



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Perpetual Care Cemetery Board**

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4497 • contact.cemetery@llr.sc.gov • Fax: 803-896-4554  
llr.sc.gov/cem

## **CARE AND MAINTENANCE TRUST FUND ANNUAL REPORT**

### **Instructions for Preparation**

1. This form should be completed from the official records of the cemetery and submitted to the Cemetery Board within ninety (90) days of the end of the calendar or fiscal year of the Cemetery.
2. An officer of the licensee should sign the certification of accuracy at the bottom of the form prior to submission.
3. All information requested should be supplied. If an item is not applicable to the licensee, an “N/A” should be placed in that space – no space should be left blank.
4. As noted at the bottom of the Annual Report, written verification from the Fund Trustee must accompany this report. This verification may take the form of a copy of year-end bank statement of the trust or a separate written statement from the Trustee.
5. As further noted, the Annual Report should be examined by a licensed CPA or PA annually, and the Accountants Report should be furnished to the Board within one-hundred and fifty (150) days of the end of the licensee’s fiscal year.
6. **FINANCIAL INFORMATION** – instruction concerning the source of each line item requested is provided next to the item. The following additional information is provided to assist in the report preparation.
  - a) Line 1 – This amount should be the same as the ending balance on the prior year’s report.
  - b) Lines 2 – 8 – These amounts should represent contracts that were COMPLETED or FULLY PAID during the fiscal year. Section 40-80-110(C) does not require deposit into the trust fund until receipt of final payment on a contract. Because the licensee has up to sixty (60) days after final payment on a contract to make the required deposit, there may be deposits into the fund at the beginning of the year which represent prior year completed sales. Likewise, there may be sales made at the end of the current fiscal year for which a deposit has not been made at year end. A reconciliation of sales records to trust fund deposits should be provided to explain these differences.
  - c) Line 9 – this line should be used refer to the reconciliation described above and/or explain other discrepancies.
  - d) Line 10 – Trust Fund earnings for the year should be listed here. If investment losses exceeded gains, the net loss for the year should be shown, instead.
  - e) Line 11 - Self explanatory.
  - f) Line 12 – This amount should be the actual amount in the Care and Maintenance Trust Fund at the end of the fiscal year, as verified by the trustee.



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Fiscal year covered by this report: \_\_\_\_\_ Cemetery Board License no.: \_\_\_\_\_

Name of cemetery: \_\_\_\_\_

Cemetery address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Corporate or business name: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

- |     |   |          |
|-----|---|----------|
| 1.  | Amount in Trust Fund at close of previous fiscal year (as shown on last report)   | \$ _____ |
| 2.  | Spaces selling for \$400 or less per grave space/niches:<br>Number paid for between close of last fiscal year and the end of the<br>Current fiscal year. Number _____ times \$40 =  | \$ _____ |
| 3.  | Spaces selling for over \$400 per grave space/niches:<br>Selling price of lots on which final payment was received between<br>close of last fiscal year and the end of the Current fiscal year<br>Amount \$ _____ times 10% = | \$ _____ |
| 4.  | Amount due on spaces that were given away. (10% of value or \$40,<br>Whichever is greater)  | \$ _____ |
| 5.  | Mausoleum crypts sold - \$100 or 5% of sales price (whichever is greater)   | \$ _____ |
| 6.  | Amount collected for Memorials or Markers (8 cents per sq. inch minimum)<br>Show rate if collecting at rate higher than 8 cents minimum (_____)   | \$ _____ |
| 7.  | Total payments due Trust Fund by Licensee for this fiscal year (Lines 2,3,4,5,6)  | \$ _____ |
| 8.  | Actual payments made by Licensee to Trust Fund for fiscal year  | \$ _____ |
| 9.  | If amount on line 8 is less than that shown on line 7 explain the difference:<br>_____<br>_____   |          |
| 10. | Interest or other Income/(Loss) earned by the Trust Fund  | \$ _____ |
| 11. | Trustee Fees, expenses, and other withdrawals paid by the Trust Fund  | \$ _____ |
| 12. | Trust Fund balance at end of fiscal year (Lines 1+8+10-11)  | \$ _____ |

I, \_\_\_\_\_, an officer of \_\_\_\_\_ (licensee) certify that the above financial report of the Care and Maintenance Trust Fund is accurate and without material error.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: Section 40-8-110(L) - "If a report is not received within the required time, the board may levy and collect a penalty of not less than twenty-five dollars a day or more than one hundred dollars a day for each day of delinquency."

In accordance with Section 40-8-100(A) and 40-8-110(G) and "Procedures for Examination of the Care and Maintenance Trust Fund and Merchandise Account" adopted by the Board, this annual report must be examined by a Licensed Public Accountant annually. The Accountant's report should be furnished to the Board for each year.

Written verification from Trustee of amount in account at date of fiscal year end must be attached.