



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**CEMETERY ANNUAL ENDOWED CARE TRUST FUND REPORT**

OFFICE OF ENDOWED CARE CEMETERIES  
 PO BOX 1335  
 JEFFERSON CITY MO 65102-1335  
 TELEPHONE: 573-751-0849  
<http://pr.mo.gov/endowedcare.asp>  
 endocare@pr.mo.gov

1. CEMETERY NAME	LICENSE NUMBER
2. ADDRESS	COUNTY

The following statement of the endowed care fund for fiscal year 20 \_\_\_\_\_, is prepared in accordance with the 2010 amended provision of RSMo 214.340. It shall be sent to the Division of Professional Registration within ninety days after the close of the trust year and a copy shall be available in the office of the cemetery for inspection by lot owners during normal office hours.

<b>TRUSTEE OF THE ENDOWED CARE TRUST FUND COMPLETE ITEMS 1 THROUGH 7 ONLY.</b>	<b>PRINCIPAL</b>	<b>INCOME</b>
1. BALANCE END OF PRIOR YEAR		
2. CURRENT YEAR CONTRIBUTIONS		
3. CURRENT YEAR EARNINGS		
CAPITAL YEAR EARNINGS		
INVESTMENTS RETURN OF CAPITAL		
OTHER		
4. DISTRIBUTIONS TO CEMETERY FOR THE YEAR		
5. TRUSTEE FEES AND OTHER EXPENSES (DETAIL)*		
TRUSTEE FEES		
INCOME TAXES		
OTHER		
6. CURRENT FUND		
<b>7. STATEMENT OF ASSETS</b>	<b>ACQUISITION COST</b>	<b>CURRENT MARKET VALUE</b>
CASH		
CASH EQUIVALENTS		
INVESTMENTS		
STOCKS		
BONDS		
MUTUAL FUNDS		
OTHER		
PROPERTY		
REAL		
PERSONAL		
OTHER		
TOTAL ASSETS		
<b>CEMETERY OWNER/OPERATOR COMPLETE ITEMS 8 AND 9.</b>		
8. EXPENSES TO OPERATE CEMETERY*		
MOWING		
LABOR (DIGGING/FILING IN GRAVES)		
FERTILIZER AND SEED		
MAINTENANCE (ROAD REPAIR, ETC.)		
OTHER		
9. CEMETERY'S TOTAL ACREAGE		
CEMETERY'S DEVELOPED ACREAGE		

## CERTIFICATION BY TRUSTEE

\_\_\_\_\_ being duly sworn, on his/her oath say that s/he is  
\_\_\_\_\_ of \_\_\_\_\_ a  
corporation authorized to exercise trust powers in Missouri; that s/he is authorized to make this affidavit for and on behalf of said corporation;  
and that s/he has read the foregoing statement and that as to matters and facts regarding account number \_\_\_\_\_ stated in  
items 1 through 7 above, they are complete and correct to the best of his/her information and belief.

TRUST SIGNATURE



TRUST ADDRESS

NOTARY PUBLIC EMBOSSEER OR  
BLACK INK RUBBER STAMP SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

## CERTIFICATION BY CEMETERY OWNER

\_\_\_\_\_ being duly sworn, on his/her oath say that s/he is  
\_\_\_\_\_ of \_\_\_\_\_ a  
Missouri corporation which owns the endowed care cemetery above; that s/he makes this affidavit for and on behalf of said corporation; and  
that s/he has read the foregoing statement and that as to matters and facts stated in items 8 and 9 therein, they are complete and correct to  
the best of his/her information and belief.

SIGNATURE



ADDRESS

NOTARY PUBLIC EMBOSSEER OR  
BLACK INK RUBBER STAMP SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)