

**ANNUAL STATEMENT OF PERPETUAL CARE FUND ACTIVITY
FOR YEAR ENDING 2021
FILING INSTRUCTIONS**

Who Must File an Annual Statement of Perpetual Care Fund Activity (Annual Statement)? All certificate holders must complete and file the Annual Statement. It is *extremely* important that you submit accurate and complete information. *Your Annual Statement is requested in our office by February 1, 2022 for processing but must be submitted by no later than March 1, 2022.*

Completing the Annual Statement

- Pages 1-6 of the Annual Statement are to be completed by the certificate holder.
- Exhibit A (Trustee Statement) of the Annual Statement is to be completed and signed by an officer of the bank or trust company holding perpetual care trust funds.
- After verification, Page 6 must be signed by a principal officer of the company as required by Section 712.041(b) of the Texas Health and Safety Code.
- Proof of “active” Account Status from the Texas Comptroller of Public Accounts must be submitted. You may look up your status and print the verification online at www.comptroller.texas.gov, select Franchise Tax Account Status" from the Lookup section.
- If changes were made or required since the previous year, include an assumed name certificate that has been filed with the Texas Secretary of State. **Note: These certificates expire 10 years after date of original filing.**
- Attach the most recent financial statements of the certificate holder including a balance sheet and income statement. The date of the financial statements may **not** be older than December 31, 2020. *Blank financial statement forms are available on our website and may be used if you do not have a financial statement format. Submission of financial statements is required to determine the certificate holder’s financial fitness and viability under Section 712.0037 of the Texas Health and Safety Code Annotated.*
 - Certificate holders may submit a 2020 tax return *with a balance sheet* in lieu of the financial statements.
 - The Department may request additional financial information if the balance sheet and income statement or tax return submitted do not clearly establish the certificate holder’s financial condition.

Filing the Annual Statement

Mail, fax, **or** e-mail the completed Annual Statement
to:

**Texas Department of Banking
ATTN: Non-Depository Supervision
2601 North Lamar Blvd.
Austin, Texas 78705-4294
Facsimile Number: (512) 475-1288
Electronic Mail: pfcpc@dob.texas.gov**

Please call a Non-Depository Supervision Representative at (512) 475-1287 or (512) 475-1285 with any questions concerning completion of this form.

You should maintain a copy of this completed form in your files for your next Departmental examination.

TEXAS DEPARTMENT OF BANKING
ANNUAL STATEMENT OF PERPETUAL CARE FUND
FOR YEAR ENDING DECEMBER 31, 2021

(Reference: Sections 712.041, Texas Health and Safety Code Annotated)

1. Certificate of Authority Number: _____

2. Name of Certificate Holder Corporation/Association/Organization: _____

3. Assumed or "Doing Business As" Names: _____

4. Current Corporation/Association/Organization Charter Number: _____ Date Filed: _____

Name and Percentage of majority shareholder(s), (e.g., own 25% or more of outstanding stock)

Name _____ % Owned _____ Name _____ % Owned _____

Name _____ % Owned _____ Name _____ % Owned _____

5. Organization Officers:

President: _____ Date Appointed: _____

Vice President: _____ Date Appointed: _____

Secretary: _____ Date Appointed: _____

Treasurer: _____ Date Appointed: _____

6. Cemetery Domicile Address: _____

City: _____ County: _____ State: _____ Zip _____

7. Mailing Address: _____

City: _____ County: _____ State: _____ Zip _____

8. Telephone Number: _____ Fax Number: _____

9. Contact Person: _____ E-mail address: _____

10a. Book Value of Total **Principal** in Trust Listed on **Page 7 (Trustee Statement)**:

Do not include Trust Earnings \$ _____

10b. Statutorily Required Deposit in Transit as of December 31, 2021: \$ _____

10c. Total of 10a and 10b: \$ _____

11. Grand Total Required Perpetual Care Fund as Listed on Page 3: \$ _____

12. Subtract Line 11 from Line 10c, should be equal to the capital gain or loss position of the fund: \$ _____

13. Acreage of Cemetery, as filed with County Clerk:

Developed: _____ Undeveloped: _____ Total Acreage: _____

14. Cemetery Manager: _____

How many years of cemetery experience does the Cemetery Manager have? _____

Cemetery Manager must have at least 2 years of cemetery management experience.

