

- | | |
|---|--------------|
| 5. Earnings: | |
| a. Interest/dividends earned | \$ _____ |
| b. Capital gains/(losses) | \$ _____ |
| 6. Expenses: | |
| a. Interest used | \$ (_____) |
| b. Taxes/fees | \$ (_____) |
| 7. Total Earnings reinvested into trust balance
<i>(combine lines 5a, 5b, 6a and 6b)</i> | \$ _____ |
| 8. Ending balance (December 31)
<i>(sum of line 1, line 3, line 4 and line 7)</i> | \$ _____ |

CEMETERY MERCHANDISE TRUST FUND

For registrants complying with KRS 367.954 by trusting forty percent (40%) of all payments made for cemetery merchandise, the following information is required:

NAME & ADDRESS OF TRUST COMPANY _____

TRUST ACCOUNT NUMBER _____

Note: *Please attach a copy of the annual trust report listing all activity of the trust for 2015. The ledger sheet on page seven must be completed. Please list all persons who purchased pre-need cemetery merchandise in 2015.*

RECONCILIATION

A. Beginning balance in trust (January 1)		\$ _____
Additions to trust:		
Amount deposited from 2015 sales	\$ _____	
Amount deposited from prior year sales	\$ _____	
Total interest	\$ _____	
Capital gains/(losses)	\$ _____	
Total additions to trust		\$ _____
Amount withdrawn:		
For merchandise provided	\$ (_____)	
For taxes and fees	\$ (_____)	
For monies refunded	\$ (_____)	
Total withdrawals		\$ (_____)
Ending balance in trust (December 31)		\$ _____

CEMETERY MERCHANDISE (continued)

B. For registrants complying with KRS 367.954 by placing pre-need cemetery merchandise in storage, the following information is required:

1. Name and address, including city, state and zip code, of the storage company:

2. Total dollar amount of merchandise held in storage: \$ _____

3. Name and address, including city, state and zip code, of the company issuing the surety bond covering the cemetery merchandise held in storage:

4. The amount of the surety bond covering the cemetery merchandise held in storage:
\$ _____.

C. For registrants complying with KRS 367.954 by posting a good and sufficient bond with the Attorney General's Office, the following information is required:

1. Name and address, including city, state and zip code, of the bond company issuing the bond:

2. The amount of the bond: \$ _____

3. The total dollar amount of pre-need cemetery merchandise sold in the last twelve months: \$ _____

PRE-NEED BURIAL CONTRACTS

PNBL # _____

NOTE: Pre-need opening/closing costs, caskets and vault sales are pre-need burial contracts as defined by KRS 367.932(3). Complete the form provided on page eight for each pre-need burial contract indicating: (1) all of the pre-need burial contracts that have ever been sold by this firm for which services have not yet been performed and monies have not yet been refunded (that is, contracts that are still in existence on December 31 of the year for which this report is filed); and (2) those pre-need burial contracts for which services were performed and/or monies were refunded during the calendar year (that is, those accounts that had a positive balance on January 1, but show a zero (0) balance as of December 31).

Attach a copy of the annual pre-need burial trust report listing all activities of the trust for 2015.

Name and address of trust company _____

Account# _____

RECONCILIATION

Beginning Balance (January 1)		\$ _____
Deposits:		
Additions to existing contracts	\$ _____	
New contract deposits	\$ _____	
Total dividends/interest	\$ _____	
Capital gains/(losses)	\$ _____	
Total Deposits		\$ _____
Withdrawals:		
Total Refunds/Conversions	\$ _____	
Total Serviced	\$ _____	
Total taxes and fees	\$ _____	
Total Withdrawals		\$ _____
Ending Balance in Trust (December 31)		\$ _____

PRE-CONSTRUCTION SALES

Provide the following information for each Pre-Construction Sales Project.

Please attach additional sheets as necessary for each pre-construction project at this property.

PCSP # _____

1. Status report of sales projects:
 - a. Date registered with this office _____ / _____ / _____
 - b. Date sales began _____ / _____ / _____
 - c. Date construction began _____ / _____ / _____

2. Sales during this year:
 Number sold: Mausoleum crypts _____; Lawn crypts _____; Niches _____

Note: *Please use the ledger sheet on page seven to list all persons who purchased pre-constructed crypts or niches during 2015.*

3. Amount received during 2015:

A. Mausoleum Crypts	\$ _____	Trust deposit \$ _____
B. Underground	\$ _____	Trust deposit \$ _____
C. Niches	\$ _____	Trust deposit \$ _____
<i>TOTAL</i>		\$ _____

4. Name and address of trust company _____

 Account # _____

* *Please attach a copy of the annual trust report summarizing all activities of the trust for 2015.*

RECONCILIATION

Beginning balance in trust:		\$ _____
Additions to trust:		
Amount deposited from 2015 sales	\$ _____	
Amount deposited from prior year sales	\$ _____	
Total interest	\$ _____	
Capital gains/losses	\$ _____	
Total additions to trust		\$ _____
Amount Withdrawn during 2015:		
For merchandise provided:	\$ _____	
For monies refunded	\$ _____	
For work completed	\$ _____	
For taxes and fees	\$ _____	
Total Withdrawals		\$ (_____)
Ending Balance in trust		\$ _____

Please give a brief explanation of the status of the project the last day of the year for which this report is filed:

CERTIFICATION STATEMENT

I state under penalty of law that the above listed information is true to the best knowledge and belief of the undersigned, who is duly authorized to sign this report. Signature of owner or all partners is required. If the cemetery is incorporated, the president or authorized individual must sign. You may attach additional sheets as necessary.

Signature	Print Name	Title

If the person(s) signing above did not prepare this report, the signature of the person who prepared the report is required.

Signature	Print Name	Title

Subscribed and Sworn before me on the _____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____

The Office of the Attorney General feels that the amounts reported in the above trust should be the cash value of the trust accounts and not the fair market values.

Please remember to enclose your ten dollar (\$10.00) filing fee as required by KRS 367.946(7).

The Office of the Attorney General (OAG) does not discriminate on the basis of race, color, national origin, sex, religious, age or disability in employment or in the provision of services. The OAG provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. The OAG intends that no person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity operated by the OAG. The OAG intends to bind all entities operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.

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