

# New Jersey Cemetery Board Line-By-Line Instructions for Filing Maintenance and Preservation Fund Report "New Jersey Cemetery Act, 2003"

Machine copied reports and reports completed in pencil will not be accepted. This report is due 120 days after the cemetery's fiscal year end. A penalty may be assessed for failure to file by the due date.

- **THIS REPORT MUST BE NOTARIZED AND ACCOMPANIED BY VERIFICATION OF THE BOOK VALUE/TAX COST/COST BASIS OF THE ACCOUNT(S) REPORTED.**
  - **FOR ACCOUNT VALUES ≤ \$150,000, A LETTER SIGNED BY THREE TRUSTEES/OFFICERS STATING THE BOOK VALUE/TAX COST/COST BASIS IS REQUIRED.**
  - **FOR ACCOUNT VALUES > \$150,000, COMPLETE FINANCIAL STATEMENTS CLEARLY DELINEATING THE BOOK VALUE/TAX COST/COST BASIS ARE REQUIRED.**
  - **THIS REPORT MUST BE ACCOMPANIED BY ONE OF THE FOLLOWING:**
    - **IRS Form 990 (part of the cemetery's tax filing),**
    - **IRS Form 990 EZ (part of the cemetery's tax filing), or**
    - **The information that would need to be provided at the required annual meetings of the cemetery or the information needed to request a loan for the cemetery.**
1. Full name as shown on your Certificate of Authority and indicate month, day, and year of the end of the fiscal year covered by this report.
  2. Give the physical address of the cemetery.
  3. Mailing address of cemetery if different from #2.
  4. Person to whom correspondence, telephone inquiries, and emails should be delivered.
  5. Corporate status of the cemetery.
  6. If the cemetery has any outstanding certificates of interest, indebtedness or stock, please check the appropriate box.
  7. Give the total number of cremations that were performed by your crematory during the year being reported.
  8. List names and addresses of all financial institutions that hold Maintenance & Preservation funds and/or other trust funds in this section. *Additional information regarding all trust funds will be required in 28 and 29.*
  9. Name and address of individuals who control/direct the financial instruments of the Maintenance & Preservation fund.
  10. Show total book value/tax cost/cost basis of the Maintenance & Preservation fund at the beginning of the fiscal year covered by this report. This figure should correspond to the ending book value on line 25 of the previous year's filing.
  11. Column A must reflect total actual receipts from lot and grave sales for the fiscal year covered by this report. Column B must reflect the actual dollar amounts deposited into the cemetery's Maintenance & Preservation Fund during the fiscal year.

- 11(a). The New Jersey Cemetery Act, 2003, at N.J.S.A. 45:27-13(c)(l), requires a minimum deposit of 15% of the gross sales price of each grave. Enter the total gross amount collected in Column A. Enter 15% of Column A in Column B.
- 11(b). N.J.S.A. 45:27-13(c)(3) requires a minimum deposit of 15% of the current retail gross sale price of comparable graves. Find the total value at retail of the graves sold in bulk by multiplying the number of graves sold times the price for comparable graves from your current price list. Enter the result in Column A. Enter 15% of Column A in Column B.
12. The amount which must be entered on this line pursuant to N.J.S.A. 45:27-13(c)(5) shall be calculated as follows: Enter in Column A the total current gross sales price from your current price list of the same number of graves which would be equivalent graves to those that were transferred during the fiscal year. Take 15% of Column A and subtract from it from any deposits previously made into the trust fund for the graves that were transferred. Enter the result in Column B.
13. Column A must reflect total actual receipts from crypt and niche sales. Column B must reflect the actual dollar amount deposited into the trust fund during the fiscal year covered by this report.
- 13(a). N.J.S.A. 45:27-13(c)(2), requires a minimum deposit of 10% of the gross sales price of each crypt or niche in a public mausoleum. Enter the total gross amount collected in Column A. Enter 10% of Column A in Column B.
- 13(b). N.J.S.A. 45:27-13(c)(4) requires a minimum deposit of 10% of the current retail gross sale price of comparable crypts or niches. Find the total value at retail of the crypts or niches sold in bulk by multiplying the number of crypts or niches sold times the price for comparable crypts or niches from your current price list. Enter the result in Column A. Enter 15% of Column A in Column B.
14. The amount which must be entered on this line pursuant to N.J.S.A. 45:27-13(c)(6) shall be calculated as follows: Enter in Column A the total current gross sales price from your current price list of the same number of crypts or niches which would be equivalent crypts or niches to those that were transferred during the fiscal year. Take 15% of Column A and subtract from it any deposits previously made into the trust fund for the crypts or niches that were transferred. Enter the result in Column B.
15. This section must reflect the number of interments made during the fiscal year covered by this report. Enter that number on line 15. N.J.S.A. 45:27-13(c)(7) requires that the greater of either 3% of the charge, or \$20.00 per interment be deposited into the trust fund.
- 15(a). Enter in Column A the total amount collected for all interments for which the charge was more than \$660.00 each. Enter 3% of Column A in Column B.
- 15(b). Enter in Column A the number of interments for which the charge was less than \$660.00 each. Multiply the number in Column A times \$20.00. Enter the result in Column B.
16. This section must reflect the number of foundations, bases or installations charged for during the fiscal year covered by this report. N.J.S.A. 45:27-13(c)(8) requires that the greater of either 10% of the charge, or \$20.00 per foundation, base, or installation be deposited into the trust fund.
- 16(a). Enter in Column A the total amount collected for all foundations, bases or installations for which the charge was more than \$200.00 each. Enter 10% of Column A in Column B.
- 16(b). Enter in Column A the number of foundations, bases or installations for which the charge was less than \$200.00 each. Multiply the number in Column A times \$20.00. Enter the result in Column B.
17. Tally the totals in column "B" only of lines 11a through 16b. This is the Total Deposited in

