

**Oregon Department of Consumer and Business Services**  
**Division of Financial Regulation**  
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**ENDOWMENT CARE CEMETERY ANNUAL REPORT**  
ORS 97.810(4)

**DUE DATE**

This report is required by statute to be filed with the director of the Department of Consumer and Business Services within 75 days following the close of the fiscal year covered by the report.

**FILING FEE** (ORS 97.810(7)(a)(b))

- Up to 100 interments per year — \$40
- More than 100 interments per year — \$100

Number of interments this year: \_\_\_\_\_ Filing fee enclosed: \$ \_\_\_\_\_

Cemetery Board License No: \_\_\_\_\_

Fiscal year covered by this report: \_\_\_\_\_ through \_\_\_\_\_

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: \_\_\_\_\_

**Send report with payment to:**

DCBS Fiscal Services Section  
P.O. Box 14610  
Salem, OR 97309-0445  
Secure fax line for credit card payments:  
503-947-2333

**FISCAL USE ONLY: 92700/93080/1105**



Department of Consumer  
and Business Services

Master Trustee/Depository

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**Please provide supporting documentation for this page.**

Is the entire cemetery under endowed care?  Yes  No

If no, how much is under endowed care? \_\_\_\_\_

Is this location also selling trust funded prearrangement or preconstruction plans  Yes  No

If yes, provide certified provider registration number: CP- \_\_\_\_\_

Summary of sales				
Sales	Niches	Crypts	Graves (without liners)	Graves (with liners installed)
Number sold:				
Gross selling price (GSP):	\$	\$	\$	\$
Endowment fund principal additions:	\$	\$	\$	\$
	(= 5% of GSP)	(= 5% of GSP)	(= 15% of GSP)	(= 9% of GSP)

**Endowment principal transactions**

Beginning market value:  
 (Same as ending balance of previous year)  
*(All losses or deductions should be in parentheses)* \$ \_\_\_\_\_

Additions during year

Trust deposits from sales and installment contracts: ..... \$ \_\_\_\_\_

Income (interest and dividends): ..... \$ \_\_\_\_\_

Gains (losses): ..... \$ \_\_\_\_\_

**Total of deposits, income and gains:** ..... \$ \_\_\_\_\_

Maintenance withdrawals: ..... \$ \_\_\_\_\_

Administrative fees deducted from trust: ..... \$ \_\_\_\_\_

**Total withdraws from trust:** ..... \$ \_\_\_\_\_



Other additions or deductions not listed above  
 (please explain in the box below): ..... \$ \_\_\_\_\_

Ending market value (this is the beginning balance  
 that should be reported for your next fiscal year): ..... \$ \_\_\_\_\_

**Additional financial information**

Cash on hand not invested in the endowment care  
 fund from previous fiscal year (if all money was  
 deposited at the end of the fiscal year, this would  
 be zero): ..... \$ \_\_\_\_\_

Total amount invested in bonds, securities, mortgages and other investments  
 (this may be the entire amount of the fund or a portion of the total.): ..... \$ \_\_\_\_\_

**Other additions or deductions explanation:** Attach a separate page, if needed.

**CERTIFICATION OF OWNER OR OFFICER**

I, (print name) \_\_\_\_\_  
 of the (name of cemetery) \_\_\_\_\_ being the (title) \_\_\_\_\_  
 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 o  
 the cemetery, and that endowed-care monies have been collected, deposited, and expended in accordance with  
 applicable legal requirements.

Date: \_\_\_\_\_

Phone number \_\_\_\_\_ Signature: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Please submit copies of the following with your annual report:**

- Cemetery board license
- Sample sales contract
- Certificate of ownership or deeds
- Price list (if applicable)
- New trust agreement (if changes have been made)