

ARKANSAS CEMETERY BOARD

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

THIS ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 15th WITH THE ARKANSAS CEMETERY BOARD, Heritage West Building, Suite 300, 201 East Markham, Little Rock, Arkansas 72201.

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 }
}SS.
COUNTY OF _____ }

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:

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.

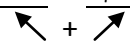
ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY ONE INDIVIDUAL TRUSTEE

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 st (from Schedule "E" of the previous year's annual report)	\$ _____	\$ _____
(2)	<u>ADDITIONS</u>		
Make sure "A" → matches the TOTAL from (D) on schedule "A" of the Annual Report.	A. Trust fund Deposits Received from Cemetery (from Schedule "A", page 3)	\$ _____	[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 st (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 31st.

A. SAVINGS ACCOUNTS AND CERTIFICATES OF DEPOSIT

NAME AND ADDRESS OF BANK OR <u>SAVINGS & 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.