ANNUAL STATEMENT OF REQUIRED PERPETUAL CARE FUND

<u>SQUARE FOOTAGE</u>	<u>Square Feet</u>	<u>Required Deposit Amount</u>
Disposed of prior to 7/1/63	_____	
Special Fee Collected: _____		plus \$.20 sq. ft. \$ _____
Subsequent to Fund of \$100,000 plus \$.10 sq. ft.		
Disposed of from 7/1/63 thru 8/31/75	_____	@ \$.50 sq. ft. \$ _____
Disposed of from 9/1/75 thru 8/31/83	_____	@ \$.75 sq. ft. \$ _____
Disposed of from 9/1/83 thru 8/31/89	_____	@ \$1.00 sq. ft. \$ _____
Disposed of from 9/1/89 thru 8/31/03	_____	@ \$1.50 sq. ft. \$ _____
Disposed of from 9/1/03 to present	_____	@ \$1.75 sq. ft. \$ _____
Disposed of 9/1/93 thru 8/31/03 and 10% of purchase price is greater than \$1.50 sq. ft.		
Sales Price \$ _____		Price x 10% \$ _____
Second Rights of Interment \$ _____		Price x 10% \$ _____
Disposed of since 9/1/03 and 15% of purchase price is greater than \$1.75 sq. ft.		
Sales Price \$ _____		Price x 15% \$ _____
Second Rights of Interment \$ _____		Price x 15% \$ _____
TOTAL SQUARE FOOTAGE	_____	\$ _____ (+)(a)

<u>CRYPTS</u>	<u>Number of Crypts</u>	<u>Required Deposit Amount</u>
Disposed of prior to 7/1/63	_____	@ \$15.00 each \$ _____
Disposed of from 7/1/63 thru 8/31/75	_____	@ \$40.00 each \$ _____
Disposed of from 7/1/63 thru 8/31/75	_____	@ \$20.00 each \$ _____
Disposed of from 9/1/75 thru 8/31/83	_____	@ \$50.00 each \$ _____
Disposed of from 9/1/75 thru 8/31/83	_____	@ \$25.00 each \$ _____
Disposed of from 9/1/83 thru 8/31/89	_____	@ \$70.00 each \$ _____
Disposed of from 9/1/83 thru 8/31/89	_____	@ \$35.00 each \$ _____
Disposed of from 9/1/89 thru 8/31/03	_____	@ \$90.00 each \$ _____
Disposed of from 9/1/89 thru 8/31/03	_____	@ \$50.00 each \$ _____
Disposed of from 9/1/03 to present	_____	@ \$105.00 each \$ _____
Disposed of from 9/1/03 to present	_____	@ \$60.00 each \$ _____
Disposed of 9/1/93 thru 8/31/03 and 5% of purchase price is greater than \$90.00 or \$50.00 each		
Sales Price \$ _____		Price x 5% \$ _____
Disposed of since 9/1/03 and 7% of purchase price is greater than \$105.00 or \$60.00 each		
Sales Price \$ _____		Price x 7% \$ _____
TOTAL CRYPTS	_____	\$ _____ (+)(b)

ANNUAL STATEMENT OF REQUIRED PERPETUAL CARE FUND (cont'd.)

NICHES	Number of Niches		Required Deposit Amount
Disposed of prior to 7/1/63	_____	@ \$5.00 each	\$ _____
Disposed of from 7/1/63 thru 8/31/75	_____	@ \$10.00 each	\$ _____
Disposed of from 9/1/75 thru 8/31/83	_____	@ \$15.00 each	\$ _____
Disposed of from 9/1/83 thru 8/31/89	_____	@ \$20.00 each	\$ _____
Disposed of from 9/1/89 thru 8/31/03	_____	@ \$30.00 each	\$ _____
Disposed of from 9/1/03 to present	_____	@ \$35.00 each	\$ _____
Disposed of 9/1/93 thru 8/31/03 and 10% of purchase price is greater than \$30.00 each			
Sales Price \$ _____	_____	Price x 10%	\$ _____
Second Rights of Interment _____		Price x 10%	\$ _____
Disposed of since 9/1/03 and 15% of purchase price is greater than \$35.00 each			
Sales Price \$ _____	_____	Price x 15%	\$ _____
Second Rights of Interment _____		Price x 15%	\$ _____
TOTAL NICHES	_____		\$ _____ (+)(c)
Additional deposits for difference in P/C of exchanged property			\$ _____ (+)(d)
Initial Fund Deposit for Cemeteries Established After 9/1/93			\$ _____ (+)(e)
Contractual Excess			\$ _____ (+)(f)
TOTAL STATUTORY REQUIRED (a + b + c + d + e + f = g)			\$ _____ (=)(g)
Voluntary Excess			\$ _____ (+)(h)
GRAND TOTAL PERPETUAL CARE FUND (g + h = i)			\$ _____ (=)(i)

