

**MONTANA BOARD OF FUNERAL SERVICE
ATTN TRUST REPORTING
PO BOX 200511
301 S PARK, 4TH FLOOR
HELENA, MT 59620-0511
Phone: 406-444-5901 Email: dlibsdfnr@mt.gov
Website: www.funeral.mt.gov**

**2023 ANNUAL TRUST REPORT
CEMETERY PERPETUAL CARE AND MAINTENANCE FUND**

IMPORTANT INFORMATION

- **Reporting Cycle** – January 1, 2023, through December 31, 2023
- **Reporting Deadline** – March 1, 2024

A cemetery that does not report by the deadline may be subject to disciplinary action under [ARM 24.147.1604](#).

- **Reporting Deadline Extension Request** – March 1, 2024

Requests will be evaluated by the Board on a case-by-case basis. You will be notified of the Board's decision and, if granted, the length of the extension. Refer to [ARM 24.147.1604](#).

- **Signature** – The cemetery owner or manager must sign and attest to the information contained within the report.
- **Board Review** – This report is not an audit.

The Board will review all information provided and decide if further information or action is needed.

- **Submitting Your Report** –

- Email: dlibsdfnr@mt.gov
- Postal Mail: Board of Funeral Service, ATTN Trust Reporting, PO Box 200511, Helena, MT 59620
- In-Person: Board of Funeral Service, 301 S Park Avenue, 4th Floor, Helena, MT

- **Questions** – Contact Kris Brewer at 406-444-5901 or dlibsdfnr@mt.gov.

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SECTION 1 – Cemetery Information

1. Business Name/Cemetery Company Name: _____
2. Cemetery License Number: _____ *(one report per license)*
3. Cemetery DBA (if applicable): _____

| | | |
|-----------------|--------|----------|
| DBA Registered? | Yes | No |
| Status? | Active | Inactive |
4. Cemetery Physical Address: _____
5. Business Mailing Address: _____
6. Business E-mail Address: _____
7. Business Phone: _____ Cell Phone: _____

SECTION 2 – Owner and Manager Information

8. List all owners of the cemetery. If the business is owned by a corporation, list all the officers.

| Legal Name | Phone Number | MT License Number(s) *if applicable |
|------------|--------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

9. Cemetery Manager Name: _____
10. Cemetery Manager Email Address: _____

SECTION 3 – Financial Institution Information

11. Have you changed financial institutions since the prior reporting cycle?

No, the trust(s) is in the same institution.

Yes, the trust(s) has been moved to a different institution during this reporting cycle.

12. How many financial institutions did you use during this reporting cycle to hold cemetery perpetual care and maintenance funds? _____

For each institution used, provide the following information. Attach more pages if needed.

A. Institution Name: _____

Mailing Address: _____

Contact Name (if applicable): _____

B. Institution Name: _____

Mailing Address: _____

Contact Name (if applicable): _____

C. Institution Name: _____

Mailing Address: _____

Contact Name (if applicable): _____

SECTION 4 – Trust Account Summary

13. Provide the information requested in the table below. Attach more pages if needed. Please do not leave blank fields in the table – if the number or dollar is zero, specify this.

| | Institution A | Institution B | Institution C |
|---|---------------|---------------|---------------|
| Ending account balance for prior cycle (as of 12/31/2022) | | | |
| Ending account balance for this cycle (as of 12/31/2023) | | | |
| Total net income for this cycle, including interest, dividends, etc. (as of 12/31/2023) | | | |

14. Total expenditures from the net income, for the care and maintenance of the cemetery, during this cycle (as of 12/31/2022): _____

SECTION 5 – Preneed and At-Need Sales

15. Provide the information requested in the table below. Please do not leave blank fields in the table. If the number or dollar is zero, specify this.

| | Number of Preneed Sales | Number of At-Need Sales | Gross Proceeds of Sales | Total Money Deposited in Trust (Trust Money) |
|--|-------------------------------|-------------------------------|----------------------------|--|
| Lots | | | | |
| Grave Spaces | | | | |
| Crypts | | | | |
| Niches | | | | |
| Burial Rights | | | | |
| Other – Money collected on prior year installment sale, etc. | | | | |
| Other – Donations | | | | |
| Column Totals: | | | | |

Current Reporting Cycle: January 1, 2023, through December 31, 2023

16. Did you deposit any trust money from the prior reporting cycle during this reporting cycle?

Yes. During the current cycle I deposited \$_____ from the prior cycle.

No. All money from the prior cycle was deposited during the prior cycle.

17. Did you collect any trust money during this reporting cycle that was not deposited prior to the end of this reporting cycle?

Yes. From the trust money identified above, I did not deposit \$_____ prior to the end of this reporting cycle.

No. All trust money identified above was deposited prior to the end of this reporting cycle.

SECTION 6 – Attestation

As the owner or manager of this cemetery, I attest to the information contained within this annual perpetual care and maintenance fund report:

Signature

Date