

North Carolina Cemetery Commission
ANNUAL REPORT FOR YEAR 2017

(Submit by March 15, 2018 to avoid penalty)

CEMETERY INFORMATION & CONTACTS

A. CEMETERY

NCCC License #: _____ Trade Name: _____

Corporate Name (If applicable): _____

Physical Address: _____

Mailing Address: _____

Cemetery Phone Number: _____ Fax #: _____

Contact Person (Primary): _____ Phone #: _____

Contact Person (Primary) Email: _____

Contact Person (Admin & Finance Issues): _____ Phone #: _____

Contact Person (Admin & Finance Issues) Email: _____

Cemetery Records Address: _____

(If different from Physical Address)

B. OWNERS (include ownership percentage) %

_____ %

_____ %

_____ %

_____ %

= 100 %

C. OFFICERS (if Corporation or LLC)

President: _____

Secretary: _____

Treasurer: _____

Registered Agent: _____

D. CEMETERY ACREAGE

Total Acreage of cemetery _____

Has any acreage been carved out or sold to others in the last ten years? Yes No

If yes, attach details.

Are there any liens or encumbrances on the cemetery acreage? Yes No

I HEREBY CERTIFY THAT THIS REPORT IS CORRECT. ALSO, IN ACCORDANCE WITH NC GS 65-69, I UNDERSTAND THAT CEMETERIES MAY NOT SELL, ENCUMBER, TRANSFER OR DISPOSE OF LAND THAT RESULTS IN THE CEMETERY HAVING LESS THAN 30 ACRES. I UNDERSTAND THAT ANY TRANSACTION IN VIOLATION OF NC GS 65-69 IS VOID. NOT VOIDABLE, VOID.

(Must be signed by an Officer or Owner.)

OFFICE/OWNER SIGNATURE

TITLE

DATE

PRINTED NAME

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CARE AND MAINTENANCE REPORT FOR 2017

A. TRUSTEE INFORMATION

Bank or Trust Company Name: _____

Address: _____

Phone Number: _____ Trust Officer: _____

B. TRUST BALANCES

No PC "A" Trust Fund

	Perpetual Care Fund	PC "A" Fund
*Corpus Balance as of 1/1/2017 (*Corpus = Deposits since inception)	_____	_____
2017 Deposits made by cemetery with Trustee	_____	_____
<u>Corpus Balance as of 12/31/2017</u>	_____	_____
Fair Market Value as of 1/1/2017	_____	_____
2017 Interest Income (Dividends)	_____	_____
Plus: Capital Gains Income	_____	_____
Less: Expenses	_____	_____
Net Income for the Year	_____	_____
2017 Income paid to cemetery	_____	_____
Less: Carry over income from 2016 distributed in 2017	_____	_____
Plus: Carry over income from 2017 distributed in 2018	_____	_____
Net distributions for the Year (must not exceed Net income for the year)	_____	_____
2017 change in Market Value	_____	_____
<u>12/31/2017 Market Value Balance</u>	_____	_____

C. DEEDS AND INTERMENTS

- Number of "New" Grave Spaces DEEDED in 2017 _____

- Number of Grave Spaces TRANSFERRED in 2017 _____

- Number of Grave Spaces on which PC was Paid but Not DEEDED (48-Month Rule) _____

Number of Interments in 2017 _____

D. CARE AND MAINTENANCE

Amount Spent for Cemetery Care and Maintenance in 2017 _____

Attach a copy of Trustee's Report for the year 2017. (Exhibit A)

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PRENEED MERCHANDISE AND SERVICES REPORT FOR 2017

CEMETERY IS: PRENEED AT NEED (Cemetery has zero pre-need liability)

A. PRENEED ITEMS SOLD DURING REPORT YEAR

	Actual Number Sold	Delivery Policy (select all that apply)		
		Immediate Order	Trust	Bond
Vaults	_____	_____	_____	_____
Markers/Memorials	_____	_____	_____	_____
Opening & Closings	_____	_____	_____	_____
Preconstruction Mausoleum Crypts or Lawn Crypts	_____	_____	_____	_____
Constructed Lawn Crypts	_____	_____	_____	_____

B. PRENEED ITEMS STORED

STORED ON-SITE: NO PRENEED ITEMS STORED ON-SITE

Vaults Stored On-Site: Section Does Not Apply

Type	Concrete	Concrete Lined	Vantage Standard	Vantage Ultima	Other: (specify type)	Other: (specify type)	Other: (specify type)	Other: (specify type)
# stored								

Memorials Stored On-Site:

Total Number of Memorials Stored: _____

Number of Vases Required: _____

Number of Granite Bases Required: _____

I attest that the cemetery stores sufficient vases and memorial bases for all memorials stored on site and /or has trusted or bonded sufficient funds listed by individual contract for that purpose. I understand that the cemetery is subject to fines if a deficiency is found to exist.