the Maintenance and Preservation account during the year.

18. Deposits to put old graves under M & P
19. Reversal of prior fiscal years deposit in transit.
20. Deposit in transit for current fiscal year.
21. Capital Gains (+)
22. Capital Loss (-)
23. Use these lines to show transactions which affected book value/tax cost/cost basis of Maintenance and Preservation Fund, but are not included in lines 11a through 16b (i.e., money transferred to the Maintenance & Preservation fund from the general operating fund; income retained in the Maintenance & Preservation fund from line 26b). Explain each entry on the blank line provided.
24. Use these lines to show transactions which affected book value/tax cost/cost basis of Maintenance and Preservation Fund, but are not included in lines 11a through 16b (i.e., money transferred to the Maintenance & Preservation fund from the general operating fund; income retained in the Maintenance & Preservation fund from line 26b). Explain each entry on the blank line provided.
25. Show total book value/tax cost/cost basis of the Maintenance & Preservation Fund at the close of the fiscal year covered by this report. Attach a detailed list of all securities and investments in which the Maintenance & Preservation fund is invested and have an officer of the banking institution holding this fund attest to the accuracy of the list of the securities and investments. If your Maintenance & Preservation fund is under \$150,000 three cemetery officers may attest to the accuracy of the list of securities and investments. The figure inserted on line 25 should be the total of lines 10, 17 (TOTAL DEPOSITED) and lines 18, 19, 20, 21, 22, 23, and 24.
26. Show total income earned by M & P Fund during fiscal year covered by this report. Include interest, dividends, etc.
- 26a. Enter the portion of income earned (line 26 above) that will be used for general operating expenses.
- 26b. Enter the portion of income earned (line 26 above) that will be retained permanently in the Maintenance & Preservation corpus.
27. The New Jersey Cemetery Board is obligated by law to raise revenues sufficient to cover the cost of its operations (N.J.S.A. 45:1-3.2). The Board has established a schedule of fees for this purpose (N.J.A.C. 13:44J-3.1). The fees due the Board are a \$75.00 filing fee with the Maintenance & Preservation Report; \$4. Per interment for all interments over 25; and \$1 per cremation performed by cemeteries that operate crematories.
28. List all requested information regarding the Maintenance & Preservation fund here. If Maintenance & Preservation financial instruments are in separate accounts, please list each and every account. Financial statements required.
29. List all requested information regarding other trust funds held by the cemetery (i.e., public mausoleums) here. Financial statements required.
30. Names and addresses of Officers. *A cemetery company may list the business address of its officers.*
31. Names and addresses of Trustees or Directors. *A cemetery company may list the business address of its Trustees or Directors.*



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 New Jersey Cemetery Board  
 124 Halsey Street, 6th Floor, P.O. Box 45036  
 Newark, New Jersey 07101  
 (973) 504-6553

## Annual Report of Maintenance and Preservation Fund and Other Funds

**Fiscal Year Ended:** \_\_\_\_\_  
Month Day Year

1. \_\_\_\_\_  
Name of Cemetery Certificate of Authority Number

2. \_\_\_\_\_  
Location - Street Address City State ZIP code

3. \_\_\_\_\_  
Mailing - Street Address City State ZIP code

4. \_\_\_\_\_  
Name - Contact person for Cemetery Telephone number (include area code)  
 \_\_\_\_\_  
E-mail Address

