



CEMETERY

ENDOWMENT CARE TRUST ANNUAL FUND REPORT

OHIO REVISED CODE SECTION 1721.21

YEAR _____

Please complete this annual report and affidavit unless your cemetery is owned and operated entirely and exclusively by churches, religious societies, established fraternal organizations, municipalities, or other political subdivisions of the state. **Return your completed report and affidavit with your Cemetery Registration Renewal Application.**

1. Name of Cemetery _____
2. Cemetery File No.: _____ Owner File No.: _____
3. Account Number: _____

Attach the annual report and list of all assets and investments of the Endowment Care Trust, which includes the name, address, and account number of the financial institution and/or other entity where either a deposit or investment of endowment care assets are maintained.

4. Balance of Endowment Care Trust at start of previous fiscal year:
\$ _____
5. Total of gross sales from burial, entombment, columbarium rights, or burial plots during previous fiscal year: \$ _____
6. Specify total amount of deposits into Endowment Care Trust made during this reporting period: \$ _____
7. Balance of Endowment Care Trust at the end of previous fiscal year:
\$ _____
8. Have any withdrawals been made during the reporting period from the Endowment Care Trust other than those generated from interest or dividend?
Yes _____ No _____

9. If yes, please specify the amount and details of withdrawal(s), date, amount, purpose. Attach additional pages if necessary.

<u>DATE</u>	<u>AMOUNT</u>	<u>PURPOSE</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

10. List the name and address of at least 3 bonded individuals or the trust company, national bank, or federal savings association that is the Trustee of your Endowment Care Trust.

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

11. Is this trust designated as an Endowment Care Trust? Yes _____ No _____

12. Does the Cemetery accept installment payments for sales of burial lots, burial rights, entombment rights, or columbarium rights? Yes _____ No _____

Please print and sign your name along with your address and phone number below.

_____ Printed Name Signature

Address: _____

Phone: () _____