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Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

Cemetery Board

PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE A – TOTAL RETURN DISTRIBUTION

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 _____

		Principal
1.	Balance as of the beginning of the fiscal year	
	Additions	
2.	Required deposits (*from Schedule B, Column B, Line 13)*	
3.	Interest income	
4.	Dividend income	
5.	Realized gains and losses	
6.	Other (*attach schedule)*	
7.	***Total Additions*** (*add lines 2 through 6)*	
	Deductions	
8.	Investment expenses	
9.	Custodial expenses	
10.	Trustee fees	
11.	Authorized Total Return Distribution pursuant to §54.1-2322.B.2 through G (attach schedule stating the trust Fair Market Value at the close of the prior fiscal year and the frequency, date, and amount of each distribution). Add taxes and fees, if applicable.	
12.	Other (*attach schedule*) If you are claiming a 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.	
13.	***Total Deductions*** (*add lines 8 through 12)*	
14.	Balance as of the end of the fiscal year (at cost) (*add Lines 1 and 7, and subtract Line 13*)	