



ANNUAL REPORT OF PERPETUALLY-MAINTAINED CEMETERY BY CEMETERY COMPANY

FOR THE REPORTING YEAR: _____

PCC LICENSE NO: _____

IMPORTANT: This annual report must be filed with the Arkansas Insurance Department's (AID's) Funeral Services Division - Perpetual Care Cemeteries (PCC) within seventy-five (75) calendar days of year end.

Per Ark. Code Ann. § 20-17-1023 (b)(1), the **annual report fee** due with the annual report is **\$325.00**. Per Ark. Code Ann. § 20-17-1026 (a), the **annual permit renewal fee** is **\$100.00**. Per Ark. Code Ann. § 20-17-1023 (b)(2)(A), a fee of seven dollars (**\$7.00**) for each **burial sales contract** entered into by the cemetery company is due with this report, regardless of the number of spaces sold under the contract. This includes plots, crypts, and niches. **ALL THREE (3) OF THESE FEES MAY BE PAID WITH THE SAME CHECK.**

Acceptable forms of payment: Company Check, Cashier's Check, or Money Order - no cash will be accepted.

Make checks payable to the **Arkansas Insurance Department** and reference Perpetual Care Cemeteries on the memo line.

Mail the annual report and fee(s) to: [Arkansas Department of Commerce | Arkansas Insurance Department](#)
1 Commerce Way, Suite 502
Little Rock, AR 72202-2087
ATTN: Funeral Services Division – Perpetual Care Cemeteries

Pursuant to Ark. Code Ann. § 20-17-1023 (c)(1), cemetery companies that fail to file the annual report on or before the above-referenced deadline will be assessed a **\$50.00-per-day additional contribution** to the **Permanent Maintenance Trust Fund**. The State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services cannot waive this additional contribution.

AFFIDAVIT

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ and
AFFIANT 1

_____ known to be either the President and Secretary, or Owners, respectively, (or two of the
AFFIANT 2

responsible officers) of _____
NAME OF THE PERPETUAL CARE CEMETERY COMPANY

and being duly sworn on oath did depose and say, each for himself/herself that each of the affiants have read the attached and foregoing report of operations, activities, and exhibits/schedules attached hereto of said cemetery for the current year, 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.

[AFFIX NOTARY STAMP/SEAL BELOW]

SIGNATURE - PRESIDENT OR OWNER

SIGNATURE - SECRETARY

SUBSCRIBED AND SWORN TO before me on this date:

DATE

SIGNATURE - NOTARY PUBLIC

MY COMMISSION EXPIRES

PART I: GENERAL INFORMATION

Perpetual Care Cemetery Name: _____

Physical Location of Cemetery: _____
STREET ADDRESS CITY STATE ZIP CODE

Cemetery Contact Info: _____
BUSINESS PHONE BUSINESS FAX BUSINESS E-MAIL ADDRESS

Manager of Cemetery Property: _____
MANAGER'S NAME

Managers's Contact Info: _____
MANAGER'S PHONE MANAGER'S FAX MANAGER'S E-MAIL ADDRESS

Contact Person for Books/Records: _____
CONTACT PERSON NAME & TITLE

Contact Person's Address: _____
CONTACT PERSON'S STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

Contact Person's Contact Info: _____
CONTACT'S PHONE CONTACT'S FAX CONTACT'S E-MAIL ADDRESS

Physical Location of Books/Records: _____
BOOKS & RECORDS STREET ADDRESS CITY STATE ZIP CODE

Annual Report Preparer: _____
 Same as Above ANN. REPT. PREPARER'S NAME & TITLE

Annual Report Preparer's Address: _____
ANN. REPT. PREPARER'S STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

Ann. Rept. Preparer's Contact Info: _____
PREPARER'S PHONE PREPARER'S FAX PREPARER'S E-MAIL ADDRESS

ATTACHED EXHIBITS/SCHEDULES: [Check all that apply]

- Schedule "A"** - Recap of Schedules
- Schedule "B"** - Lot or Grave Space Sales (Paid In-Full) & Accounting for Trust Fund Deposits (by Month)
- Schedule "C"** - Mausoleum Sales (Paid In-Full) & Accounting for Trust Fund Deposits (by Month)
- Schedule "D"** - Lawn Crypt Sales and Trust Fund Deposits
- Schedule "E"** - Donations, Gifts, and Other Contributions | Fines
- Schedule "F"** - Burial Sales Contracts
- Complete transactional **Statement(s) of Account** for all Cemetery Trust(s). Must reflect all DEPOSITS TO and WITHDRAWALS FROM the Trust for the entire calendar year being reported (January 1st through December 31st).
- Other (Describe) _____
- Other (Describe) _____

