

CARE AND MAINTENANCE TRUST FUND, ANNUAL TRUSTEE REPORT

Florida Division of Funeral, Cemetery, and Consumer Services
 Board of Funeral, Cemetery, and Consumer Services
 Under Section 497. 266, Florida Statutes

Pursuant to s. 497.269 and rule 69K-7.0012, Florida Administrative Code, any entity which for all or any part of a calendar year served as trustee of a Care and Maintenance Trust Fund under s. 497.266, Florida Statutes, shall by not later than April 1st of the following year file a report on this form with the Division of Funeral, Cemetery, and Consumer Services, with respect to the care and maintenance trust fund for all or that portion of the said calendar year in which said entity acted as trustee of the trust. File this report with the Division at the following address: Division of Funeral, Cemetery, and Consumer Services, 200 East Gaines Street, Tallahassee FL 32399-0361.

- (1) This report is filed by:
- (a) Trustee name: _____
 - (b) Trustee address: _____
 - (c) Trust account number: _____
 - (d) Trustee staff member and phone number to be contacted regarding questions about this report: _____

The above named trustee is hereinafter referred to as "we".

- (2) This report relates to the care and maintenance trust fund of the following cemetery:
- (a) Cemetery D/B/A (if any): _____
 - (b) Cemetery licensed name: _____
 - (c) Cemetery License #: _____
 - (d) Cemetery actual address: _____

(3) This report relates to the calendar year ending December 31, _____.

- (4) Check one:
- This is a partial year report. We were not trustee for the entire calendar year. In the above referenced calendar year we were trustee from _____ (date) to _____ (date).
- This is an entire year report. We were trustee for the entire calendar year to which this report relates.

(5) During the period to which this report relates, distributions to the cemetery were made utilizing the following distribution method under s. 497.2675, Florida Statutes (check one):

- Net income withdrawal method, 497.2675(2)(a)
- Total return withdrawal method, 497.2675(2)(b)

(6) The following data relates to the period in which we were trustee of the trust in the calendar year to which this report relates.

Trustees please note: For purposes of this report, and as defined at s. 497.005(34), Florida Statutes, the term "fair market value" means the fair market value of assets held by a trust as of a specific date, assuming all assets of the trust are sold on that specific date.

- (a) Beginning fair market value of the trust on the first day of the period reported (this will be January 1 for entire year reports; or the date we became trustee if other than January 1, for partial year reports): \$ _____
- (b) Amounts deposited to the trust by the cemetery during the period reported:

Date	\$Amt		Date	\$Amt		Date	\$Amt

(c) Total amount deposited to the trust by the cemetery during the period reported: \$ _____

(d) Amounts distributed to cemetery from the trust during the period reported:

Date	\$Amt		Date	\$Amt		Date	\$Amt

(e) Total amount distributed to the cemetery from the trust during the period reported: \$ _____

(f) Ending fair market value of the trust on the last day of the period reported (this will be December 31 for entire year reports; will be the "To" date specified above for partial year reports): \$ _____

(g) If we were not trustee as of December 31 of the calendar year to which this report relates, the fair market value of assets we transferred to the successor trustee was: \$ _____

(h) Composition of Trust. Show by the categories below the composition of Trust assets, in dollars or percent of the total trust fair market value, on the last day of the period reported. Or, select and comply with "Alternative" below.

- _____ Unrestricted cash and cash equivalents (highly liquid investments with a maturity of three months or less at the time of purchase. Examples: U.S. treasury bills; commercial paper; money market funds)
- _____ Stocks and other equity securities, publicly traded
- _____ Bonds and other fixed income securities, publicly traded (excludes government securities)
- _____ Government securities (U.S government, state government, city or county government) (excludes items reported under cash equivalents, above)
- _____ Mutual fund shares
- _____ Real estate (where title or mortgage interest held by Trustee)
- _____ Partnership interests
- _____ Promissory notes and other evidences of amounts due the trust on loans by the trust
- _____ Other

(i) Alternative method of reporting composition of trust assets

_____ (enter x if you select this alternative) We report composition of trust by attaching a statement of account as described below.

As an alternative to completing the Composition of Trust list immediately above, the trustee may attach to this report a copy of the account statement for the period reported herein, as provided by the trustee to the cemetery, if such account statement provides (by whatever name called): a summary of investments by categories; a detail list of account investments; a summary of transactions; and a detailed list of transactions.

(7) INCOME ACCOUNT

- (a) Beginning ordinary income account balance for the period reported: \$ _____
- (b) Gross ordinary income received in period reported: \$ _____
- (c) Trustee fee for period reported: \$ _____
- (d) Investment advisor fee \$ _____
- (e) Other expenses: \$ _____

- (f) Net income of the trust in the period reported: \$_____
- (g) Realized capital gains or (losses): \$_____
- (h) Amount transferred from income to trust principal by cemetery \$_____

(8) In the period reported, was trust principal used to pay any trust non-tax expenses, including but not limited to: trustee fees; custodian fees; investment adviser fees; allocation fees? YES NO
(see s. 497.268(2), trust expenses may not be paid from principal).

(9) In the period reported, was trust principal used to pay any income taxes or other taxes, other than capital gains taxes?
 YES NO
(see s. 497.268(2), and 497.2675(3): taxes may not be paid from principal, except that capital gains taxes shall be paid from principal.)

TRUSTEE CERTIFICATION

Name of cemetery: _____
 Report re calendar year ending December 31, _____
 Trust account no: _____

As authorized representative of the trustee identified below, I hereby certify that the information reported in this trustee's report is true and correct to the best of the knowledge and belief of the trustee.

SIGNATURE OF TRUSTEE AUTHORIZED REPRESENTATIVE:

 Signature

 Date signed

Print name of person signing: _____