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

2019 ANNUAL TRUST REPORT
CEMETERY PERPETUAL CARE AND MAINTENANCE FUND

IMPORTANT INFORMATION

- **Reporting Cycle** – January 1, 2019, through December 31, 2019.

- **Reporting Deadline** – March 1, 2020.

  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, 2020.

  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
  - Fax: 406-841-2363 (ATTN Trust Reporting)
  - 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, Trust Account Reviewer, at 406-444-5901 or dlibsdfnr@mt.gov.

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Current Reporting Cycle: *January 1, 2019, through December 31, 2019.*

SECTION 1 – Cemetery Information

1. Business Name/Cemetery Name: _____

2. Cemetery License Number: _____ *(one report per license)*

SECTION 2 – Owner and Manager Information

3. List all owners of the cemetery. If the business is owned by a corporation, list all the officers. Attach more pages if needed.

Legal Name:	Phone Number:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Cemetery Manager Name: _____

5. Cemetery Manager Email Address: _____

6. Cemetery Manager Phone Number: _____

(Continue to SECTION 3.)

SECTION 3 – Financial Institution Information

7. Have you changed financial institutions since the prior cycle?

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

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

8. How many financial institutions did you use during the current 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

9. 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 12/31/2018)			
Ending account balance for this cycle (as of 12/31/2019)			
Total net income for this cycle, including interest, dividends, etc. (as of 12/31/2019)			

10. Total expenditures from the net income, for the care and maintenance of the cemetery, during the current cycle (as of 12/31/2019): _____

Current Reporting Cycle: *January 1, 2019, through December 31, 2019.*

SECTION 5 – Preneed and At-Need Sales

11. 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.

	# of Preneed Sales	# of At-Need Sales	Gross Proceeds of Sales during Current Cycle	Proceeds of Sales **Collected** during Current Cycle	Total Money to be Deposited in Trust (Trust Money)
Lots / Grave Spaces					
Crypts					
Niches					
Burial Rights					
Other – Money collected on prior year(s) installment sale, etc.					
Other – Donations					
Column Totals:					

12. Did you deposit any trust money from the prior cycle during the current 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.

13. Did you collect any trust money during the current cycle that was not deposited prior to the end of the current cycle?

☐ Yes. From the trust money reported in QUESTION # 11, I did not deposit $_____ prior to the end of the current cycle.

☐ No. All trust money identified in QUESTION # 11 was deposited before the end of the current cycle.

SECTION 6 – Attestation

As the owner or manager of this cemetery, I attest that the information contained within this Annual Trust Report is accurate to the best of my knowledge:

Printed Name: _____

Signature: _____ Date: _____