ADDITIONAL NOTES/COMMENTS:

PART II: CEMETERY OWNERSHIP & TRUSTEE INFORMATION

[01] Perpetual Care Cemetery Business/Commercial License Type:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship (Individual) | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Professional Limited Liability Co. (PLLC) |
| <input type="checkbox"/> Public Limited Company (PLC) | <input type="checkbox"/> Other (Describe): _____ |

AR Secretary of State - Business/Commercial Filing #: _____

[02] Cemetery "Legal Entity" Name:

"PARENT COMPANY" OR "LEGAL ENTITY" NAME DATE INCORPORATED

Parent Co./Legal Entity Address:

PARENT CO. STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

[03] Name(s) of Individual Owner(s):

NAME - INDIV. OWNER 1 NAME - INDIV. OWNER 2

Indiv. Owner 1 Address:

INDIV. OWNER 1 STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

Indiv. Owner 1 Contact Info:

INDIV. OWNER 1 PHONE INDIV. OWNER 1 FAX INDIV. OWNER 1 E-MAIL ADDRESS

Indiv. Owner 2 Address:

INDIV. OWNER 2 STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

Indiv. Owner 2 Contact Info:

INDIV. OWNER 2 PHONE INDIV. OWNER 2 FAX INDIV. OWNER 2 E-MAIL ADDRESS

[04] Since the previous Annual Report, has there been any change in Ownership or Control of the Cemetery?

- YES** (Please see details/explanation below) **NO** change to ownership/control

[05] Trustee(s) for the Cemetery is/are as follows:

- A state or national bank with trust powers as authorized under [Ark. Code Ann. § 20-17-1014 \(1\)](#)
 Three (3) trustees as authorized under [Ark. Code Ann. § 20-17-1014 \(2\)](#)
 An individual trustee as authorized under [Ark. Code Ann. § 20-17-1014 \(3\)](#)

Does the Trustee have any Pecuniary or Financial Interest in the Cemetery?	
YES	NO

Please list the name(s) and address(es) of the individual trustee(s) or the trustee bank below:

TRUSTEE NAME TRUSTEE ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP CODE)

TRUSTEE NAME TRUSTEE ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP CODE)

TRUSTEE NAME TRUSTEE ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP CODE)

PART II: CEMETERY OWNERSHIP & TRUSTEE INFORMATION (CONTINUED)

[06] Since the previous Annual Report, have there been any changes to the Trustee(s) and/or the the type(s) of Trustee(s) being used?

YES (Please see details/explanation below)

NO change to trustee(s) or type(s) of trustee(s)

[07] Has an executed copy of the Trust Agreement (and all amendments thereto) been filed with the Arkansas Insurance Department's (AID's) Funeral Services Division - Perpetual Care Cemeteries segment?

YES

NO

[08] Were all sales contracts consecutively numbered when executed?

YES

NO

[09] Total number of **cemetary sales contracts** executed during the year in-review.

Total Count - Sales Contracts: _____

Contract Number of the FIRST sales contract executed during the year in-review: _____

Contract Number of the LAST sales contract executed during the year in-review: _____

[10] How many cemetery sales contracts were:

Cancelled? _____

Voided? _____

Reason(s) for sales contracts being cancelled/voided: _____

YES	NO
-----	----

[11] Does the cemetery maintain a copy of each sales contract in a numerical file or a numerical listing of each sale?

[12] Does the cemetery have any sales contracts that have been discounted with a bank or other financial institution?

[13] Does the cemetery maintain or use any deeds that are not pre-numbered?

[14] Total number of **pre-numbered deeds** executed during the year in-review.

