



*(Read the instructions beginning on Page 8 before completing this report.)*

## 2025 PRE-NEED FUNERAL TRUST FUND REPORT

FUNERAL ESTABLISHMENT: \_\_\_\_\_

LICENSE NUMBER: FD \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reporting Period

- Calendar Year – Beginning January 1, 2025 and ending December 31, 2025
- Fiscal Year – Beginning \_\_\_\_\_ and ending on \_\_\_\_\_
- Final Report – Beginning \_\_\_\_\_ and ending on \_\_\_\_\_
- Assignment Report – Beginning \_\_\_\_\_ and ending on \_\_\_\_\_

### IMPORTANT

1. The Annual Report must be postmarked on or before May 1, 2026. Fiscal year filers must file within 120 days after the close of the fiscal year (16 California Code of Regulations (CCR) section 1269(a)).
2. The Annual Report is not considered filed unless:
  - a. It includes the filing fee of \$500 or \$750 if late, Business and Professions Code (BPC) section 7729(j),
  - b. It includes CPA audited financial statements, 16 CCR section 1269(d),
  - c. It includes the CPA report of noncompliance, BPC section 7737.3.
  - d. The owner, the partners or the corporate president or vice-president and another officer of the corporation must sign the report, and
  - e. Two trustees, or an authorized representative of the bank or trust company.
3. Failure to file the report or filing the report late may also result in disciplinary action by the Bureau.
4. Mail the Annual Report, the filing fee and a copy of audited financial statements and report of noncompliance (a bound or original copy is not required) to:

Cemetery and Funeral Bureau  
Annual Funeral Pre-need Trust Fund Report  
1625 North Market Blvd., Suite S-208 Sacramento, CA 95834

### FOR OFFICIAL USE ONLY

Reviewer: _____	Date Received: _____
____p/c ____b/c ____m/o ____csh	
Date: _____	Amount: _____
Receipt No: _____	

*(Read the instructions before completing this report.)*

**2025 PRE-NEED FUNERAL TRUST FUND REPORT  
QUESTIONNAIRE**

1. Type of Business Organization:

Individual  Partnership  Corporation

2. Are you also a licensed cemetery authority?

YES  NO

3. Is this trust active (i.e., receiving payments and/or adding new trustors)?

YES  NO

**If yes, please attach a blank copy of the current trust agreement to this report.**

4. How are trust funds invested?

Individual Passbooks  Commingled Savings  
 Commingled Investments  Other Explain)

5. Is the entire corpus returned upon revocation?

YES  NO (If NO, please explain.)

6. Are requests for revocation honored within 15 days?

YES  NO (If NO, please explain.)

7. Were any investments in default for more than sixty (60) days?

YES  NO (If YES, please explain.)

8. Have individual beneficiary ledger accounts been established?

YES  NO (If NO, please explain.)

9. Do actual expenses exceed the 4% allowable annual trust administration fee limitation?

YES  NO (If NO, please explain.)

10. Have all funds collected been deposited into trust within thirty (30) days?

YES  NO (If NO, please explain.)

11. Where any funds escheated to the State as unclaimed property?

YES NO

12. List all trustees and include each individual's residence or business address and telephone numbers (not the funeral establishment address and telephone number). Identify any and all relationships with individual trustees who are designated as NON-FIRM MEMBERS, including business and personal relationships.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
a. _____ Firm Member or Non-Firm Member	_____	(____)_____
b. _____ (Non-Firm Member)	_____	(____)_____
c. _____ (Non-Firm Member)	_____	(____)_____
d. _____ (Non-Firm Member)	_____	(____)_____
e. _____ (Non-Firm Member)	_____	(____)_____

13. How are the trustees selected?

- a)  By the licensee
- b)  By the depositor
- c)  Other (Please explain) \_\_\_\_\_

14. Where, **in California**, are the books and records of the trust funds are available for inspection or audit by the Cemetery and Funeral Bureau?

Name of Custodian: \_\_\_\_\_

Name of Entity or Location: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

15. Who prepared this report?

Name: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

16. Who is the authorized contact person to whom questions regarding the contents of this report should be directed.

Name: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

**2025 PRE-NEED FUNERAL TRUST FUND  
REPORT SUMMARY OF TRUST TRANSACTIONS**

	<b>CORPUS</b>	<b>INCOME/ EXPENSE</b>	<b>TOTAL</b>
<b>BEGINNING BALANCES:</b>	+ _____	+ _____	+ _____
<b>ADD:</b>			
Corpus Received	+ _____		+ _____
Transferred In	+ _____	+ _____	+ _____
Income Earned this Period		+ _____	+ _____
	<b>Funds From Corpus Applied to:</b>	<b>Funds From Income Applied to:</b>	
<b>SUBTRACT:</b>			
Serviced Accounts	- _____	- _____	- _____
Canceled Accounts	- _____	- _____	- _____
Escheated Accounts	- _____	- _____	- _____
Transferred Out Accounts	- _____	- _____	- _____
Administration Fees (Pg 5)		- _____	- _____
Taxes		- _____	- _____
Revocation Fees		- _____	- _____
	- _____	- _____	- _____
	- _____	- _____	- _____
<b>ENDING BALANCES:</b>	= _____	= _____	= _____

