MONTANA BOARD OF FUNERAL SERVICE PO BOX 200513 301 S PARK, 4TH FLOOR Helena, MT 59620-0512

Board Office Phone: 406-841-2394

Email: dlibsdfnr@mt.gov Website: www.funeral.mt.gov

ANNUAL TRUST REPORT – CEMETERY PERPETUAL CARE AND MAINTENANCE FUND

Important Reporting Information

- Filing Period This report is for the reporting cycle of January 1, 2017, through December 31, 2017.
- Filing Date Deadline This complete report is due to the board by March 1, 2018. A cemetery that does not file within the time prescribed may be subject to disciplinary action per ARM 24.147.1604(2). A cemetery company may request an extension. However, the request must be prior to the March 1 deadline. All requests for extension will be evaluated on a case-by-case basis by the board.
- **Signature** All reports must be signed by the owner(s) or cemetery manager attesting to the information contained within the report.
- **Board Review** This report is not an audit. Using the information submitted as part of this report the board will make a determination as to whether further information is needed and/or whether an audit might be necessary.
- Submitting Your Report Reports can be submitted via e-mail (<u>dlibsdfnr@mt.gov</u>), fax (406-841-2305), or postal mail to the address at the top of this page. If reports are faxed or mailed, mark them "Attention Lucy Richards".

Questions?

Contact Lucy Richards, Executive Officer, at 406-841-2394 or dlibsdfnr@mt.gov.

If different than business e-mail

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Se	ection 1 – Cemetery Information					
1.	Business Name/Cemetery Company Name:					
2.	Cemetery License Number:					
3.	Specific DBA of Cemetery:* If different than business name*					
4.	DBA REGISTERED					
	Yes	Active				
	No	Inactive				
5.	Cemetery Physical Address:*Physical address of this particular ceme					
6.	Business Mailing Address:*Mailing address, if different than physical address*					
7.	Business E-mail Address:					
8.	Telephone:		Cell			
	ection 2 – Owner and Manager In					
	egal Name	Primary Phone Nu	MT Licence Number(e)			
10	. Cemetery Manager Name:* *If different than owner* First	Middle	Last			
11	. Cemetery Manager E-mail Addre	SS:				

Section 3 – Financial Institution Information

- 12. Banking Institution, Savings or Building & Loan Association, or Credit Union Name:
- 13. Banking Institution, Savings or Building & Loan Association, or Credit Union Mailing Address:
- 14. Banking Institution, Savings or Building & Loan Association, or Credit Union Montana Branch Address:
 - *If different than mailing address above—per 37-19-828, MCA, the financial institution must maintain an office in the state of Montana*
- 15. Has there been any change in the financial institution in which your trust is located?

No, the trust is in the same financial institution as during the last reporting cycle.

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

Section 4 – Preneed and At-Need Sales

*list date range if more than one date

cycle.

37-19-828, MCA: "(1)(a) A party that provides services pursuant to a contract for a prearranged funeral or related services and
that receives money under the contract shall deposit the money within 10 business days of receipt in a banking institution or inves
the money in the stock of a savings or building and loan association or in the shares of a credit union".

the money in the stock of a savings or building and loan association or in the shares of a credit union".							
16. Did you deposit any money from the <u>previous</u> reporting cycle during this reporting cycle?							
Yes, during the <u>previous</u> reporting cycle I collected \$ in total money/gross proceeds which was not deposited before the end of that reporting cycle. \$ of the total money/gross proceeds was deposited into the perpetual care and maintenance fund during this <u>current</u> reporting cycle.							
No, I deposited all money collected during the previous reporting cycle during that same reporting cycle.							
17. List the total preneed and at need sales and the revenue <u>collected and deposited</u> for this reporting cycle. At least 15% of the gross proceeds must be deposited into the perpetual care and maintenance fund per <u>37-19-822, MCA</u> . If zero items were sold and/or dollar amounts are zero, enter "0" in the table. Do not leave blank fields in the table.							
	Total Number Sold (preneed and at-need)	Total Money/Gross Proceeds Collected for Sales	Total Money Deposited into Perpetual Care and Maintenance Fund from Gross Proceeds				
Lots		\$	\$				
Individual Grave Spaces		\$	\$				
Crypts		\$	\$				
Niches		\$	\$				
Burial Rights		\$	\$				
Other – Non-sale Money Collected/Deposited (donations, etc.)		\$	\$				
Total (from columns)		\$	\$				
18. Did you collect any money for preneed or at-need sales during this reporting cycle that was NOT deposited prior to the end of this this reporting cycle? Yes, during this current reporting cycle I collected \$ in total money/gross proceeds on							
which was NOT deposited during prior to the end of the current reporting cycle.							

No, I deposited all money collected during this current reporting cycle prior to the end of the current reporting

Section 5 – Trust Account Summary and Line Item Totals

19.	Principal Amount: \$	

1	Total previous reporting cycle end balance (includes all deposits, interest earned, and expenditures)	\$
2	Total current reporting cycle beginning balance	\$
3	Total collected during previous reporting cycle but deposited during current reporting cycle (see Section 4, question 16	\$
4	Deposits from lots, graves, crypts, niches, burial rights and other during current reporting cycle (see Section 5, question 17)	\$
5	Total trust interest or dividend income earned for current reporting cycle	\$
6	Administrative expenses, service charges, or penalties from banking institution/savings or building & loan association/credit union	\$
7	Total expenditures for cemetery care and maintenance from net income from interest or dividends for current reporting cycle	\$
	Final total current reporting cycle end balance (as of 12/31/17)	
8	= Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7	\$

Section 6 - Attestation

I, the owner or cemetery manager of this cemetery, attest to the information contained care and maintenance fund report.	within this annual perpetual
care and maintenance rand report.	
Legal Signature of Owner or Cemetery Manager	Date