Total Count - Pre-Numbered Deeds: _____

Number of the FIRST pre-numbered deed executed during the year in-review: _____

Number of the LAST pre-numbered deed executed during the year in-review: _____

[15] How many pre-numbered deeds were voided?: _____

Reason(s) for pre-numbered deeds being voided: _____

ADDITIONAL NOTES/COMMENTS:

SCHEDULE "A" - RECAP OF SCHEDULES

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY FOR THE REPORTING YEAR: _____

PERPETUAL CARE CEMETERY (PCC) NAME _____

PERPETUAL CARE CEMETERY (PCC) STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DESCRIPTION	TOTALS FROM SCHEDULE "B"	TOTALS FROM SCHEDULE "C"	TOTALS FROM SCHEDULE "D"	TOTALS FROM SCHEDULE "E"	COMBINED TOTALS
(A) Amount owed to Trust Fund as of December 31st of preceding year. [Total from Line E of Schedule "A" on the preceding year's Annual Report.]					
(B) Amount due to Trust Fund for current report year. [Total of Column 4 on Pages 6, 7, and 8, and Column 3 on Page 9.]					
(C) SUBTOTAL [ADD: ROW (A) + ROW (B)]					
(D) Deposits to Trust fund for current report year. [Total of Column 5 on Schedules "B," "C," and "D," and Column 4 on Schedule "E."]					
(E) Amount owed to Trust Fund as of December 31st of current report year. [SUBTRACT: ROW (C) - ROW (D)]					
(F) If Row (E) shows any amount(s) owed to the Trust Fund, enter the date(s) that the amount(s) was/were deposited into the Trust Fund.					

Compare totals in Row (D) with the bank statements and make sure that all deposits can be verified. If a deposit is not shown, explain below:

**SCHEDULE "B" - LOT OR GRAVE SPACE SALES (PAID IN-FULL) &
ACCOUNTING FOR CORRESPONDING TRUST FUND DEPOSITS (BY MONTH)**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY FOR THE REPORTING YEAR: _____

PERPETUAL CARE CEMETERY (PCC) NAME _____

PERPETUAL CARE CEMETERY (PCC) STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

	[1]	[2]	[3]	[4]	[5]	[6]	[7]
MONTH	# OF LOT SALES CONTRACTS PAID IN-FULL (BY MO.)	GROSS PRICE (\$) OF LOT SALES CONTRACTS PAID IN-FULL (BY MO.)	CONTRIBUTION PERCENTAGE (%)	AMOUNT DUE (\$) TO TRUST FUND (COL. [2] x [3])	TOTAL DEPOSIT(S) (\$) MADE TO TRUST FUND (BY MO.)	DATE(S) OF DEPOSIT(S) TO TRUST FUND (MM/DD/YY)	# OF DEEDS EXECUTED (BY MO.)
JANUARY			20.00%				
FEBRUARY			20.00%				
MARCH			20.00%				
APRIL			20.00%				
MAY			20.00%				
JUNE			20.00%				
JULY			20.00%				
AUGUST			20.00%				
SEPTEMBER			20.00%				
OCTOBER			20.00%				
NOVEMBER			20.00%				
DECEMBER			20.00%				
COMB. TOTALS							

Compare each deposit with the bank statements to ensure that all deposits can be verified. If a deposit is not shown, explain below:

**SCHEDULE "C" - MAUSOLEUM SALES (PAID IN-FULL) &
ACCOUNTING FOR CORRESPONDING TRUST FUND DEPOSITS (BY MONTH)**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY FOR THE REPORTING YEAR: _____

PERPETUAL CARE CEMETERY (PCC) NAME _____

PERPETUAL CARE CEMETERY (PCC) STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

	[1]	[2]	[3]	[4]	[5]	[6]	[7]
MONTH	# OF MAUSOLEUM SALES CONTRACTS PAID IN-FULL (BY MO.)	GROSS PRICE (\$) OF MAUSOLEUM SALES CONTRACTS PIF (BY MO.)	CONTRIBUTION PERCENTAGE	AMOUNT DUE (\$) TO TRUST FUND (COL. [2] x [3])	TOTAL DEPOSIT(S) (\$) MADE TO TRUST FUND (BY MO.)	DATE(S) OF DEPOSIT(S) TO TRUST FUND (MM/DD/YY)	# OF DEEDS EXECUTED (BY MO.)
JANUARY			5.00%				
FEBRUARY			5.00%				
MARCH			5.00%				
APRIL			5.00%				
MAY			5.00%				
JUNE			5.00%				
JULY			5.00%				
AUGUST			5.00%				
SEPTEMBER			5.00%				
OCTOBER			5.00%				
NOVEMBER			5.00%				
DECEMBER			5.00%				
COMB. TOTALS							

Compare each deposit with the bank statements to ensure that all deposits can be verified. If a deposit is not shown, explain below:

DEFINITIONS:

As defined by Ark. Code. Ann. § 20-17-1002. Definitions, (10), "Mausoleum" means a community-type structure or room or space in a building or structure used or intended to be used for the interment of human remains in crypts or niches.

