

ANNUAL REGISTRATION STATEMENT - ENDOWMENT CARE CEMETERY ACT

Idaho Department of Finance
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1. Name of cemetery authority _____
2. Address _____
3. Telephone # _____ Fax # _____ Email Address _____
4. Date of organization _____
5. Location of books and records _____
6. Board of directors _____

7. Trustee _____
8. Location of trust funds _____
9. Market value of the care funds held by the trustee of said cemetery authority at beginning of year or fiscal period
 Date: _____ \$ _____

ADDITIONS TO SAID FUNDS DURING the calendar year or fiscal year from the following sources:

a) Under and by virtue of the sale of lots, graves, crypts, or niches	\$ _____
b) Under and by virtue of any gift, grant devise, bequest, payment or other contributions	\$ _____
c) Income received from such funds during the preceding calendar or fiscal year	\$ _____
d) Gain or loss for period	\$ _____
LESS COST of administering fund	\$< _____ >
LESS FUNDS used solely for the general care, maintenance, etc.	\$< _____ >
TOTAL MARKET VALUE of the care funds held by the trustee	\$ _____

10. The securities in which such care funds are invested (attach separate detailed listing, showing actual cost)

	\$ _____
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11. Detail of the proceeds added to the TRUST FUND during calendar or fiscal year.

a) Number (_____) of adult ground burial spaces sold	\$ _____
b) Number (_____) of infant burial spaces sold	\$ _____
c) Number (_____) of niches sold	\$ _____
d) Number (_____) of crypts sold	\$ _____
e) LESS FUNDS received during the past 30 days but not yet deposited to said trust fund	\$< _____ >
Transfer TOTAL to 9a	\$ _____

