

**ANNUAL STATEMENT OF PERPETUAL CARE FUND ACTIVITY
FOR YEAR ENDING 2024
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 14, 2025 for processing but must be submitted by no later than March 1, 2025.*

Completing the Annual Statement

- Pages 1-5 of the Annual Statement are to be completed by the certificate holder.
- Page 6 (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 5 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.
- Provide an assumed name certificate(s) filed with the Texas Secretary of State. *Note: Assumed name 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, 2023. *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.*
 - Certificate holders may submit a 2023 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

Email, **or** mail the completed Annual Statement to:

**Texas Department of Banking
ATTN: Non-Depository Supervision
2601 North Lamar Blvd.
Austin, Texas 78705-4294
Email: pfcpc@dob.texas.gov**

Please call a Non-Depository Supervision Representative at (512) 475-1285 or (512) 475-1287 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, 2024

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

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

3. Assumed or "Doing Business As" Name(s): _____
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 6 (Trustee Statement)**:
Do not include Trust Earnings \$ _____
- 10b. Statutorily Required Deposit in Transit as of December 31, 2024: \$ _____
- 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. Does the certificate holder have legal ownership to the cemetery property?..... Yes No
 If no, explain: _____

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, list the name(s) or attach a list of the entities.

Does the cemetery, or an *affiliate* 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 _____

2. Please identify all changes to cemetery property that apply since the previous Annual Statement filing.

- | | | |
|---------------------------------------|--|---|
| a. New gardens or ground spaces added | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , platted and filed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. New columbarium added | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , platted and filed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. New cremation receptacles added | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , platted and filed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| d. New lawn crypt development added | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , platted and filed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| e. New mausoleum added | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , platted and filed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| f. New ossuary | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , platted and filed Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

If “N/A” is selected above, you are confirming one of the following platting provisions apply:

- An existing cemetery plat has been amended and will be replatted within the required timeframe as outlined in Section 711.034(e) of the Health and Safety Code..... Yes No
- Cremation receptacles placed in the cemetery are limited to four or less niches and placed on a platted plot as outlined in Section 711.034(e-1) of the Health and Safety Code and documented as required per Section 26.6 of the Administrative Code..... Yes No

If the cemetery organization is engaged in the pre-selling of any new mausoleum(s) crypts and/or niches, 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, 2024 trust statement?.....Yes No
 If no, explain: _____

3. Since the previous Annual Statement filing, has the **certificate holder** experienced any of the following:
- a. Subject to a change in ownership/membership interest greater than 25%?..... Yes No
 - b. Subject to any written consumer complaints that remain unresolved?..... Yes No
 - c. Subject to any violations cited at the last examination that remain unaddressed?..... Yes No
 - d. Subject to any defalcation or fraud?..... Yes No
 - e. Subject to any actions by a regulatory agency (e.g. enforcement actions, consent orders, (etc.)?..... Yes No
 - f. Subject to any permit/licensure suspension, revocation, or refusal of renewal by a regulatory agency?..... Yes No
 - g. Subject to any litigation?..... Yes No
 - h. Subject to any material changes affecting the permit holder’s business plan, products sold, services offered, or financial condition?..... Yes No

If you answered yes to any question 3a - 3h, please provide an explanation below.

4. Has the certificate holder included the most recent financial statements of the certificate holder including a balance sheet and income statement?..... Yes (Required)

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: _____
Corporate Name of Certificate Holder

Signature of Officer

Date

Officer Name and Title

**ANNUAL STATEMENT OF PERPETUAL CARE FUND TRUSTEE STATEMENT
(Reference: Sections 712.043, Texas Health and Safety Code)**

Name and Address of Financial Institution: _____

Name of Cemetery Certificate Holder: _____

**STATEMENT OF CONDITION OF PERPETUAL AND
IRREVOCABLE FUNDS IN TRUST AS OF DECEMBER 31, 2024**

<u>ASSETS</u>	<u>TAX COST</u>	<u>MARKET VALUE</u>
Cash	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
U.S. Government Bonds	\$ _____	\$ _____
Municipal Obligations	\$ _____	\$ _____
Corporate Stocks	\$ _____	\$ _____
Building/Loan Investments	\$ _____	\$ _____
Real Estate Mortgages	\$ _____	\$ _____
Other Investments	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____

Asset Breakdown (TAX COST)

Principal in Trust (To Page 1, Line 10a)	\$ _____	
Undisbursed Income in Trust	\$ _____	(this amount must tie to total income cash and income investment on 12/31/24 trust statement)
TOTAL IN TRUST	\$ _____	

I hereby certify that the foregoing statement of condition of perpetual and irrevocable funds in trust is true and correct to the best of my knowledge and belief and has been prepared by a representative of my institution.

Officer of Depository Signature _____

Printed Name and Title _____

Date _____

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