



Kansas Insurance Department

Firefighters Relief Association Financial Statement

Calendar year: _____

Firefighter Relief Association Name: _____

FRA#: _____ Federal Tax Identification #: _____

Receipts and expenditures

1. Net assets from previous year	\$ _____
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Receipts	Amount
2. Amount received from Kansas Insurance Department this year	\$ _____
3. Interest received from government, municipal (township) bonds or warrants	\$ _____
4. Interest received from other investments	\$ _____
5. Interest on bank account	\$ _____
6. Refund of insurance premium overpayment	\$ _____
7. Proceeds received from insurance policy(s)	\$ _____
8. Proceeds received from annuity	\$ _____
9. Firefighters portion of insurance premium	\$ _____
10. Other income	\$ _____
Total current receipts	\$ _____
Net assets from previous year + Total current receipts	\$ _____

Expenditures	Amount
11. Relief to firefighters (injured/disabled)	\$ _____
12. Gratuities to spouse or dependents	\$ _____
13. Funeral expenses	\$ _____
14. Insurance premiums	\$ _____
15. Premium for annuity contract	\$ _____
16. Pensions to retired firefighters (full-time)	\$ _____
17. Annuities to retired volunteer firefighters	\$ _____
18. Treasurer's bond	\$ _____
19. Other expenses	\$ _____
Total current expenditures	\$ _____

Net assets (Net assets from previous year + Total current receipts - Total current expenditures)	\$ _____
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Asset and investment report

As of Dec. 31

Type of asset/investment

City bond \$ _____
County bond \$ _____
Township bond \$ _____
Fire district bond \$ _____
U.S. bond \$ _____
Kansas municipal bond \$ _____
Checking account \$ _____
Certificates of deposit \$ _____
Repurchase agreement \$ _____
Time certificate of deposit \$ _____
U.S. Treasury bill \$ _____
Warrants held \$ _____
Annuity program (describe) \$ _____

Pension program (describe) \$ _____

Savings account \$ _____
Other investment income (specify) \$ _____

Current year total \$ _____

Fire department information

Governing body

- Chairman
 Trustee
 Mayor

Name _____

Government type

- County
 City
 Township
 Fire district

Fire department name _____

Fire department types

- All volunteer
 Full paid
 Part volunteer/paid
 Private

of volunteer firefighters _____

of paid firefighters _____

Fire apparatus and serviceable equipment value: \$ _____

Verification and certification

A reminder: Bank statements must be submitted to FRA administrator.

Treasurer's bond available as per K.S.A. 40-1706(g).

Attorney certification for expenditures over \$1,500 available as per K.S.A. 40-1706(g).

I verify under penalty of perjury that the foregoing is true and correct and I further certify that the governing body has declared that the FRA remains entitled to participate in the Firefighters Relief Act.

Printed name: _____ Phone number: (____) _____

Signature _____