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Form 990-EZ

# EXTENDED TO NOVEMBER 15, 2018 Short Form

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

ww.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending  B Check if applicable C Name of organization D Er		
	nployer id	tentification number
Address change WILLOWCREST PARK MASTER CEMETERY		
	30-63	398656
	elephone i	
(	(765)	747-1500
City or town, state or province country, and 7IP or foreign postal code	roup Exen	
MINCER IN 4720E	umber 🕨	•
——Application pending		X If the organization is
		d to attach Schedule B
	•	990-EZ, or 990-PF)
K Form of organization: Corporation X Trust Association Other	01	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to all assets (Part II,		
column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$	17,828
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
Check if the organization used Schedule O to respond to any question in this Part I		X
1 Contributions, gifts, grants, and similar amounts received	1 1	2,908
2 Program service revenue including government fees and contracts	2	2,500
3 Membership dues and assessments	3	
4 Investment income SEE SCHEDULE O	4	3,017
1 1 11 000	1 1	
5a Gross amount from sale of assets other than inventory  b Less; cost or other basis and sales expenses  5b 7,964	7 ]	
	-    5c	3,939
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	1-36	3,333
6 Gaming and fundraising events	1 1	
a Gross income from gaming (attach Schedule G if greater than		
\$15,000)  b Gross income from fundraising events (not including \$ of contributions	-	
b Gross income from fundraising events (not including \$ of contributions		
from fundraising events reported on line 1) (attach Schedule G if the sum of such		
gross income and contributions exceeds \$15,000)  c. Less' direct expenses from gaming and fundraising events  6c	┥╽	
Coop, and to Aponeto in our garring and tendrations of the	6d	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	- 00	
7a Gross sales of inventory, less returns and allowances 7a 7b 7b	-  I	
b Less: cost of goods sold  7b	- 7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
o Other revenue (describe in Schedule O)	9	9,864
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	J,002
10 Grants and similar amounts paid (list in Schedule 0)	11	
11 Benefits paid to oi for members	12	1,500
12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors.	13	500
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance	14	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping	15	
	16	8
,	<b>├</b>	2,008
	18	7,856
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		7,030
19 Net assets or fund balances at beginning of year (from line 27, column (A))	,,	118,367
I HINES 30100 With end-of-year tigure reported on prior year's return)	19	110,307
(must agree with end-of-year figure reported on prior year's return)	20	126,223
20 Other changes in net assets or fund balances (explain in Schedule 0)		140,443
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	5 000 F7 1001
21 Net assets or fund balances at end of year Combine lines 18 through 20	· ] _Z1_]	Form <b>990-EZ</b> (201
21 Net assets or fund balances at end of year Combine lines 18 through 20		Form <b>990-EZ</b> (201
21 Net assets or fund balances at end of year Combine lines 18 through 20	. ] 21_]	Form <b>990-EZ</b> (20)

Part II Balance Sheets (see the instructions for Part II)					
	spond to any augo	stion in this Part II			
Check if the organization used Schedule O to re	spond to any ques	(A) Beginning of year		/B) Fr	id of year
		118,367.	00		126,223.
22 Cash, savings, and investments		110,307.	22		120,223.
23 Land and buildings			23		
24 Other assets (describe in Schedule O)		110 267	24		106 000
25 Total assets	ļ	118,367.	25	·	126,223.
26 Total liabilities (describe in Schedule 0)		0.	26		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21		118,367.	27		126,223.
Part III Statement of Program Service Accomplishme					penses
Check if the organization used Schedule O to re	spond to any ques	stion in this Part III $$ $$			for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE	Ó				ns; optional for
Describe the organization's program service accomplishments for each of its three largest progra		xpenses In a clear and concise	ot	třers )	, ,
manner, describe the services provided, the number of persons benefited, and other relevant info					
28 MAINTAINING THE GROUNDS OF WILLOWC	REST PARK,	INC.			
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				-	
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(Grants \$ ) If this amount includes foreign	grants, check here			, u	
29			-		
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30			— I		
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(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>	30	)a	
Other program services (describe in Schedule O)					
(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>	3·	1a	
Total program service expenses (add lines 28a through 31a)		<u> </u>		2	
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each	h one even if not compensated - s	ee the ins	structions fo	or Part IV)
Check if the organization used Schedule O to re					
Chock if the organization does confeder to to	(b) Average hour		(d) Health	benefits	(e) Estimated
(a) Name and title	per week devoted	to compensation (Forms	contribu employe	itions to	amount of other
(a) Name and the	position				annount of other
	position	(if not paid, enter -0-)	plans, and	d deferred	compensation
FIDOW MEDCHANING TRIIGH COMPANY	position	(if not paid, enter -0-)	plans, and compe	d deferred	
FIRST MERCHANTS TRUST COMPANY		(if not paid, enter -u-)	plans, and	d deferred nsation	compensation
FIRST MERCHANTS TRUST COMPANY TRUSTEE	0.10	(if not paid, enter -0-)	plans, and	d deferred	
		(if not paid, enter -u-)	plans, and	d deferred nsation	compensation
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		(if not paid, enter -u-)	plans, and	d deferred insalion	compensation