ENDING BALANCE AS OF 12/31/2025, END OF FISCAL  
YEAR OR CLOSED DATE - MARKET VALUE = \_\_\_\_\_

Total Number of Trustors at the Beginning of the Year \_\_\_\_\_

**ADD:** New Trustors + \_\_\_\_\_

Transferred In Trustors + \_\_\_\_\_

**SUBTRACT:** Serviced Accounts - \_\_\_\_\_

Canceled Accounts - \_\_\_\_\_

Escheated Accounts - \_\_\_\_\_

Transferred Out Trustors - \_\_\_\_\_

Total Number of Trustors at the End of the Year = \_\_\_\_\_

# 2025 PRE-NEED FUNERAL TRUST FUND REPORT

## ADMINISTRATION FEE SUMMARY

	<u>DESCRIPTION (if applicable)</u>	<u>AMOUNT</u>
INVESTMENT FEES	_____	_____
FILING FEES	_____	_____
ATTORNEY FEES	_____	_____
BOOKKEEPING FEES	_____	_____
AUDITING FEES	_____	_____
ADMINISTRATIVE FEES	_____	_____
TRUSTEE FEES	_____	_____
	_____	_____
	_____	_____
TOTAL ADMINISTRATION EXPENSES INCURRED THIS PERIOD		_____
TOTAL ADMINISTRATION FEES RECOVERED THIS PERIOD		_____
AMOUNT WITHDRAWN OR <UNRECOVERED EXPENSES ACCRUED>		_____

NOTE: The annual trust administration fee may not exceed 4% of the year-end balance of corpus plus prior years' accumulated income, and may only be recovered from the income received during the reporting period (16 CCR section 1265).

**2025 PRE-NEED FUNERAL TRUST FUND REPORT**  
**TRUST FUND INVESTMENTS**

**A. Individual Passbooks (List by Financial Institution):**

FINANCIAL INSTITUTION & LOCATION	NO. OF ACCTS	AVERAGE INT. RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>A1 Total Income Earned this Period</b>	_____		
<b>A2 Total Ending Corpus</b>	_____		

**B. Commingled Checking and/or Savings Accounts (List by Financial Institution):**

FINANCIAL INSTITUTION & LOCATION	ACCOUNT NUMBER	AMOUNT	ANNUAL RETURN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>B1 Total Income Earned this Period</b>	_____		
<b>B2 Total Ending Corpus Listed this Period</b>	_____		

**C. Commingled Investments (Bonds, Trust Deeds, Guaranteed Securities, etc.):**

Attach a schedule of assets showing the ORIGINAL COST and MARKET VALUE as of 12/31/2025, fiscal year end or closed date. Provide an income statement that includes realized gains and losses.

**2025 PRE-NEED FUNERAL TRUST FUND REPORT**  
**VERIFICATIONS**

BOTH VERIFICATIONS ARE REQUIRED, EXCEPT AS NOTED IN THE INSTRUCTIONS

**A. OWNER, PARTNERS, OR CORPORATE OFFICERS:**

I/We hereby certify or declare under penalty of perjury, under the laws of the State of California, that, to the best of my/our knowledge and belief, the foregoing report, including all attachments thereto, is complete, true and correct.

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of the Funeral Establishment: \_\_\_\_\_

License Number: FD- \_\_\_\_\_

BOTH VERIFICATIONS ARE REQUIRED, (EXCEPT AS NOTED IN THE INSTRUCTIONS)

**B. TRUSTEES:**

I/We hereby certify or declare under penalty of perjury, under the laws of the State of California, that, to the best of my/our knowledge and belief, the foregoing report, including all attachments thereto, is complete, true and correct.

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# PRE-NEED FUNERAL TRUST FUND REPORT

## INSTRUCTIONS

These instructions may be detached and disposed of or retained after completion of the report. **Do not return the instructions with the completed report.**

### PAGE 1

Funeral Establishment – Name of Funeral Establishment as listed on FD license or Common Trust name. A Common Trust is defined by 16 California Code of Regulations (CCR) section 1269(f) as two (2) or more funeral establishments who utilize a common trust fund to hold and administer payments received under pre-need contracts may cause the trustee of that common trust fund to file one (1) combined annual report regarding all such pre-need contracts, provided each funeral establishment's information is disclosed separately.

