



Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE A
Statement of Receipts and Expenses

Cemetery Company Name _____
Enter the company name as it appears on the license.

Virginia Cemetery Company License Number _____ Expiration Date _____

		Column A Income	Column B Principal
1.	Balance as of the beginning of the fiscal year		
	Additions		
2.	Required deposits <i>(from Schedule B, Column B, Line 13)</i>		
3.	Interest income		
4.	Dividend income		
5.	Realized gains and losses		
6.	Other <i>(attach schedule)</i>		
7.	Total Additions <i>(add lines 2 through 6)</i>		
	Deductions		
8.	Investment expenses		
9.	Custodial expenses		
10.	Trustee fees		
11.	Reimbursement of expenses for general care, maintenance, etc. <i>(from Schedule C, Section 2, Line 3)</i>		
12.	Other <i>(attach schedule)</i> <small>If you are claiming a Column B deduction from principal pursuant to §54.1-2322.A of the Code of Virginia, please attach the Board minutes or court order in which prior approval was granted for the deduction. Without such prior approval, no entry should be made in Column B.</small>		
13.	Total Deductions <i>(add lines 8 through 12)</i>		
14.	Balance as of the end of the fiscal year (at cost) <i>(add Lines 1 and 7, and subtract Line 13)</i>		
15.	Total (add) Line 14, Column A and B		