Secretary of State State Capitol 500 East Capitol Avenue Pierre SD 57501-5070



For Office Use Only

## South Dakota Perpetual Care Cemetery Annual Financial Report (For Preceding Fiscal year Due July 31<sup>st</sup>.)

Contact Information							
Name of Cemetery							
Physical Location of Cemetery							
City	State Zip						
Mailing Address	1						
Mailing City	Mailing State Mailing			Mailing Z	Zip		
Person responsible for bookkeeping and records							
Email			Phone Fax				
Dwner			rporation ID (Ex: NS2				
Entity Type (select one) Corporation Non-Profit							
Principal Account (Not Including Earnings)			Earnings Account (Not Including Principal)				
<b>Beginning Balance July 1<sup>st</sup></b> – (Must equal balance from June 30 of last year)	+		Beginning Balance July 1 <sup>st</sup> – (Must equal balance from June 30 of last year)			+	
Deposits from Sales	+		Transfers from Principal Earnings Account (Must equal transfer to Earnings Account in the first column)			+	
Deposits from Donations	+		Donations			+	
Investment Earnings / Losses	+/-		Other Income (Please List)		+		
Other Income (Please List)	+					+	
	+					+	
	+					+	
Withdrawals / Expenses (Please List)	-		Care & Maintenan	ce Expens	es	-	
	-		Other Expenses (	Please List)		-	
	-					-	
Transfer to Earnings Account' (Must be equal to or less than investment earnings)	-					-	
Ending Balance	=		Ending Balance			=	

Note: No monies may be taken out of the principal fund to pay for the costs of administering the fund (SDCL 55-12-18).

Please attach second page for any financial information that does not fit.

Signature (I certify that this report is true and correct to the best of my knowledge.)	Date