



SECTION 1: B.A. CONTACT INFORMATION ENTER DATA IN CELLS/FIELDS HIGHLIGHTED IN LIGHT YELLOW ONLY

Burial Association Name:			
Mailing Address: <small>(Street or P.O. Box, City, State, ZIP Code)</small>			
Contract Funeral Home:		Phone Number:	
Period Beginning Date:		[1a] Beginning Member Count of "Active" B.A. Members: <small>(Should match the ending member count from the prior period)</small>	
Period Ending Date:		[1b] Fund Beginning Balance: <small>(Should match the ending fund amount from the prior period)</small>	

SECTION 2: MONTHLY COLLECTIONS

Month	Amount Collected (\$)
July	
August	
September	
October	
November	
December	
Less: Returned Checks (-)	
[2a] Net Amount Collected:	\$ -
[2b] Interest Income earned on Investments (+/-):	
[2c] Change in Value from Investments (+/-):	
[2d] Revenue Subtotal: [2a]+[2b]+[2c]	\$ -

SECTION 5: MEMBERSHIP COUNT ROLL-FORWARD

Beginning Member Count:	-
Less: Members "Rendered" or Dropped/Canceled during this Reporting Period:	
Ending Member Count:	-

SECTION 6: BENEFITS RECAP

[6a] Benefits Owning from PREVIOUS Reporting Period(s) (+)	\$ -
[6b] Benefits Charged Off for this Reporting Period (-)	\$ -
[6c] Benefits Rendered during this Reporting Period (+)	\$ -
[6d] Benefits Paid during this Reporting Period (-)	\$ -
[6e] Benefits Owning for this Period [(6a+6c) - (6b+6d)]	\$ -

SECTION 3: DISBURSEMENTS

[3a] Operating Expenses:	
[3b] State & Miscellaneous Fees:	
[3c] Income Taxes Paid:	
[3d] Benefits Paid:	\$ -
[3e] Premiums Returned:	\$ -
[3f] Disbursements Subtotal: [3a]+[3b]+[3c]+[3d]+[3e]	\$ -

SECTION 7: TOTALS CROSS-CHECK

Ending Fund Balance: [1b]+[2d]-[3f]	\$ -
[4e] Ending Assets Subtotal:	\$ -
Does the Calculated Ending Fund Balance = Assets?	

IMPORTANT: The Assets Subtotal [4e] MUST BALANCE TO Section 7's Ending Fund Balance ([1b]+[2d]-[3f]). Otherwise, there is a calculation or reporting error/issue.

SECTION 4: ASSETS BREAKDOWN

[4a] Cash on Hand:	
[4b] Checking Account(s):	
[4c] Savings Account(s):	
[4d] Investments:	
[4e] Assets Subtotal: [4a]+[4b]+[4c]+[4d]	\$ -

NOTES:
 Enter data in cells/fields highlighted in **LIGHT YELLOW** only. Other cells/fields (may) contain **formulas**.

Section 3: There are **LIMITS** imposed upon items under this section that are defined under the Arkansas Burial Associations Law(s). Please refer to the A.C.A. for more information on those limits.

Section 4: There are **LIMITS** imposed upon **investments** (types, investment grades, percentages, etc.) under this section that are defined under the Arkansas Burial Associations Law(s). Please refer to the A.C.A. for more information on those limits.

Section 6: Benefits "Paid" during the current reporting period - includes any returned (unearned) premiums. Attach a listing of ALL benefits **paid** or **unpaid**.

As Secretary-Treasurer for the above-listed Burial Association, I certify, to the best of my knowledge and belief, this report is a true and correct statement of the collections, disbursements, and assets of the Burial Association for the period-end listed above.

PRINTED NAME	SIGNATURE	DATE
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