

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
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Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE A
Statement of Receipts and Expenses

Cemetery Company Name _____
 Name as it appears on the Cemetery Company's License

Cemetery Company Virginia License Number _____

		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>		
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		