### WILLOWCREST PARK MASTER CEMETERY

Form 990-EZ (2017) ENDOWMENT CARE TRUST 008527 30~6398656

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

33 Did the organization engage in any significant activity not previously reported to the IRS? H*Yes,* provide a detailed discorption of nach activity. If Scholdulo (1) decided the complete of the IRS? H*Yes,* provide a detailed discorption of nach activity. Scholdulo (1) decided the complete of the organization of the orga		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
actively in Schedule C  33				Yes	
34 We any significant changes made to the organization's man. Otherwise, special the change on Stockhold (of generations) 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on line 2, 06, and 7a, anioning others)?  8 If Yes's line like, 3b, as the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on line 2, 06, and 7a, anioning others)?  8 If Yes's line like, 3b, as the organization in dea Form 990-T for the year? If Yo," provide an explanation in Schedule 0  8 If Yes's line like, 3b, as the organization in dea Form 990-T for the year? If Yo," provide an explanation in Schedule 0  8 If Yes's line like, 3b, as the organization of the Schedule N  8 If Yes's complete application, and provides the schedule of the organization undergo a liquidation, discolution, termination, or significant deposition of net assets during the year? If Yes," complete application price of Schedule N  9 If Yes's complete application between the Schedule N  9 If Yes's complete application between the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's complete application price of the Schedule N  9 If Yes's organization of the Schedule N  9 If Yes's organization of the Schedule N  9 If Yes's organization of the Schedul	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34		activity in Schedule O	33		Х
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on times 2, 6s, and 7s, among othersy?  b if Yes's to line 53s, has the organization feed a Form 990-1 for the year? If Yes, provide an evoluration in Schedule 0  c Was the organization a section 50 (c)(4), 50 (c)(5), or 50 (c)(6) organization subject to section 6033(e) molice, reporting, and proxy tax regarded from the year? If Yes, complete spilicable parts of Schedule N, and proxy tax required from 1100-90. (for the year?  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  37 a Chelar amount of pollucial expenditures, direct or indirect, as described in the instructions  38 b CX  38 b CX  39 a Chelar amount or incinent in			34		X
b If Yes' to line 35s, has the organization of Form 990-T for the year? If Ye', provided an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements duming the year? If Yes, complete subject to section 6033(e) notice, reporting, and proxy tax requirements duming the year? If Yes, complete subject to reduce the section of the assets during the year? If Yes, complete subject to part of the organization in Form 1149-016, for the year?  37 a Enter amount of pollutical expenditures, direct or indirect, as described in the instructions  38 b If the organization in Form 1149-016, for the year?  39 b If the organization in Form 1149-016, for the year?  30 b If the organization in Form 1149-016, for the year?  30 b If the organization in Form 1149-016, for the year?  31 b If Yes, complete Schedule 1, Part II and enter the total amount sinchled  30 section 501(c)(7) organizations. Enter:  31 Intakino fees and captal contributions included on line 9  32 b Gross receipts, included on his 9, for public use of club facilities  33 b If Yes, complete Schedule 1, Part II and enter the total amount sinchled on line 9  34 b Gross receipts, included on his 9, for public use of club facilities  35 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  36 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  37 section 4911   N/A   yes than 4912   N/A   yes than 5912   N/A   yes tha	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
c Wist the organization as extend 50 ft(c)(4), 50 ft(c)(5), or 50 ft(c)(6) organization subject to section 6003(e) motion, resporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part III  385		on lines 2, 6a, and 7a, among others)?	35a		X
requirements during the year? If "Yes," complete Schiedule (P. part III and Duff the organization undergo a plurable parts of Schiedule (P. part III) and Duff the organization undergo a plurable parts of Schiedule (P. part III) and Duff the organization for the organization of the organization for form 140-PU. For the year?  38 Duff the organization for form 140-PU. For the year?  38 Duff the organization for form 140-PU. For the year?  38 Duff the organization for form 140-PU. For the year?  38 Duff the organization form or form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made an a prory year and still obstanding at the end of the two year overed by this return?  5 If "Yes," complete Schiedule 1, Part II and enter the total amount envolved  5 Section 501((7)) organizations. Enter:  a Instation free and capital contributions included on line 9  5 Gross receipts, nucleded on line 6, for protitic use of total bactiens  5 Section 501((7)) organizations. Enter amount of tax imposed on the organization during the year under:  5 Section 501((7)) organizations. Enter amount of tax imposed on the organization during the year under:  5 Section 501((7)) 501((7)), and 501((7)(29) organizations. Did the organization during the year under:  5 Section 501((7)), 501((7)), and 501((7)(29) organizations. Did the organization engage in any section 4985 because benefit transaction during the year, or del it engage in an excess benefit transaction in a prory year that has not been reported on any of the spring spot of spring form 990 or 990-171 "Yes," complete Form 990 organization amages or and squalified persons during the year unders.  5 Section 501((7)), 501((7)), and 501((7)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders.  5 Section 501((7)), 501((7)), 401 (7) (7) organization in year unders.  5 Section 501((7)), 501((7)), 501((7)), 501 (7) (7) organization in year and year unders.  5 Section 501((7)), 501	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
38 Did the organization undergo a kigudation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," on the properties applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  38 bill the organization file Farm 1120-POL for the year?  38 bill the organization for Farm 1120-POL for the year?  38 bill the organization for Farm 1120-POL for the year?  38 bill the organization for Farm 1120-POL for the year?  38 bill the organization for Farm 1120-POL for the year?  38 bill the organization for Farm 1120-POL for the year?  38 bill the organization for Farm 1120-POL for the year?  39 bill the organization for the year and still outstanding at the end of the tax year covered by this return?  40 bill the year and still outstanding at the end of the tax year covered by this return?  40 bill the year under;  41 linitiation fees and capital contributions included on line 9  42 bill the year under;  43 bill the year under;  44 bill the year under;  45 bill the year under;  46 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations bill the organization during the year of dire engage in an excess benefit translation and under the year under;  46 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax with posed on organization managers or desqualited persons during the year under sections 4912, 4955, and 4958  47 bill the year year that has not been reported on any of section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c removed by the organization managers or desqualited persons during the year year that has not been reported on any of the settem sense of the foreganizations. Enter amount of tax on line 40c removed by the organizations. Any time during the tax year, was the organizations. Enter amount of tax on line 40c removed by the organizations because are in case of First MERCHANTS PRIVATE WEAL Telephone to P765 - 747 - 1500 coacted at the 2	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