(To page 1, Line 11)

QUESTIONNAIRE RELATING TO THE ANNUAL STATEMENT

The Texas Department of Banking (Department) relies on the certificate holder's statements and all information contained in this Annual Statement of Funds (Annual Statement) to be true and correct with no material misrepresentation. A request for additional support may be made in response to this Annual Statement and during Departmental examinations.

1. Has there been any addition or change to the cemetery's developed interment property (e.g., gardens, mausoleums, cremation receptacles, etc.) since your most recent Annual Statement was filed?

Yes No

If yes, have you filed the plat and dedication of cemetery property with the County Clerk to comply with the requirements of Section 711.034 of the Health and Safety Code? Yes No N/A

2. Have all written consumer complaints (if any) against your establishment been resolved? Yes No N/A

If no, explain: _____

3. Does the cemetery organization, or an *affiliate* organization of the cemetery, maintain or sell trust-funded or insurance-funded preneed funeral merchandise and/or services as defined under Section 154.002 of the Texas Finance Code? Yes No

If yes, provide the permit holder name(s) and prepaid funeral permit number(s) or attach a separate list:

Name: _____ Permit Number _____

Name: _____ Permit Number _____

Name: _____ Permit Number _____

4. Has 25 percent or more of the stock or other ownership interest of the cemetery corporation /association /organization changed since the previous Annual Statement filing? Yes No

If yes, was the Department notified in accordance with Section 712.0039 of the Health and Safety Code? Yes No

Please explain the change of control: _____

5. Has the certificate holder experienced any defalcation or fraud since the previous Annual Statement filing? Yes No

If yes, explain: _____

6. Has the certificate holder been subject to any regulatory actions by any agency (enforcement actions, consent orders, etc.) since the certificate holder's previous Annual Statement filing? Yes No

If yes, explain: _____

QUESTIONNAIRE (CONTINUED)

7. Has the certificate holder had any permit/license suspended, revoked, or renewal refused by any agency since the certificate holder's previous Annual Statement filing? Yes No

If yes, explain: _____

8. Has there been any litigation involving the certificate holder initiated since the certificate holder's previous Annual Statement filing? Yes No

If yes, explain: _____

9. Have there been any material changes to the certificate holder's business plan, products, services, or financial condition since the previous Annual Statement filing? Yes No

If yes, explain: _____

10. Does the cemetery organization or an affiliate of the cemetery organization own or operate a funeral home or maintain another certificate of authority to operate another perpetual care cemetery? Yes No

If yes, provide the name(s) in the space below or attach a list of the entities.

11. Has the cemetery organization constructed or is it engaged in the pre-selling of any new mausoleum(s), ossuary(ies), and/or columbarium(ria) interment locations? Yes No

For pre-selling of new mausoleum(s), has the cemetery organization complied with Section 712.061 of the Health and Safety Code, and established either a preconstruction trust or put a performance bond in place?

Yes No N/A

If a preconstruction trust has been established, has the certificate holder included the December 31, 2021 trust statement? Yes No

If no, explain: _____

12. Does the certificate holder have legal ownership to the cemetery property? Yes No

If no, explain: _____

13. Has the certificate holder included the most recent financial statements of the certificate holder including a balance sheet and income statement? Yes No

If no, explain: _____

ANNUAL STATEMENT ACKNOWLEDGEMENT

I sign the foregoing Annual Statement as a principal officer of the certificate holder, having full authority to sign such Annual Statement in said capacity. I affirm I have read the Annual Statement and the attached exhibits, and all information contained therein is true and correct and no material fact has been omitted. I affirm that the certificate holder is familiar with and will abide by the provisions of Chapters 711 and 712, Texas Health and Safety Code. I further affirm that per Section 712.041(b) of the Texas Health and Safety Code that the Annual Statement has been reviewed and verified by a second principal officer.

By: _____
Name of Certificate Holder

Signature of Officer

Officer Name and Title

Date