



Louisiana Cemetery Board

3445 N. Causeway Blvd., Suite 700

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: _____

CORPUS ACCOUNT

I. 1) VALUE OF FUND CARRIED FORWARD FROM LAST REPORT:\$ _____

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

| <u>Date Received</u> | <u>Period Included</u> | <u>Amount Deposited</u> | <u>Date Received</u> | <u>Period Included</u> | <u>Amount Deposited</u> |
|----------------------|------------------------|-------------------------|----------------------|------------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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:

A) List sale of investments:

| <u>NAME</u> | <u>DATE ACQD.</u> | <u>QUANTITY</u> | <u>ORIGINAL COST</u> | <u>DATE SOLD</u> | <u>AMOUNT RECEIVED</u> |
|-------------|-------------------|-----------------|----------------------|------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

3) Gain or Loss from investment activity:\$ _____

4) Amount transferred from Income to Corpus by Trustee:\$ _____

5) Total of activity during reporting period:\$ _____

(Line 5 equals Lines 3 & 4)

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

| <u>Date Sent</u> | <u>Name on Contract</u> | <u>Amount Withdrawn</u> | <u>Date Sent</u> | <u>Name on Contract</u> | <u>Amount Withdrawn</u> |
|------------------|-------------------------|-------------------------|------------------|-------------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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

V. 7) TOTAL OF FUND AT END OF REPORTING PERIOD:\$ _____

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

(OVER)

INVESTMENTS: (Attach a detailed list of each investment)

- 8) Certificates of Deposit \$ _____
- 9) U S Securities..... \$ _____
- 10) Listed Stocks & Bonds \$ _____
- *11) Unlisted Stocks & Bonds..... \$ _____
- 12) Passbook Accounts..... \$ _____
- 13) Real Estate Mortgages..... \$ _____
- *14) Other Receivables \$ _____
- *15) Other Assets, describe..... \$ _____
- 16) TOTAL OF INVESTMENTS \$ _____
- 17) UNINVESTED CASH \$ _____
- 18) TOTAL OF FUND AT END OF REPORTING PERIOD \$ _____

*DESCRIPTION REQUIRED (Attach additional sheets, if necessary)
IMPORTANT -- LINES 7 & 18 MUST BALANCE

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)

INCOME AND EXPENSE ACCOUNT

- 19) Income at beginning of year \$ _____
 - 20) Income from investments \$ _____
 - 21) TOTAL..... \$ _____
 - 22) Trustee's fees..... \$ _____
 - 23) Other expenses..... \$ _____
 - 24) Amount transferred to Corpus \$ _____
 - 25) BALANCE REMAINING IN THE CUSTODY OF TRUSTEE..... \$ _____
- (Line 25 must equal Line 21 minus Lines 22, 23, & 24)

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 _____.

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 700
Metairie, LA 70002