as a prince year of Schedule N  7a		requirements during the year? If "Yes," complete Schedule C, Part III	35c		_X_
37a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?  37b Did the organization for Form 1120-POL for this year?  37b Did the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b 11 **Pes; Complete Schedule I, Part I lian derive the total amount involved  38b N/A  38c Schon 501(c)(7) organizations. Enter:  39a N/A  39b Schon 501(c)(7) organizations. Enter:  39a N/A  39b N/A  39c Schon 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39a N/A  39b N/A  39c Schon 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39a N/A  39b N/A  40a Schon 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ► N/A  59c Schon 501(c)(3), 501(c)(4), and 501(c)(2) organizations but the organization engage in any section 4958 excess benefit transchord indiring the year of did engage in a excess benefit transchord indiring the year of did engage in a excess benefit transchord indiring the year of did engage in a excess benefit transchord indiring the year of did engage in a excess benefit transchord indiring the year of did engage in a excess benefit transchord indiring the year of did engage in a excess benefit transchord in the prograzion of the programization in the programization in the programization in the organization in the organization in programization in the programization in the programizations and the programization in the programization maintain an office outside the United States?  40c If Yes Inter the name of the foreign country; Interest received or accrued during the ta	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		_ !	
b Did the organization the Form 1120-P0L for this year?  38 a Did the organization borrow from, or make any Joans to, any officer, director, trustee, or key employee or were any such Joans made  in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 30 (10(7)) organizations. Enter:  a Indation fees and capital contributions included on line 9  39 M. N/A  59 Gross recepts, included on the 9 for public use of club facilities  99 M. N/A  59 Section 301 (10(3)) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 M. N/A  59 Section 4912 M. N/A  59 Section 4915 M. N/A  59 Section 4915 M. N/A  59 Section 4915 M. N/A  50 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 900 or 99-622 if "Yes," complete Schedule L, Part I  50 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or despitable persons during the year under sections 4912, 4958. In All 4958.  80 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T  10 All organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T  10 All organizations books are in care of M. PTREST MERCHANTS PRIVATE WEAL  10 Cated at M. 200 EAST JACKSON STREET, MUNCTE, IN  10 All of the organization which a copy of this return is filed. M. IN  11 Yes, "enter the name of the foreign country; Well as a bank account, securities account, or other financial accounts (FBAR).  12 All of the organization operate o				Ĺ	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the fax year covered by this return?  39 Section 50 (IC(IV) organizations, Enter:  30 Initiation fees and capatal contributions included on line 9  30 Gross receipts, included on line 9, for public use of club facilities  30 B In/A  30 Section 50 (IC(IX) organizations, Enter:  30 B Gross receipts, included on line 9, for public use of club facilities  30 B In/A  30 Section 40 III N/A  30 Section 50 (IC(IX) organizations, Enter amount of tax imposed on the organization during the year ordit in engage in any section 4955 ► N/A  30 Section 50 (IC(IX), 50 IC(IX), 40 SO (IC(IX)) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of diff engage in an excess benefit transaction and uning the year of diff engage in any section 4958 excess benefit transaction managers or disqualified persons during the year ordit in engage in any section 4958 excess benefit transaction managers or disqualified persons during the year ordit in engage in any section 4958 excess benefit transaction managers or disqualified persons during the year very difficult in the property of the property of the return of the property of the property ordition organization in a proof year that has not been reported on any of its proof Forms 990 export (IC(IX), 50 IC(IX), 30	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	}		}
an a prior year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total part outstanding at the end of the tax year, and the organization of the organization organiza	b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	<u> </u>
b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 50 (Ic(I7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  39b N/A  39b N/A  39b N/A  39b N/A  39b N/A  40a Section 50 (Ic(3) agrianizations. Enter amount of tax uniposed on the organization during the year under; section 4911  N/A; section 4912  N/A; section 4955  N/A  b Section 50 (Ic(3), 501c(I4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of did reagage in any excess hereif transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T  40c EX  41 List the states with which a copy of this return is filed III in organization books are in care of III FIRST MERCHANTS PRIVATE WEAL Telephone no 765 - 747 - 1500  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; In the organization have an interest in or a signature or other financial Accounts (FBAR).  c At any time during the calendar year, did the organization have an interest in or a signature or other financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes," enter the name of the foreign country:  See the instructions for exceptions and filing reguirements for FincEN Form 114, Report of Foreign	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		ŀ	
39 Section 50 1(c)(?) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39b N/A  39c N/A  39c N/A  39c Section 50 1(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ► N/A  section 50 1(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization in a grory year that has not been reported on any of its prior forms 990 or 990-E72? If *Pes*, complete Schedule, I. Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization forms 990 or 990-E72. If *Pes*, complete Schedule, I. Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization may be organization and solicy organizations. Enter amount of tax imposed on organization and 501(c)(29) organizations. Enter amount of tax imposed on organization in the section of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in the section of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in 405 organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in 405 organization in		1 1	38a	L	<u>X</u>
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Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				Yes	No
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b					T -
	•		45b		
	_	(A) /		990-EZ	(2017)