Owner Signature

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B. PRENEED ITEMS STORED (Continued)

STORED OFF-SITE: NO PRENEED ITEMS STORED OFF-SITE

Vaults Stored Off-Site:

Section Does Not Apply

Manufacturer or Stored Location	Concrete	Concrete Lined	Poly Standard	Poly Ultima	Other: (specify type)	Other: (specify type)	Other: (specify type)	Other: (specify type)
//	# stored							

Memorials Stored Off-Site: _____

Manufacturer Name or Stored Location: _____

Total Number of Memorials Stored: _____

Number of Vases Required: _____

Number of Granite Bases Required: _____

I attest that the cemetery stores sufficient vases and granite bases for all memorials stored off-site either at the vendor and/or on-site at the cemetery and/or has trusted or bonded sufficient funds listed by individual contract for that purpose. I understand that the cemetery is subject to fines if a deficiency is found to exist.

Owner Signature

Attach independent accountant reports for all stored items. (Exhibits C and D)

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PRENEED MERCHANDISE AND SERVICES REPORT FOR 2017

THIS CEMETERY HAS NO PRE-NEED MERCHANDISE OR SERVICE LIABILITY _____
Initial here, Sign bottom

A. TRUSTEE INFORMATION

Bank or Trust Company Name: _____

Address: _____

Phone Number: _____ Trust Officer: _____

B. TRUST ACCOUNT INFO

THIS CEMETERY HAS NO MERCHANDISE/SERVICES TRUST ACCOUNTS _____
Initial here, Sign bottom

Complete one column for each account maintained

Type of Account:

(Merchandise, Vault, Opening & Closing, Preconstruction, etc.)
Enter custom entry if desired option not listed in drop-down.

Beginning Balance from 2016	_____	_____	_____
Amount Deposited with Trustee in 2017	_____	_____	_____
Funds Earnings for 2017	_____	_____	_____
Authorized Servicing Withdrawals for 2017	_____	_____	_____
Ending Balance for 2017 (Attach Exhibit B)	_____	_____	_____
Amount of Merchandise Liability as of 12/31/2017 (Attach Exhibit E) (Attach full and complete list)	_____	_____	_____
Deposits in Transit at Year-end	_____	_____	_____
Excess Trust Funds (Deficit)	_____	_____	_____

***Attach a copy of Trustee's Report for 2017.**

***A full and complete list of all merchandise and service liabilities as of 12/31/2017 is required to be attached.**

C. ACTIVE BONDS (Complete separate section for each bond)

THIS CEMETERY HAS NO ACTIVE BONDS _____
Initial here, Sign bottom

Active Bond Type
(Merchandise, Vault, O&C, etc.)

Name of Insurance Company _____

Effective Dates _____ to _____

Amount of Bond _____

Amount of Liabilities charged to Bond as of 12/31/2017 (Attach full and complete list) _____ (Attach Exhibit F)

Bond Excess (Deficit) _____

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Active Bond Type

(Merchandise, Vault, O&C, etc.)

Name of Insurance Company _____

Effective Dates _____ to _____

Amount of Bond _____

Amount of Liabilities charged to Bond
as of 12/31/2017 *(Attach full and complete list)* _____ *(Attach Exhibit F)*

Bond Excess (Deficit) _____

D. CANCELLED BONDS *(Complete separate section for each bond)*

THIS CEMETERY HAS NO CANCELED BONDS _____
Initial here, Sign bottom

Cancelled Bond Type

(Merchandise, Vault, O&C, etc.)

Name of Insurance Company _____

Effective Dates _____ to _____

Amount of Bond _____

Amount of Liabilities charged to Bond
as of 12/31/2017 *(Attach full and complete list)* _____ *(Attach Exhibit F)*

Bond Excess (Deficit) _____

Cancelled Bond Type

(Merchandise, Vault, O&C, etc.)

Name of Insurance Company _____

Effective Dates _____ to _____

Amount of Bond _____

Amount of Liabilities charged to Bond
as of 12/31/2017 *(Attach full and complete list)* _____ *(Attach Exhibit F)*

Bond Excess (Deficit) _____

***A full and complete list of all merchandise and service liabilities as of 12/31/2017 is required to be attached.**

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PRECONSTRUCTION REPORT FOR 2017

CEMETERY HAS NO INCOMPLETE CONSTRUCTION PROJECTS AS OF DECEMBER 31, 2017: _____
Initial here, Sign bottom

MAUSOLEUM: Proposed Name of Mausoleum/Section: _____

Name of Contractor: _____ Email: _____

Number of Crypts: _____ Number of Niches: _____ Estimated Cost: _____

Date of First Preneed Sale: _____ Due to Start or Date Started: _____

Scheduled Completion Date: _____ Actual Completion Date: _____

Cumulative Number of Crypts sold this section through 12/31/2017: _____

Cumulative Number of Niches sold this section through 12/31/2017: _____

TRUST ACCOUNT(S)

