
(5) DEDUCTIONS FOR THE CURRENT YEAR		
A. Total Income Disbursements	██████████	\$ _____
B. Total Expenses	██████████	\$ _____
C. Net Capital Loss	\$ _____	██████████
D. Amortization of Bond Premium	\$ _____	██████████
E. Other Miscellaneous Deductions	\$ _____	\$ _____
(6) TOTAL DEDUCTIONS (add lines 5A thru 5E)	\$ _____	\$ _____
(7) Balances of Principal and Undisbursed Income in Trust Fund as of December 31 <sup>st</sup> (subtract line 6 from line 4)	\$ _____	\$ _____



Add these two numbers together. Does it match Pg. 4, Line "L"?

**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 BANK TRUSTEE  
SCHEDULE OF ASSETS AND LIABILITIES 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 Bank's Asset and Transaction Statement or similar record which reflects all Trust Fund transactions for the year and Trust Fund assets as of December 31<sup>st</sup>, List asset totals below at cost. Do not use market value.**

	<u>TOTAL COST</u>
A. Cash and Cash Equivalents	\$ _____
B. Money Market Funds	\$ _____
C. Savings Accounts and Certificates of Deposit	\$ _____
D. Government Securities and Municipal Obligation	\$ _____
E. Corporate Bonds and Obligations	\$ _____
F. Corporate Stocks	\$ _____
G. Bank Common Trust Funds	\$ _____
H. Mutual Funds	\$ _____
I. Real Estate Mortgages	\$ _____
J. Other Investments (Give a detailed description of each "Other Investment")	_____
_____	_____
_____	_____
_____	_____

**Please submit bank statement(s) showing the asset(s).**

K. Total Assets in the Trust Fund  
(Add the totals of lines A thru J above) \$ \_\_\_\_\_

**Line "K" must match Line "L"**

L. Total Principal and Undisbursed Income in the trust fund  
(From Schedule "A", line 7) \$ \_\_\_\_\_

**Line "L" must match the total of the principal AND undisbursed income from Schedule "A", Line 7**