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true, correct, a	and complete. Declaration of preparer (offer	than officer) is based on all information of	which preparer has a	ny knowledge.	1 1 2	
	Signature of officer	HILKETW			7/25/18	
Sign	Signature of officer			Date	7 7	
Here	SUMMER L GIBSON, T	SUMMER L GIBSON, TRUST OFFICER				
•	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid				self- employed		
Preparer	CASSE TATE	CASSE TATE	07/17/18		P01271193	
Use Only	Firm's name ► KSM BUSINESS SERVICES, INC.		Firm's EIN ► 3	5-2123203		
OSC OIIIy	Firm's address ▶ P.O. BOX 40857		Рһопе по. (3	17) 580-2000		
	INDIANAPOLIS, IN 46240-0857					
May the IDC d	because this return with the preparer chown of	nova? Con instructions			X Vac	

732174 11-22-17

Form 990-EZ (2017)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

WILLOWCREST PARK MASTER CEMETERY

Empl

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ENDOWMENT CARE TRUST 008527

Employer identification number 30-6398656

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	3,017.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
FOREIGN TAX WITHHELD	8.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ENDOWMENT TRUST FOR THE PERPETUAL CARE OF WILLOWCREST PARK, INC.	CREATED
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONT	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIOR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	RECTLY,
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DI	RECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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