



**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](http://www.lcb.state.la.us)

**Report of Trustee and Report of Cemetery Authority**  
**MASTER TRUST**  
*(Pursuant to R.S. 8: 454; R.S. 8:456; and R.S. 8:466)*  
**Perpetual Care Trust Fund**

Name & Address of Trustee: \_\_\_\_\_  
 Status of Master Trust Fund for year ending: \_\_\_\_\_ 20\_\_\_\_  
 Account No. \_\_\_\_\_ Number of Participants: \_\_\_\_\_

**CORPUS ACCOUNT**

I. 1) CORPUS CARRIED FORWARD FROM LAST REPORT *(At Cost)*..... \$ \_\_\_\_\_

II. INVESTMENT ACTIVITY DURING CURRENT REPORTING PERIOD:

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

Notes: (Line 5 should reconcile to Line 15) (Line 6 should reconcile to Line 18)

III. 9) TOTAL AMOUNT DEPOSITED BY PARTICIPANTS DURING REPORTING PERIOD... \$ \_\_\_\_\_

IV. 10) TOTAL OF CORPUS ACCOUNT AT END OF REPORTING PERIOD..... \$ \_\_\_\_\_  
*(Add Line 1 plus or minus Line 8 plus Line 9)*

**INCOME AND EXPENSE ACCOUNT**

V. INCOME ACTIVITY:

- 11) INCOME CARRIED FORWARD FROM LAST REPORT \$ \_\_\_\_\_
- 12) Income from investments..... \$ \_\_\_\_\_
- 13) TOTAL..... \$ \_\_\_\_\_
- 14) Trustee's fees ..... \$ \_\_\_\_\_
- 15) Bond Discount (Premium)..... \$ \_\_\_\_\_
- 16) Taxes on income - (Paid) Refunds ..... \$ \_\_\_\_\_
- 17) Other expenses, describe..... \$ \_\_\_\_\_
- 18) Amount transferred to Corpus ..... \$ \_\_\_\_\_
- 19) TOTAL INCOME AT END OF REPORTING PERIOD..... \$ \_\_\_\_\_

*(Line 18 must equal Line 13 plus or minus Lines 14, 15, 16, 17, & 18)*

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

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

- 20) Cash and Cash Equivalents ..... \$ \_\_\_\_\_
- 21) Government Securities ..... \$ \_\_\_\_\_
- 22) Listed Stocks ..... \$ \_\_\_\_\_
- 23) Unlisted Stocks..... \$ \_\_\_\_\_
- 24) Bonds ..... \$ \_\_\_\_\_
- 25) Real Estate Mortgages ..... \$ \_\_\_\_\_
- 26) Other Receivables, describe..... \$ \_\_\_\_\_
- 27) Other Assets, describe ..... \$ \_\_\_\_\_
- 28) TOTAL OF INVESTMENTS AT END FOR REPORTING PERIOD ..... \$ \_\_\_\_\_

**(IMPORTANT-- LINE 28 MUST BE THE SUM OF LINE 10 AND LINE 19)**

**(OVER)**

29) Increase (Decrease) in Corpus of Trust at end of reporting period .....\$ \_\_\_\_\_  
(Line 1 minus Line 10)

**NOTE: THIS REPORT IS DUE INTO THE OFFICE OF THE LOUISIANA CEMETERY BOARD NO LATER THAN SIXTY (60) DAYS AFTER RECEIPT OF THE ANNUAL REPORT BY CEMETERIES (R.S. 8:456).**

**NOTE: ATTACH A PARTICIPANT'S SCHEDULE FOR EACH PARTICIPATING CEMETERY'S PERPETUAL CARE TRUST FUND WITHIN THIS MASTER TRUST. THE COMULATIVE TOTALS OF EACH SECTION (SECTION I, II, III, IV, AND V) OF THE PARTICIIPANT'S SCHEDULES SHOULD RECONCILE TO THE TOTAL OF EACH SECTION OF THIS REPORT.**

**CERTIFICATION BY TRUSTEE**

I hereby certify the foregoing report is TRUE and it correctly reflects the condition of this Perpetual Care 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  
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Metairie, LA 70002**