License Number – The license number as issued by the Bureau or N/A or multiple for a Common Trust

Address – Address as listed on FD license or address for the Common Trust

Reporting Period (check one):

- Calendar Year - Beginning January 1, 2025 and ending December 31, 2025. Select this option if the funeral establishment's fiscal year is the same as the calendar year. This is the most common option.
- Fiscal Year - Beginning \_\_\_ and ending on \_\_\_. Select this option if the funeral establishment has received written approval by Bureau as indicated in 16 CCR section 1269 to use a fiscal year which indicates that the funeral establishment's fiscal year is not the same as the calendar year.
- Final Report - Beginning \_\_\_ and ending on \_\_\_. Select this option if the funeral establishment is closing and ceasing business operations as indicated in 16 CCR section 1267.1 and 1274. Indicate the normal start of the accounting period and the last date the funeral establishment operated. In order for the closure to be effective, the Bureau's licensing unit must be notified of the closure and all closure documents received.
- Assignment Report - Beginning \_\_\_ and ending on \_\_\_. Select this option if the funeral establishment license is being assigned or transferred due to more than 50% change in equitable interest in the ownership of the licensed funeral establishment as indicated in Business and Professions Code (BPC) section 7630 and 16 CCR sections 1213 and 1269. Indicate the normal start of the accounting period and the last date of ownership. This form should be signed by the current owner or designated manager of record and submitted with the Application for Assignment of Funeral Establishment. In order for the assignment or transfer of the license to be effective, the Application for Assignment of Funeral Establishment **must** be submitted and approved by the Bureau.

### PAGES 2-3

Answer all questions and provide all required information. Provide explanations as required and/or necessary.



## PRE-NEED FUNERAL TRUST FUND REPORT

ITEM 3 Include a copy of the current trust agreement report if the trust is active. The trust will be considered active if corpus payments are being received and/or new trustors are being added.

ITEM 11 Indicate if any preneed funds have been transferred/escheated to the State Controller's Office as unclaimed property (BPC section [7737](#)).

ITEM 12 The "trustee" must be either a bank or trust company authorized to act as a trustee in California; or not less than three (3) individuals. Only one of the individual trustees may be an employee, partner, officer, owner, director, or agent of the funeral director. If friends and/or family of the trustor/depositor are appointed trustees on individual passbook-type accounts, please indicate that fact in this section (BPC section [7736](#)).

List all trustees and their individual addresses and telephone numbers. Do not use the funeral director's address and telephone number for the non-firm member trustees.

A change in trustees is required to be reported within thirty (30) days after the effective date of change on a Notification of Change form accompanied by the required fee (16 CCR section [1271](#)).

ITEM 14 Indicate who is responsible for maintaining the trust books and records in California and where those records are maintained. If they are maintained at the funeral establishment, you need only enter the words "on site" on the line asking for the name of the entity or location. If the books and records are maintained at a location other than the funeral establishment, enter the appropriate information (16 CCR section [1267](#)).

ITEM 15 Indicate who prepared the report and how that person may be contacted.

ITEM 16 Indicate the name, telephone number and email address (as applicable) of the contact person who is authorized to answer questions regarding the report.

### **PAGE 4**

The **beginning balances** should match the prior year's **ending balances**. If these figures do not match, attach a detailed explanation with supporting documentation.

**"Corpus Received"** is the corpus received from the sale of new preneed trust contracts.

**"Transferred In"** is the corpus received or transferred from another funeral establishment as a result of dissolution, closure, sale, or revocation (BPC section [7737\(c\)\(a\)\(1\)](#)).

## PRE-NEED FUNERAL TRUST FUND REPORT

**“Income Earned this Period”** is the amount of gross income or earnings derived from all trust investments listed on Page 6 (BPC section [7735](#)).

**“Funds From Corpus Applied to: Serviced Accounts”** is the corpus delivered to the funeral establishment due to the death of the beneficiary (BPC section [7737\(a\)\(1\)](#)).

**“Funds From Corpus Applied to: Canceled Accounts”** is the corpus delivered to the trustor or legally appointed representative of the trustor as a result of a written notice of cancellation (BPC section [7737\(a\)\(2\)](#)).

**“Funds From Corpus Applied to: Escheated Accounts”** is the corpus delivered to the State Controller’s Office as unclaimed property (BPC sections [7737](#) and [7737\(a\)\(3\)](#)).

**“Funds From Corpus Applied to: Transferred Out Accounts”** is the corpus removed or transferred to another funeral establishment as a result of dissolution, closure, sale, or revocation (BPC section [7737\(c\)\(a\)\(1\)](#)).

**“Funds From Income Applied to: Serviced Accounts”** is the total amount of income, both accumulated and current, refunded to the trustor upon revocation (BPC section [7735\(a\)\(1\)](#)).

