

Cemetery ID Number: _____
Name of Cemetery: _____
Name of Parish: _____
Location of Parish: _____

DIOCESE OF ALTOONA-JOHNSTOWN

ANNUAL REPORT OF CEMETERY OPERATIONS

FROM JULY 1, 2008 TO JUNE 30, 2009

INSTRUCTIONS

1. Please mail completed reports by **August 18th** to the Finance Office, 126 Logan Blvd. Hollidaysburg, PA 16648
2. Multiple cemeteries in one parish **may be** consolidated in one report if separate records are not kept for individual cemeteries.
3. All deeds & plot plans must be on file at the Diocesan Administration Center.
4. Cemetery bank accounts must be **separate** from parish accounts.
5. Perpetual Care Funds are to be kept in **Trust** that allows **only investment earnings** to be used for operations.
6. All expenditures of \$25,000.00 or more must be approved by the Bishop.
7. Each year the Cemetery Committee is to prepare a budget for review by the Parish Finance Council.
8. Please attach list of Cemetery Committee members.

Date _____ Signed _____ Pastor or
Parish Administrator
Date _____ Signed _____ Chairman
of the Finance Council

Due Date: August 18, 2009
Mail To: Diocesan Finance Office
126 Logan Blvd., Hollidaysburg, PA 16648

Remember to visit The Diocesan website - www.ajdiocese.org

ANNUAL RECEIPTS & EXPENDITURES
for the year ended June 30, 2009

<u>CASH RECEIPTS:</u>	ORDINARY FUND	PERPETUAL CARE FUND
1. Investment Income - Perpetual Care Fund		\$ _____
2. Other Perpetual Care Funds Received		_____
3. Sales of Graves and Plots	\$ _____	_____
4. Foundation/Permit Fees	_____	
5. Investment Income - Ordinary	_____	
6. Annual Care Charges	_____	
7. Grave Opening Charges	_____	
8. Misc Receipts: Description: (attach schedule if necessary)		

TOTAL CASH RECEIPTS	\$ _____	\$ _____

<u>CASH EXPENDITURES:</u>		
1. Salaries & Payroll Taxes/Benefits	\$ _____	
2. Fees to Open/Close Graves	_____	
3. General Maintenance	_____	
4. Lawn Maintenance	_____	
5. Machine Maintenance	_____	
6. Office Expenses	_____	
7. Returned Graves	_____	
8. Cemetery Improvements and Development	_____	
9. Misc Expenditures: Description: (attach schedule if necessary)		

TOTAL CASH EXPENDITURES	\$ _____	

Excess (Deficit) for Ordinary Fund	\$ _____	
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ASSETS & LIABILITIES
As of June 30, 2009

CURRENT ASSETS OF CEMETERY:

Cash in Bank:

Ordinary Fund \$ _____

Perpetual Care Fund _____

TOTAL

\$ _____

Investments (attach schedule):

Ordinary Fund _____

Perpetual Care Fund _____

TOTAL

Loans Receivable:

Parish _____

Others (attach schedule) _____

TOTAL

Other Assets: (attach schedule)

TOTAL ASSETS OF CEMETERY

\$ _____

LIABILITIES OF ORDINARY FUNDS:

Unpaid Bills \$ _____

Loans Payable:

To Parish _____

Others (attach schedule) _____

Other Short Term Debts _____

TOTAL LIABILITIES

\$ _____

SUMMARY OF CASH BALANCE

	ORDINARY FUND	PERPETUAL CARE
Beginning Balance, July 1, 2008	\$ _____	\$ _____
<u>Add:</u> Receipts for the Year, per Annual Report	_____	_____
<u>Deduct:</u> Expenditures for the Year, per Annual Report	(_____)	
<u>Add or (Deduct):</u> Bank Transfers between Ordinary/Perpetual	_____	_____
Bank Transfers to/from Parish accounts	_____	_____
Ending Balance, June 30, 2009	\$ _____	\$ _____

If the information is available, please report the following data:

FIXED ASSETS: (Original Cost Less Depreciation)

Land (Original Cost)	\$ _____
Improvements (Roads, Buildings, Site Development, etc.)	_____
Vehicles	_____
Other Machines and Tools	_____
Office Equipment	_____
Other Assets _____	_____
TOTAL FIXED ASSETS	\$ _____

GENERAL STATISTICS

1. Number of Internments during this Fiscal Year _____
2. Purchase Price per Grave _____
 - a) perpetual care amount \$ _____
 - b) plot sale amount \$ _____
3. Is there an Operating Budget for the next Fiscal Year? Yes/No _____
4. Number of Acres in Cemetery _____
5. Is the Cemetery at or near full capacity? Yes/No _____

Do you have a plan to expand the cemetery? Yes/No _____

If yes, please attach a brief explanation
6. How is maintenance provided? (Circle all that apply)

Contractor Volunteers Full Time Employee Part Time Employee
7. Would you prefer that Diocesan Central Offices be responsible for the care of this cemetery? Yes/No _____
8. Is there a Mausoleum? Yes/No _____
 - a) age of building (in years) _____
 - b) number of crypts _____
 - c) is it at or near capacity? Yes/No _____
 - d) average sale price per crypt?
 - (I) perpetual care amount \$ _____
 - (II) crypt amount \$ _____