

Cemetery ID 18-_____

EIN # _____

Diocese of Allentown

CEMETERY BUDGET

(Short Form for Inactive Cemetery)

Cemetery Name -- Location

Name of Parish / Parish Location that Manages Cemetery

July 1, 2026 – June 30, 2027

DIOCESE OF ALLENTOWN
CEMETERY BUDGET
_____ Cemetery

BIN # _____

ID # _____ - _____

Date ___ / ___ / _____

RECOMMENDATIONS

We, the undersigned members of the Finance Council / Committee of _____
Parish Cemetery, in conjunction with the Financial Department of the Cemetery, attest that this Budget has been
properly prepared for the upcoming fiscal year.

Pastor

Finance Council Member

Accountant / Bookkeeper

Finance Council Member

Finance Council Member

Finance Council Member

Finance Council Member

Finance Council Member

Finance Council Member

Finance Council Member

Finance Council Member

Finance Council Member

DIOCESE OF ALLENTOWN
CEMETERY BUDGET
CEMETERY

Summary of Operating Income and Expenses

| <u>Income</u> | | <u>Expenses</u> | |
|---------------|-----------------|---------------------------------------|-----------------|
| Regular | \$ _____ | Administration | \$ _____ |
| Endowed Care | \$ _____ | Maintenance | \$ _____ |
| Total | \$ _____ | Total | \$ _____ |
| | | Income | \$ _____ |
| | | Expenses | \$ _____ |
| | | Excess of Income Over Expenses | \$ _____ |

Capital Expenditures and Reduction of Liabilities

| <u>Capital Expenditures</u> | | <u>Liabilities</u> | |
|-----------------------------|-----------------|--------------------|-----------------|
| <u>Description</u> | <u>Amount</u> | <u>Description</u> | <u>Amount</u> |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| Total | \$ _____ | Total | \$ _____ |

Sources for Financing of Capital Expenditures and Reduction of Liabilities

| | |
|--|-------------------|
| A. | |
| ♦ Capital Expenditures and Reduction of Liabilities | \$ _____ |
| Total {Capital Expenditures and Reduction of Liabilities} | \$ _____ * |
| B. | |
| 1. Excess of Operating Income Over Expenses | \$ _____ |
| 2. Unrestricted Current Assets | \$ _____ |
| 3. Loans - Specify source and terms | \$ _____ |
| 4. Restricted Assets - Specify Source | \$ _____ |
| Total {B1 thru 4 above} | \$ _____ * |

*The Total of Category A must equal the Total of Category B.

DIOCESE OF ALLENTOWN
CEMETERY BUDGET
_____ CEMETERY

CEMETERY ID # 18-_____

| <u>Acct No.</u> | <u>2024-2025</u> <u>Actual</u> | <u>2025-2026</u> <u>Budget</u> | <u>2026-2027</u> <u>Budget</u> | |
|---|-----------------------------------|-----------------------------------|-----------------------------------|----------|
| <u>INCOME</u> | | | | |
| <u>Regular</u> | | | | |
| 300 | Lots | \$ _____ | \$ _____ | \$ _____ |
| 306 | Interment / Entombment | \$ _____ | \$ _____ | \$ _____ |
| 307 | Interest | \$ _____ | \$ _____ | \$ _____ |
| 308 | Dividends | \$ _____ | \$ _____ | \$ _____ |
| 309 | Parish Subsidy | \$ _____ | \$ _____ | \$ _____ |
| 311 | Cemetery Care Collection | \$ _____ | \$ _____ | \$ _____ |
| | Total Regular Income | \$ _____ | \$ _____ | \$ _____ |
| <u>Endowed Care / Restricted</u> | | | | |
| 350 | Burial Site Sales | \$ _____ | \$ _____ | \$ _____ |
| 351 | Interest | \$ _____ | \$ _____ | \$ _____ |
| 359 | Other Endowed Care | \$ _____ | \$ _____ | \$ _____ |
| | Total Endowed Care | \$ _____ | \$ _____ | \$ _____ |
| | TOTAL CEMETERY INCOME | \$ _____ | \$ _____ | \$ _____ |
| <u>EXPENSE</u> | | | | |
| <u>Administration</u> | | | | |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| | Total Administration | \$ _____ | \$ _____ | \$ _____ |
| <u>Maintenance</u> | | | | |
| 821 | Light | \$ _____ | \$ _____ | \$ _____ |
| 822 | Water & Sewage | \$ _____ | \$ _____ | \$ _____ |
| 825 | Maint/Rep/Reple--Bldgs/Grounds | \$ _____ | \$ _____ | \$ _____ |
| 827 | Burial Services | \$ _____ | \$ _____ | \$ _____ |
| 831 | Contract Services | \$ _____ | \$ _____ | \$ _____ |
| 1300 | Insurance | \$ _____ | \$ _____ | \$ _____ |
| | Total Maintenance | \$ _____ | \$ _____ | \$ _____ |
| | TOTAL CEMETERY EXPENSES | \$ _____ | \$ _____ | \$ _____ |

Please Note: If there is a need to use more categories than those provided, or if crypt, foundation, inscription, gain or loss on investment income or W-2 employee expense need to be recorded, the Long Form should be used.