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Commonwealth of Virginia
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 D - TOTAL RETURN DISTRIBUTION Statement of Investment Securities

Enter the information requested for the fiscal year covered by this report.
Attach additional pages if necessary.

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

Virginia Cemetery Company License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date _____

Column A Par Value or Number of Shares	Column B Description of Asset or Security (Include name of maker or issuer, stated interest rate, maturity date, and description of collateral.)	Column C Cost	Column D Fair Market Value
	Total		

☛ ***The total of Column C must agree with Schedule A, Line 14.***

If any asset or security is in default or otherwise considered uncollectible, check here ☐, and attach relevant documentation.