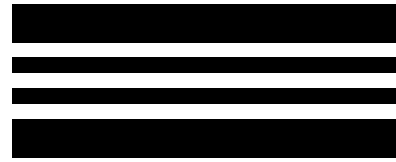




Cemetery Endowment Care Annual Report



Use this report form to capture and report the condition of your endowment care funds on the last day of the fiscal year or calendar year. We must receive your completed report and supporting documents no later than 90 days after the close of each fiscal year.

Online upload with renewal: www.dol.wa.gov/business/funeralcemetery

Or scan and email to: Funerals@dol.wa.gov

Or mail to: **Funeral and Cemetery Licensing**
Department of Licensing
PO Box 9012
Olympia WA 98507-9012



For questions or language help call: (360) 664-1555

This report is for the fiscal year beginning _____ and ending _____.

TYPE or PRINT Cemetery name		License number
Physical address (Address, City, State, ZIP code)		
Mailing address (Address, City, State, ZIP code)		
Cemetery manager name		(Area code) Phone number
Email		
Cemetery corporation name		
Corporation address, if different (Address, City, State, ZIP code)		

Completed endowment sales (Paid in full interment rights)

	Number	Sales less endowment care
1. Lots sold	_____	\$ _____
2. Additional rights of interment sold	_____	\$ _____
3. Crypts sold	_____	\$ _____
4. Niches sold	_____	\$ _____

Trust activity

Definitions for this section:

Deposit in transit: The funds in transit on the last day of the reporting period. This should only be for the last month of your fiscal year.

Earnings: Includes dividends, interest received, rent, or other income. Do not include accrued interest not yet received. **Capital gains are not earnings**; capital gains taxes may be paid from the gain.

Expenses: Includes trustee fees, management fees and taxes. These must be paid from earnings only.

Adjust for gains/losses: Include only **realized** gains and losses.

Other adjustments: Provide third party documentation to verify other adjustments.

Total endowment earnings withdrawn from trust: Includes earnings paid to the cemetery for maintenance during the year.

Withdrawal in transit: Includes earnings during the year that have not been withdrawn. These **must** be withdrawn at the earliest date possible.

Trust activity *(continued)*

1. Amount deposited into trust during fiscal year	\$ _____
2. Previous year deposit in transit	\$ _____
3. Deposit in transit for current year	\$ _____
4. Total earnings	\$ _____
5. Total expenses	\$ _____
6. Adjust for gains/losses	\$ _____
7. Other adjustments (explain)	\$ _____

8. Endowment earnings withdrawn from trust	\$ _____
9. Earnings withdrawal in transit.	\$ _____
10. Are distributions based on the Total Return Distribution Method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete and attach Annual Report Addendum for Total Return .	

Trust assets

1. Primary trust depository: Attach depository/investment statements that include all fiscal year activity	
Name of depository _____	
Last four digits of account number _____	
Ending balance	\$ _____
2. Other assets: Attach depository/investment statements that include all fiscal year activity	
a. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
b. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
c. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
<i>Attach additional sheets as necessary.</i>	

Management

Who makes investment decisions? _____

Trustees

List names and addresses of current endowment care fund trustees. If there are more than three trustees, attach a list showing their names and addresses.

1. _____
2. _____
3. _____

This report must be verified and signed by an officer of the cemetery authority or one or more trustee. RCW 68.44.150

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name and title
X
Signature

Date and place

TYPE or PRINT Name and title
X
Signature