



Louisiana Cemetery Board

3445 N. Causeway Blvd., Suite 509

Metairie, LA 70002

Telephone (504) 838-5267 -- Fax (504)838-5289

Website: www.lcb.state.la.us

Report of Trustee - Merchandise Trust Fund

(Pursuant to R.S. 8:505)

Name of Cemetery Authority or Other Entity: _____

Name & Address of Trustee: _____

Status of Merchandise Trust Fund for year ending: _____ 20____

CORPUS ACCOUNT

I. 1) CORPUS CARRIED FORWARD FROM LAST REPORT: (At Cost).....\$_____

II) AMOUNTS DEPOSITED BY CEMETERY AUTHORITY OR OTHER ENTITY SINCE LAST REPORT:

Table with 6 columns: Date Received, Period Included, Amount Deposited, Date Received, Period Included, Amount Deposited. Multiple rows of blank lines for data entry.

2) Total amount deposited by Cemetery Authority or Other Entity during reporting period: ...\$_____
(Please attach confirmation of receipt of last deposit to Trust Fund)

III. INVESTMENT ACTIVITY DURING CURRENT REPORTING PERIOD:

- 3) Gain or (Loss) from sale of investment(s) (Attach a detailed schedule) \$_____
4) Capital Gain Dividends \$_____
5) Taxes on gains - (Paid) Refunds \$_____
6) Bond (Amortization) Accretion \$_____
7) Amount transferred from Corpus to Income \$_____
8) Other, describe \$_____
9) TOTAL investment activity during reporting period.....\$_____

Notes: (Line 6 should reconcile to Line 17) (Line 7 should reconcile to Line 14)

IV. PAYMENTS MADE TO CEMETERY AUTHORITY OR OTHER ENTITY SINCE LAST REPORT:

Table with 6 columns: Date Sent, Name on Contract, Amount Withdrawn, Date Sent, Name on Contract, Amount Withdrawn. Multiple rows of blank lines for data entry.

10) Total of payments made to Cemetery Authority or Other Entity during reporting period: ..\$_____

V. 11) TOTAL OF CORPUS ACCOUNT AT END OF REPORTING PERIOD:\$_____

INCOME AND EXPENSE ACCOUNT

VI. INCOME ACTIVITY:

- 12) INCOME CARRIED FORWARD FROM LAST REPORT \$ _____
 - 13) Income from investments \$ _____
 - 14) Amount transferred from Corpus \$ _____
 - 15) TOTAL \$ _____
 - 16) Trustee's fees \$ _____
 - 17) Bond Discount (Premium) \$ _____
 - 18) Taxes on income – (Paid) Refunds \$ _____
 - 19) Other expenses, describe \$ _____
 - 20) Income distributed on withdrawals \$ _____
 - 21) TOTAL INCOME AT END OF REPORTING PERIOD \$ _____
- (Line 21 must equal Line 15 plus or minus Lines 16, 17, 18, 19 & 20)*

NOTE: THIS REPORT IS DUE INTO THE OFFICE OF THE LOUISIANA CEMETERY BOARD NO LATER THAN NINETY (90) DAYS AFTER THE END OF THE CEMETERY AUTHORITY'S BUSINESS YEAR. (R.S. 8:505)

RECAP OF TOTAL ASSETS OF TRUST FUND AT END OF REPORTING PERIOD:

VII. INVESTMENTS: *(Attach a detailed list of each investment)*

- 22) Cash and Cash Equivalents \$ _____
 - 23) Government Securities \$ _____
 - 24) Listed Stocks \$ _____
 - 25) Unlisted Stocks \$ _____
 - 26) Bonds \$ _____
 - 27) Real Estate Mortgages \$ _____
 - 28) Other Receivables, describe \$ _____
 - 29) Other Assets, describe \$ _____
 - 30) TOTAL OF INVESTMENTS AT END FOR REPORTING PERIOD \$ _____
- (IMPORTANT-- LINE 30 MUST BE THE SUM OF LINE 11 AND LINE 21)**

CERTIFICATION BY TRUSTEE

I hereby certify the foregoing report is TRUE and it correctly reflects the condition of this Merchandise Trust Fund Account for year ending _____ 20____.

Name of Trustee

Authorized signature and title

Typed name of person signing above

Date

**PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002**