

2. Please answer the following Permanent Maintenance Fund questions:

- a. Number of acres platted: _____
- b. Number of acres NOT platted: _____
- c. Number of burial spaces platted: _____
- d. Number of plotted burial spaces sold PRIOR to this reporting year: _____
- e. Amount due to fund on cash received last year and not deposited until this year plus payments made on any existing contracts: \$ _____
- f. Fill out chart based on THIS reporting year's sales:

Type *See Key Below	Number of Spaces Sold	Sale Price Per Space	Gross Cash Received	Amount Deposited into Fund	Amount Due to Fund, Not Deposited until Next Year
Year Total					

*S = single space; R = second right of interment (burying cremains with traditional burial); D = double depth; M = mausoleum space

- g. What is your trust funding policy on installment payment plans:
 - _____ 15% of each installment payment
 - _____ Total funding from first installment payments (up-front funding)
 - _____ Do not accept installment payment plans—payments must be in full
- h. Total Maintenance expenses* for the year: \$ _____

*Attach schedule detailing maintenance expenses (includes mowing, road maintenance, landscaping). Do not include administrative costs, audit fees, or capital expenditures for equipment used to maintain parts of cemetery not sold for burial purposes or in use of grave sites. Do not use "miscellaneous" or "other" classifications. Give depreciation method if applicable.
- i. If any investment is a mortgage(s) on real property, give:
 - 1. Mortgagor's name: _____
 - 2. Amount of original mortgage: \$ _____
 - 3. Fair market value at time of investment: \$ _____
- j. Has trustee co-mingled your principal and income account? Yes ___ No ___
- k. Give amounts for deposits into **principal** account:
 - 1. Donations: \$ _____
 - 2. Sale of any plots: \$ _____
 - 3. Other (explain: _____) \$ _____
- l. Give amounts for withdrawals from **income** account:
 - 1. Transfer to principal (capital gains and excess income): \$ _____
 - 2. Other (explain: _____) \$ _____

3. Please answer the following Merchandise Trust Fund questions:

- a. Do you sell cemetery merchandise as defined in K.S.A. 15-320a? Yes___ No___
If “No,” skip to Section 4.
- b. Give the original date the merchandise trust fund account was established: _____
- c. Number of prepaid merchandise contracts on file with trustee (Do not include the contracts in which the merchandise has been delivered): _____
*Attach schedule detailing such contracts, including the interest earned (lost) on each contract.
- d. Amount due to fund that was collected last year and not deposited until this year plus payments made on any existing contracts: \$_____
- e. Fill out chart based on THIS reporting year’s contracts for which merchandise has **NOT** been delivered:

Type of Contract	Number of Contracts	Gross Cash Received	Minimum Funding Requirement (110% of wholesale costs)	Amount Deposited into Fund	Amount Due to Fund, Not Deposited until Next Year
Paid in Full					
With Installment Payments					
Year Total					

- f. Fill out chart based on THIS reporting year’s contracts for which merchandise has been delivered or contract cancelled:

Type of Contract	Number of Contracts	Minimum Funding Requirement (110% of wholesale costs)	Amount Withdrawn Fund
Partial Delivery			
Total Delivery			
Cancelled Contracts			
Year Total			

- g. Give amount withdrawn from trust for exceeding minimum funding requirements: \$_____
- h. Are all cemetery merchandise contracts in writing and signed by the contracting parties? Yes___ No___
- i. Do your accounts (either in general ledger or accounts) show separate accounts of deposits, accrued income or losses, and withdrawals for each prepaid cemetery merchandise sales contract? Yes___ No___
- j. Were the wholesale costs of the prepaid cemetery merchandise sold on each contract of sale determined on December 31 based on quotations and price lists on file with the cemetery? Yes___ No___

4. Please fill out Authorization to Release Bank Statements Form:

Custodian of Trust Funds

Address City State Zip

The Secretary of State, or his representative, is proposing to conduct either an office or a field audit of our cemetery, pursuant to K.S.A. 17-1312a and/or K.S.A. 16-325.

We hereby authorize the above-named bank/trust company to make available to the Secretary of State's office all information and records relating to the following accounts (cemeteries please include both permanent maintenance and merchandise trust fund account information):

<u>Account Number</u>	<u>Account Name</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Common Name of Cemetery

Address City State Zip

Printed Name of Owner or Officer Title

Signature Date

5. Please complete the Oath and Compliance Report:

I, _____, _____, state that
Name of Cemetery Owner or Officer Title

Name of Cemetery

is authorized to do business in the state of Kansas pursuant to K.S.A. 17-1312a, and is in compliance with Kansas statutes concerning trust funds. At least 15 percent of the purchase price for a grave space or at minimum \$25.00 is placed, within 45 days of receipt, into an approved Kansas financial institution. No part of the principal has been paid out without written permission from the Kansas Secretary of State and no part has been used to make loans to stockholders, the corporation, the individual proprietor or the partner.

At least 110 percent of the wholesale cost for a prepaid merchandise contract is placed, within 10 days of receipt, into an authorized Kansas financial institution. No part of the principal has been paid out until the corresponding merchandise has been delivered and the trustee has been presented with a verified statement stating such.

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this Annual Report and supplied in any attachments thereto is true and correct, and am willing to submit the books, records, papers and instruments of such cemetery to the examination and inspection of the Secretary of State, pursuant to K.S.A. 17-1312c.

Signature of Owner or Officer

Printed Name

Title

Date