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 31st.)

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)				
Beginning Balance July 1st – (Must equal balance from June 30 of last year)	+		Beginning Balance July 1 st – (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