Name of Trustee: _____

Account #: _____

Amount of Account as of 12/31/2017: _____

Amount of Liability as of 12/31/2017: _____ (Attach Exhibit E)

LAWN-CRYPT GARDEN: Proposed Name of Garden: _____

Name of Contractor: _____ Email: _____

Number of Single Depths: _____ Number of Double Depths: _____ Estimated Cost: _____

Date of First Sale: _____ Due to Start/Started: _____

Scheduled Completion Date: _____ Actual Completion Date: _____

Number of Crypts sold through 12/31/2017: _____

TRUST ACCOUNT(S)

Name of Trustee: _____

Account #: _____

Amount of Account as of 12/31/2017: _____

Amount of Liability as of 12/31/2017: _____ (Attach Exhibit E)

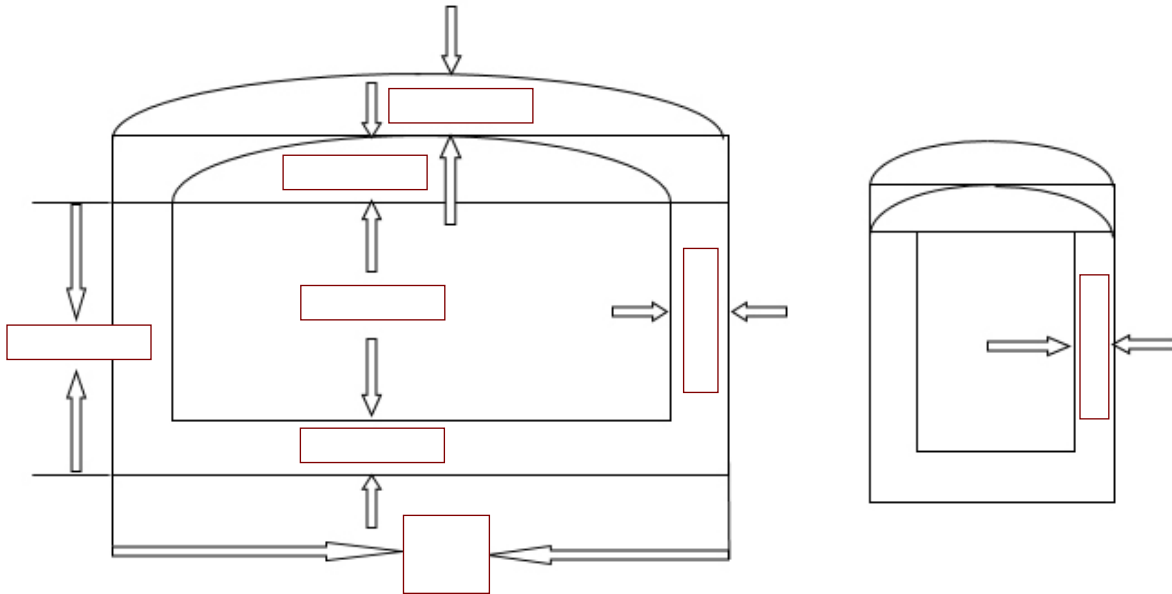
SIGNATURE **TYPED/PRINTED NAME** **DATE**

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VAULT SPECIFICATIONS FOR VAULTS USED IN 2017

CEMETERY HAS NOT USED ANY VAULTS AS OF DECEMBER 31, 2017: _____
Initial here, Sign bottom



**Provide Dimensions in the Blanks between the Arrows **

Concrete Specifications:

Reinforcing:

TOP: _____

SIDES/ENDS: _____

BOTTOM: _____

Other Remarks:

This is to certify that all vaults sold/used shall meet or exceed the above plans and specifications per Rule 21 NCAC 07C.0104 Quality Specifications.

SIGNATURE

TYPED/PRINTED NAME

DATE

CEMETERY NAME: _____

NCCC LIC#: _____

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ATTACHMENTS CHECK LIST

CONFIRM THE FOLLOWING ATTACHED: (Check only those attachments enclosed.)

(Report will not be considered submitted without these reports attached. Please label the attachments.)

- Exhibit A:** Annual Perpetual Care Trustee Report
- Exhibit B:** Annual Merchandise, Services & Pre-Construction Trustee Reports
- Exhibit C (On-site):** Merchandise Storage List AND Independent Accountant Affidavit
- Exhibit D (Off-site):** Merchandise Storage List AND Independent Accountant Affidavit
- Exhibit E:** Complete list of all Merchandise and Service liabilities in Trust as of 12/21/2017
- Exhibit F:** Complete list of all Merchandise and service liabilities applied to bonds as of 12/21/2017

***If multiple exhibits are attached for each letter, include a numeral after the exhibit.**

For example:

PC Trustee Report	Exhibit A-1
PC "A" Trustee Report	Exhibit A-2