Secretary of State Jason M. Gant State Capitol 500 East Capitol Avenue Pierre SD 57501-5070



## South Dakota Perpetual Care Cemetery Annual Financial Report

(For Preceding Fiscal year Due July 31st.)

Phone: 605-773-3537 Email: sdsos@state.sd.us Website:

For Office Use Only

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AUG 2 6 2013

S.D. SEC. OF STATE

Contact Information			
Name of Cemetery	maclical	Lutheran Cometer	и
Physical Location of Cemetery	-Township KM	osbury County; £220° of	N 303' OF NE 8-112
City Badaer	State 50 °	Zip 572/4	1
Mailing Address 448/6/6 St	Hw428		Sautonome a manuscrafte for foreign for the Manuscraft or security or security or security of the Sauton and American Sauton a
Mailing City Lake Norden	Mailing State 50	Mailing Zip 512	48
Person responsible for bookkeeping an	d records Amu K	oisti-treasurer	i ngjanjangan jaga jaga jaga paga paga pana ngan ji pana namanan di sama - i An adalah ad Madalah Mada. M
Email KOISbam evano	rum	Phone 605-785-3207 Fax -	
Owner	С	corporation ID (Ex: NS2345678) NS 005	758
Entity Type (select one)	orporation	Non-Profit	
Activities / bub / 1   lune 20)			
Activities (July 1 – June 30) Sales of adult burial space			
Sales of child burial space			
Sale of crypt in public mausoleum			
Sale of Inurnment niche in public colum	harium		
Estimated number of adult burial plots a			
Estimated frames of adult social police	129		
Principal Account (Not Including	(Earnings)	Earnings Account (Not Including I	Principal)
Beginning Balance	83,269.72	Beginning Balance	15,834.92
Burial / Cremation Earnings		Burial / Cremation Earnings	15,834.92
Donations	5,000.00	Donations	3,840.50
Other Income: (Please List)		Other Income: (Please List)	
		Interest From Co's	2,844.80
		Interest from co's Interest from Swi	2.45
Withdrawals / Expenses (Please List)		Care & Maintenance Account Expenses	1,800.00
		Other Expenses (Please List) in Suran	130.00
		sepretary of State	10.00
		Satc Deposit Bax Rent	12-00
Ending Balance	88, 269, 72	Ending Balance	20,621.23
Please attach	second page for any	financial information that does not fi	
Signature (I certify that this report is true and correct to the best of my knowledge.)			Date
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