



**SECTION 1: B.A. CONTACT INFORMATION**

PDF: ALL CELLS/FIELDS NEED TO BE COMPLETED WITH COUNTS/AMOUNTS

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

**SECTION 2: MONTHLY COLLECTIONS**

Month	Amount Collected (\$)
January	
February	
March	
April	
May	
June	
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? Difference:	

**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