



Louisiana Cemetery Board

3445 N. Causeway Blvd., Suite 700
Metairie, LA 70002

Telephone (504)838-5267 Toll Free 1-866-488-5267 Fax (504)838-5289

Website: www.lcb.state.la.us

Report of Merchandise Trust Fund Form

(Pursuant to R.S. 8:505.1)

For calendar year or fiscal year beginning and ending

Name of Cemetery Authority or Other Entity:

Address of Cemetery Authority or Other Entity:

Name & Address of Trustee:

SECTION I - CONTRACTS WRITTEN ON OR BEFORE DECEMBER 31, 2003

- 1. GROSS SALES of merchandise and services for future delivery during reporting period: \$ (1)
2. GROSS RECEIPTS from sales of merchandise and services for future delivery during reporting period: \$ (2)
3. DEPOSIT due Merchandise Trust Fund on gross receipts from sales of merchandise and services for future delivery during reporting period: \$ (3)
(Line 3 should be a minimum of 50% of Line 2)

Monthly Deposits to Merchandise Trust Fund

Table with 6 columns: MONTH, DEPOSIT DATE, AMOUNT OF DEPOSIT, MONTH, DEPOSIT DATE, AMOUNT OF DEPOSIT. Rows for months January through December.

4. TOTAL deposits to Merchandise Trust Fund for reporting period: \$ (4)
(Lines 3 & 4 should agree, otherwise please provide explanation)

SECTION II - CONTRACTS WRITTEN AFTER DECEMBER 31, 2003

- 5. GROSS SALES of merchandise and services for future delivery during reporting period: \$ (5)
6. GROSS RECEIPTS from sales of merchandise and services for future delivery during reporting period: \$ (6)
7. DEPOSIT due Merchandise Trust Fund on gross receipts from sales of merchandise and services for future delivery during reporting period: \$ (7)
(Line 7 should be a minimum of 70% of Line 6)

**Monthly Deposits to Merchandise Trust Fund**

<u>MONTH</u>	<u>DEPOSIT DATE</u>	<u>AMOUNT OF DEPOSIT</u>	<u>MONTH</u>	<u>DEPOSIT DATE</u>	<u>AMOUNT OF DEPOSIT</u>
January	_____	_____	July	_____	_____
February	_____	_____	August	_____	_____
March	_____	_____	September	_____	_____
April	_____	_____	October	_____	_____
May	_____	_____	November	_____	_____
June	_____	_____	December	_____	_____

8. TOTAL deposits to Merchandise Trust Fund for reporting period: \$ \_\_\_\_\_ (8)  
 (Lines 7 & 8 should agree, otherwise please provide explanation)

**SECTION III**

9. a) Has the Trustee, Cemetery Authority, or Other Entity allocated to each separate account its share of total income earned in each calendar year, based upon the proportion the principal balance in each said account bears to the principal balances in all such accounts? (R.S. 8:503D)\* YES: \_\_\_\_\_ NO: \_\_\_\_\_

b) If your answer to 5a is "YES" who allocates the interest? Trustee: \_\_\_\_\_ Cemetery Authority or Other Entity: \_\_\_\_\_

*\*If this procedure has not been effected, the Cemetery Authority or Other Entity will have difficulty in determining what the interest must be on any account on which they must make a withdrawal to meet the increase in cost of merchandise and services in the future.*

**CERTIFICATION BY CEMETERY OR OTHER ENTITY**

We hereby certify all information contained in this Report of Merchandise Trust Fund Form is true, correct, and complete.

SWORN TO AND SUBSCRIBED before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
 Name of Cemetery Authority or Other Entity

\_\_\_\_\_  
 Signature of President/Vice-President

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 Signature of Officer other than President or Vice-President

NOTE: ALL PORTIONS OF THIS FORM MUST BE COMPLETED.

PLEASE RETURN THIS FORM TO:  
 Louisiana Cemetery Board  
 3445 N. Causeway Blvd., Suite 700  
 Metairie, LA 70002