



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 and Report of Cemetery Authority
(Pursuant to R.S. 8:456 and R.S. 8:466)
Perpetual Care Trust Fund

Name of Cemetery: _____
 Name of Cemetery Authority: _____
 Name & Address of Trustee: _____
 Status of Perpetual Care Trust Fund for year ending: _____ 20_____

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 19)

III. AMOUNTS DEPOSITED BY CEMETERY AUTHORITY SINCE LAST REPORT:

Deposit Date	Period Included	Amount Deposited	Deposit Date	Period Included	Amount Deposited
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9) Total amount deposited by Cemetery Authority during reporting period\$ _____

NOTE: Monthly deposits are required beginning in 2014.

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 remitted to Cemetery..... \$ _____
- 19) Amount transferred to Corpus \$ _____
- 20) TOTAL INCOME AT END OF REPORTING PERIOD.....\$ _____

(Line 20 must equal Line 13 plus or minus Lines 14, 15, 16, 17, 18 & 19)

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).

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

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

- 21) Cash and Cash Equivalents \$ _____
- 22) Government Securities \$ _____
- 23) Listed Stocks \$ _____
- 24) Unlisted Stocks \$ _____
- 25) Bonds \$ _____
- 26) Real Estate Mortgages \$ _____
- 27) Other Receivables, describe \$ _____
- 28) Other Assets, describe \$ _____
- 29) TOTAL OF INVESTMENTS AT END FOR REPORTING PERIOD \$ _____
(IMPORTANT-- LINE 29 MUST BE THE SUM OF LINE 10 AND LINE 20)

30) Increase (Decrease) in Corpus of Trust at end of reporting period \$ _____
(Line 1 minus Line 10)

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

CERTIFICATION BY CEMETERY AUTHORITY

We declare to the best of our knowledge all information contained in this report is TRUE, CORRECT, and COMPLETE.

Name of Cemetery Authority

Signature/Title

Signature/Title

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