



Oregon Department of Consumer and Business Services
Division of Financial Regulation
350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-378-4140 • Fax: 503-947-7862
dfr.oregon.gov

IRREDUCIBLE FUND CEMETERY ANNUAL REPORT

Instructions for annual report

The following instructions pertain to the annual report to be filed with the director of the Department of Consumer and Business Services, as required by ORS 97.665(2). *This report is only for the irreducible fund. Do not include information about any other cemetery operations.*

The information requested must accurately show the financial condition of the trust as of year end. The statute authorizes the DCBS director to require further reports deemed necessary.

Due date

ORS 97.665(2) requires irreducible fund annual report to be filed on or before April 15 of each year. Annual reports must be filed with the Division of Financial Regulation using the mailing address above.

Other documents to be filed

A copy of the corporation's bylaws establishing the irreducible fund and a current copy of any trust or custodial agreement must be filed with this report if there have been any changes during the year.

Questions? dfr.mail@oregon.gov
503-378-4140



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As required by ORS 97.665(2)

Fiscal year covered by this report: _____ Cemetery board license no.: _____

Name of cemetery: _____

Cemetery address: _____

City/state/ZIP: _____

Corporate or business name: _____

Mailing address (if different): _____

City/state/ZIP: _____

Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Irreducible fund investment is directed by:

Cemetery board of directors

Bank or trust company identified below:

Name: _____

Mailing address: _____

City/state/ZIP: _____

Name of cemetery: _____

Irreducible fund cash flow transactions

Fund balance, beginning of fiscal year \$ _____
Additions to principal pursuant to bylaws \$ _____
Recognized gains (losses) on investment transactions..... \$ _____
Fund gross income \$ _____
Cemetery preservation \$ _____
Cemetery embellishment..... \$ _____
Payments on authorized debts..... \$ _____
Net income added to principal \$ _____
Unrecognized investment gain (loss) at year end \$ _____
Fund balance, end of fiscal year..... \$ _____

Irreducible fund investment summary at year end

Cash and cash equivalents..... \$ _____
Bonds \$ _____
Securities \$ _____
Mortgages \$ _____
Other: _____ \$ _____
Fund balance, end of fiscal year..... \$ _____

Verification of officer

I, (name) _____

being the (title) _____

of the (name of cemetery) _____,

hereby affirm that I have personal knowledge of the contents of the financial and statistical statements included in this report, that the information contained herein is correct and in agreement with the financial and other records of the cemetery, and that trust fund monies have been collected, deposited, and expended in accordance with applicable legal requirements.

Date: _____ Signature: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email address: _____