PIF = Paid In-Full

**SCHEDULE "D" - LAWN CRYPT SALES (PAID IN-FULL) &
ACCOUNTING FOR CORRESPONDING TRUST FUND DEPOSITS (BY MONTH)**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY FOR THE REPORTING YEAR: _____

PERPETUAL CARE CEMETERY (PCC) NAME _____

PERPETUAL CARE CEMETERY (PCC) STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

	[1]	[2]	[3]	[4]	[5]	[6]	[7]
MONTH	# OF LAWN CRYPT SALES CONTRACTS PAID IN-FULL (BY MO.)	GROSS PRICE (\$) OF LAWN CRYPT SALES CONTRACTS PIF (BY MO.)	CONTRIBUTION PERCENTAGE	AMOUNT DUE (\$) TO TRUST FUND (COL. [2] x [3])	TOTAL DEPOSIT(S) (\$) MADE TO TRUST FUND (BY MO.)	DATE(S) OF DEPOSIT(S) TO TRUST FUND (MM/DD/YY)	# OF DEEDS EXECUTED (BY MO.)
JANUARY			5.00%				
FEBRUARY			5.00%				
MARCH			5.00%				
APRIL			5.00%				
MAY			5.00%				
JUNE			5.00%				
JULY			5.00%				
AUGUST			5.00%				
SEPTEMBER			5.00%				
OCTOBER			5.00%				
NOVEMBER			5.00%				
DECEMBER			5.00%				
COMB. TOTALS							

Compare each deposit with the bank statements to ensure that all deposits can be verified. If a deposit is not shown, explain below:

DEFINITIONS:

As defined by Ark. Code. Ann. § 20-17-1002. Definitions, (8), "Lawn Crypt" means an interment space sometimes referred to as a "belowground crypt," "westminister," or "turf top crypt" in a preplaced chamber or burial vault either side-by-side or at multiple depths, covered by earth and sod.

PIF = Paid In-Full

SCHEDULE "E" - SCHEDULE OF DONATIONS, GIFTS, FINES, AND OTHER MISCELLANEOUS CONTRIBUTIONS RECEIVED AND DEPOSITED INTO THE TRUST FUND (BY MONTH)

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY FOR THE REPORTING YEAR: _____

PERPETUAL CARE CEMETERY (PCC) NAME _____

PERPETUAL CARE CEMETERY (PCC) STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

	[1]	[2]	[3]	[4]	[5]
MONTH	FINE(S) LEVIED BY THE BOARD (PAYABLE TO THE TRUST)	DONATIONS, GIFTS, OR OTHER CONTRIBUTIONS RECEIVED	AMOUNT DUE (\$) TO TRUST FUND (COL. [1] + [2]) [SEE BELOW]	TOTAL DEPOSIT(S) (\$) MADE TO TRUST FUND (BY MO.)	DATE(S) OF DEPOSIT(S) TO TRUST FUND (MM/DD/YY)
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
COMB. TOTALS					

Compare each deposit with the bank statements to ensure that all deposits can be verified. If a deposit is not shown, explain below:

Please provide an explanation/description of each fine, gift, donation, and/or other miscellaneous contributions in the space provided below. [For example: fine(s) levied under the Cemetery Act, extra trust fund contributions made by purchasers, or trust fund income returned to the trust fund as additional principal contributions.]

It the total in Column [3] is not equal to the sum of Column [1] + Column [2], please explain why:

**SCHEDULE "F" - SCHEDULE OF BURIAL SALES CONTRACTS
ENTERED INTO BY THE CEMETERY COMPANY (BY MONTH)**

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY FOR THE REPORTING YEAR: _____

PERPETUAL CARE CEMETERY (PCC) NAME _____

PERPETUAL CARE CEMETERY (PCC) STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MONTH	[1]	[2]
	# OF BURIAL SALES CONTRACTS SOLD (BY MO.)	AMOUNT DUE TO DEPT. (\$7.00/EACH CONTRACT SOLD)
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
COMB. TOTALS		