

NORTH CAROLINA BOARD OF FUNERAL SERVICE

 _____, NC

Annual Report For Calendar Year Ending December 31, _____

Receipts:

1. Assessments collected	\$ _____	
2. Number of new members _____ @ 25¢	\$ _____	
3. Number of new members _____ @ 50¢	\$ _____	
4. Total interest earned from all sources	\$ _____	
5. Other	\$ _____	
6. Total		\$ _____

Disbursements:

7. Salaries	\$ _____	
8. Collection Commissions	\$ _____	
9. Miscellaneous Expenses	\$ _____	
10. Total (not to exceed 30% of the amounts of #'s 1 & 4)	\$ _____	(#7 + #8 + #9)
11. Membership fees paid agents	\$ _____	
12. Refunds	\$ _____	
13. Death benefits paid _____ @ \$ 50.00	\$ _____	
14. Death benefits paid _____ @ \$100.00	\$ _____	
15. Death benefits paid _____ @ \$200.00	\$ _____	
16. Total		\$ _____

Assets:

17. Cash on hand	\$ _____	
18. Financial Institution _____ Account # _____	\$ _____	
19. Financial Institution _____ Account # _____	\$ _____	
20. Investment Account _____ Account # _____	\$ _____	
(Attach additional accounts)		
21. Total		\$ _____

Liabilities:

22. Death benefits unpaid	\$ _____	
23. Other unpaid expenses	\$ _____	
24. Total payables	\$ _____	(#22 + #23)
25. Reserve = _____ members x \$21.00 (members in good standing at close of books)	\$ _____	
26. Total		\$ _____

Note: The data reported herein represents the total cash assets and liabilities of the Mutual Burial Association. The Association is subject to complete financial review during routine on-site examination by Board Staff. See reverse side for signature requirements.

CURRENT OFFICERS OF ASSOCIATION

President: _____ Director: _____
Vice-President: _____ Director: _____
Secretary-Treasurer: _____ Director: _____
Director: _____ Director: _____

DEATH CLAIMS PAID

Name of Deceased	Address	Death Date	Benefit Paid

(Attach additional sheets if necessary.)

I hereby certify that the information given in the foregoing report is true and correct and to the personal knowledge of the undersigned.

Secretary-Treasurer: _____

Street Address: _____

City: _____

Telephone: _____

SWORN AND SUBSCRIBED BEFORE ME this _____ of _____, 20_____

Notary Public

My Commission expires: _____