5. Status:  For Profit  Non-Profit

6. Are there outstanding Certificates of Interest/Indebtedness/Stock?  Yes  No

7. How many cremations were performed by your Crematory? \_\_\_\_\_

8. Name(s) and address(es) of custodial bank(s) for Maintenance and Preservation (M&P) and other trust funds:

a. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

b. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

c. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

d. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

9. Name and address of individuals who control/direct M&P Fund Investments:

\_\_\_\_\_  
Name Street Address City State ZIP code

\_\_\_\_\_  
Name Street Address City State ZIP code

10. Book Value/Tax Cost/Cost Basis of M&P fund  
at beginning of current fiscal year:

|          |
|----------|
| \$ _____ |
|----------|

|   | <u>A - Amount</u>        | <u>B - Amount Deposited<br/>into M&amp;P Fund</u> |
|---|--------------------------|---|
| 11. a) Total receipts collected from lot and grave sales - enter in A,<br>15% of A - enter in B   | \$ _____                 | \$ _____  |
| b) number of bulk grave sales x current gross price of comparable<br>graves - enter in A, 15% of A - enter in B   | \$ _____                 | \$ _____  |
| 12. Amount of lot and grave transfers - enter in A, 15% of A less<br>M&P previously paid - enter in B<br>Enter amount previously paid for transferred graves          | \$ _____<br>( \$ _____ ) | \$ _____  |
| 13. a) Total receipts collected from crypt and niche sales - enter in A,<br>10% of A - enter in B   | \$ _____                 | \$ _____  |
| b) number of bulk crypt and niche sales x current gross sales price<br>of comparable crypts or graves - enter in A, 10% of A - enter in B                             | \$ _____                 | \$ _____  |
| 14. Amount of crypt and niche transfers - enter in A, 15% of A less<br>M&P previously paid. - enter in B<br>Enter amount previously paid of crypt and niche transfers | \$ _____<br>( \$ _____ ) | \$ _____  |
| 15. Enter total number of interments in Column A:   | # _____                  |   |
| a) Total receipts collected for interment fees over \$660.00 each,<br>enter in A; 3% of A - enter in B  | \$ _____                 | \$ _____  |
| b) Enter number of interments for interment fees of less than<br>\$660.00 each in A; A x \$20.00 - enter in B   | # _____                  | \$ _____  |
| 16. a) Total receipts collected for each foundation \$200.00 and over -<br>enter in A, 10% of A - enter in B  | \$ _____                 | \$ _____  |
| b) Total number of foundations under \$200.00 each - enter in A,<br>A x \$20.00 - enter in B  | # _____                  | \$ _____  |
| 17.   | <b>TOTAL DEPOSITED:</b>  | \$ _____  |
| 18. Monies deposited to put old graves under M&P  |                          | \$ _____  |
| 19. Reversal of deposits in transit for - _____<br><span style="display: block; text-align: center; font-size: small;">Date of prior fiscal year end</span>           |                          | + \$ _____  |
| 20. Deposits in transit for - _____<br><span style="display: block; text-align: center; font-size: small;">Date of current fiscal year end</span>                     |                          | ( \$ _____ )                                      |
| 21. Capital Gain from Sale of Investments   |                          | + \$ _____  |
| 22. Loss from Sale of Investments   |                          | ( \$ _____ )                                      |
| 23. (See Instructions) _____  |                          | _____   |
| 24. (See Instructions) _____  |                          | _____   |
| 25. Book Value/Tax Cost/Cost Basis of M&P Fund at end of current fiscal year<br>This amount must match the sum total of all accounts listed as part of the M&P fund.  |                          | \$ _____  |
| 26. Total income earned by M&P for current year (interest and dividends)  |                          | \$ _____  |
| a. Amount to be used for general operating expenses   |                          | \$ _____  |
| b. Amount retained in M&P Fund corpus   |                          | \$ _____  |

27. Fees due New Jersey Cemetery Board:

\$ 75.00 Filing Fee  
 \$ \_\_\_\_\_ Interment (line 15 Column A - subtract 25 and multiply balance by \$4.00)  
 \$ \_\_\_\_\_ Cremations Performed by Cemeteries Operating Crematories  
 \$ \_\_\_\_\_ Total to be submitted with this report

28. Annual Report of Maintenance and Preservation Trust Funds

|  |   | <u>Current Year End Value</u>              |                     |
|--|---|--|---------------------|
|  |   | <u>Book Value/Tax Cost/<br/>Cost Basis</u> | <u>Market Value</u> |
| 1.                                     | _____<br>Type of Account Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| 2.                                     | _____<br>Type of Account Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| 3.                                     | _____<br>Type of Account Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| 4.                                     | _____<br>Type of Account Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| 5.                                     | _____<br>Type of Account Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| Total Book Value of M&P Fund - Line 25 |   | \$ _____                                   | \$ _____            |

29. Annual Report of Other Trust Funds

|                 |  | <u>Book Value/Tax Cost/<br/>Cost Basis</u> | <u>Market Value</u> |
|-----------------|--|--|---------------------|
| 1.              | _____<br>Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number                              | \$ _____                                   | \$ _____            |
| 2.              | _____<br>Purpose of Trust<br>_____<br>Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| 3.              | _____<br>Purpose of Trust<br>_____<br>Trust Fund Name<br>_____<br>Name of Custodial Institution Account Number | \$ _____                                   | \$ _____            |
| Total: \$ _____ |  | \$ _____                                   | \$ _____            |