**“Funds From Income Applied to: Canceled Accounts”** is the total amount of income, both accumulated and current, refunded to the trustor upon revocation (BPC section [7735\(a\)\(2\)](#)).

**“Funds From Income Applied to: Escheated Accounts”** is the total amount of income, both accumulated and current, escheated to the State Controller’s Office as unclaimed property (BPC section [7737\(a\)\(3\)](#)).

**“Funds From Income Applied to: Transferred Out Accounts”** is the income removed or transferred to another funeral establishment as a result of dissolution, closure, sale, or revocation (BPC section [7737\(c\)\(a\)\(1\)](#)).

**“Funds From Income Applied to: Administration Fees (Pg 5)”** is the total amount of current year’s income withdrawn for the annual trust administration fee as detailed on Page 5 (BPC section [7735](#)).

**“Funds From Income Applied to: Taxes”** a trustee may, at its election, pay taxes on the earnings on any trust pursuant to Section 17760.5 of the Revenue and Taxation Code. In no event, however, shall taxes paid on the earnings of any trust be considered part of the fees or reserves authorized by this section (BPC section [7735](#)).

**“Funds From Income Applied to: Revocation Fees”** is the total amount of income, both accumulated and current, retained as a revocation fee upon cancellation or

## PRENEED FUNERAL TRUST FUND REPORT

escheatment of an individual trustor account (BPC sections [7735\(a\)\(2\)](#) and [7735\(a\)\(4\)](#)).

**“ENDING BALANCE AS OF 12/31, END OF FISCAL YEAR OR CLOSED DATE - MARKET VALUE”** is the market value of the trust as of the calendar or fiscal year end or the date the establishment closed.

Common Trusts shall provide this information in total and for each individual funeral establishment (16 CCR section [1269\(f\)](#)).

### **PAGE 5**

Detail all actual expenses attributable to the administration of the trust and enter the total as “Total Administrative Expenses Incurred This Period” (BPC section [7735](#)).

Enter the total amount withdrawn from the current year’s income for recovery of the annual administration fee as “Total Administration Fees Recovered This Period.”

**The total annual trust administration fee withdrawal may not exceed 4% of the year-end balance of corpus plus prior year’s accumulated income and may only be recovered from current year’s income.**

To calculate the total allowable withdrawal, add the total beginning balance (corpus plus income/expense, which should equal the prior year’s total ending balance) from Page 4 to the ending balance of corpus received this period, also from Page 4, and multiply the result by 0.04 (16 CCR section [1265](#)).

Subtract the “Total Administration Fee Recovered” from the “Total Administration Expenses Incurred” and enter the difference as accrued unrecovered expenses or as an excess withdrawal where the allowable total withdrawal exceeds actual expenses incurred.

### **PAGE 6**

ITEM A Complete this section if trust corpus is deposited into individual saving accounts.

ITEM B Complete this section if trust corpus is deposited into commingled checking and/saving accounts.

ITEM C Complete this section if trust corpus is deposited into commingled investment accounts.

Provide detail of trust investments as indicated. Do not provide a complete list of transaction detail; a transaction summary is preferred (16 CCR section [1263](#)).

## PRE-NEED FUNERAL TRUST FUND REPORT

### PAGE 7

ITEM A Verification must be completed for all reports, except combined reports filed pursuant to 16 CCR section [1269\(f\)](#).

This verification shall be completed and signed by the owner, the partners or, in the case of a corporation, two (2) officers thereof, including the president or vice-president and one other officer of the corporation.

ITEM B Verification must be completed for all reports, including combined reports filed pursuant to 16 CCR section [1269\(f\)](#), except as provided below.

This verification shall be completed and signed by two (2) individual, non-firm member trustees, if individuals act as trustee; or by an authorized representative of the institutional trustee if a bank or trust company acts as trustee.

In cases where individual passbook-type accounts are used, and the depositor and /or family or friends of the depositor act as trustees, along with one member for the firm, Verification B is not required.

In cases where trust funds have been commingled for purposes of investment, an independent audit report prepared by a Certified Public Accountant or a Public Accountant currently licensed in the State of California, certifying compliance with the provisions of Article 9, Chapter 12, Division 3 of the Business and Professions Code and Title 16, Chapter 12, Article 8 of the 16 California Code of Regulations must accompany this report. **In addition, any findings of noncompliance with existing law regarding preneed trust funds must be identified by the auditor in a separate report for review and action by the Bureau.** Audits and reports of noncompliance shall be filed simultaneously BPC section [7737.3](#) and 16 CCR section [1269\(d\)](#).

NOTICE ON COLLECTION OF PERSONAL INFORMATION click [here](#) for details