

THE SOCIETY FOR CREATIVE ANACHRONISM, INC. $\label{eq:final_final} \textbf{FINANCIAL} \ \textbf{REPORT}$

Branch:	Period: to	<u>.</u>
<u>CONTENTS</u>	Table of Contents	REQUIRED
1. CONTACT INFO	Contact Information	REQUIRED
2.a PRIMARY ACCOUNT	Primary Account Reconciliation	REQUIRED
2.b SECONDARY ACCOUNTS	Secondary Account Reconciliation	REQUIRED IF DATA
3. BALANCE	Comparative Balance Statement	REQUIRED
4. INCOME	Income Statement	REQUIRED
5.a ASSET DTL	Asset Detail	REQUIRED IF DATA
5.b LIABILITY DTL	Liability Detail	REQUIRED IF DATA
9. TRANSFER IN 10. TRANSFER OUT 11.a INCOME DTL 11.b INCOME DTL 11.c INCOME DTL 12.a EXPENSE DTL 12.b EXPENSE DTL 13. FINANCE COMM	Transfer Income Detail Transfer Expense Detail Income Detail Part 1 Income Detail Part 2 Income Detail Part 3 Expense Detail Part 1 Expense Detail Part 2 Financial Committee Information	REQUIRED IF DATA
COMMENTS	Comments ADDITIONAL WORKSHEETS	REQUIRED IF DATA
5.d LIABILITY DTL 5.e LIABILITY DTL 5.f LIABILITY DTL 5.g LIABILITY DTL 5.h LIABILITY DTL 5.i LIABILITY DTL	Liability Detail Liability Detail Liability Detail Liability Detail Liability Detail Liability Detail	REQUIRED IF DATA

FREE FORM

Unlocked Worksheet for other information (ledgers, etc.)

Version: AS L 5.0 PayPal pdf LOCAL



<u>Branch</u>	n:	Period:	to .	
CHANCEL	LOR OF THE EXCHEQU	J ER CONTAC	T INFORMATI	ON
Warrant End Date:				
Legal Name:				
Street Address:				
City:		State or Province:	Zip or Postal Code:	
Home Telephone:		Alternate Phone:		
Internet or E-mail Address (Required if available):			Membership #:	
SCA Name:			Exp. Date:	
	Mailing address (IF NOT T	HE SAME AS ABO	VE):	
PO Box/Address:				
City:		State or Province:	Zip or Postal Code:	
	Deputy for:			
Legal Name:				
Street Address:				
City:		State or Province:	Zip or Postal Code:	
Home Telephone:		Alternate Phone:		
Internet or E-mail Address (Required if available):	•	1	Membership #:	
SCA Name:			Exp. Date:	
	Deputy for:			
Legal Name:	•			
Street Address:				
City:		State or Province:	Zip or Postal Code:	
Home Telephone:		Alternate Phone:		
Internet or E-mail Address (Required if available):	•	1	Membership #:	
SCA Name:			Exp. Date:	

Version: AS L 5.0 PayPal pdf LOCAL



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. $\mbox{FINANCIAL REPORT}$

Branch:	Period:	to	
-			_

PRIMARY ACCOUNT RECONCILIATION

Complete this form for	the primary bar	nk account held and managed by this	Society branch or office. Att	ach a copy of the l	bank statement which includes	
		equire more information to be attached	ed. If your branch has funds b	out does not keep	them in a bank account,	
use the Comment page	to explain how t	he funds are managed.				
Bank Name:						
Bank Account Title:						
Bank Account Type :				ature Requirement		
Bank Account Number	::		Stater	ment Ending Date	:	
Bank Branch Phone Nu	umber and Name	e of Contact:				
					USD \$	
1. Balance from bank						
Deposit	Date	Amount of Deposit	Deposit	Date	Amount of Deposit	
2. Deposits not cleare	ed on statement			TOTAL	4	0.00
Check Number	Date	Check Amount	Check Number	Date	Check Amount	
				TOTAL		
3. Checks not cleared				TOTAL	,	0.00
•	•	ne 1 + Line 2 - Line 3)		0.00		0.00
5. Ending LEDGER						
6. Does this account	earn interest? (Y	(ES or NO)			line 5 to Pg. 3 Line I.a.(End)	
					line 5 to Pg. 3 Line I.b.(End)	
		All Person	ns below are on the signature	e card as of (date):		
Title		Legal Name (Print)	Address		Member # / Exp mm/yyyy	
Exchequer			0		0	
Enemoquer					Jan/1900	
Branch accounts mus	st include the ex	chequer and the Kingdom excheq	uer (or their designate) as a	signatories	<u> </u>	
Sign:	, merade the CA	and the imiguoni excited	and (or men designate) as	251101011031		
Seneschal:			Exchequer:		Date:	
~ 51100 5111111					Date.	



Dranch: Feriod: 10	Branch:	Period:	to	
--------------------	---------	---------	----	--

SECONDARY ACCOUNTS RECONCILIATION - OVERFLOW

Complete one column for each secondary bank account held and managed by this Society branch or office. Fill in all information for the data to pass on to the Balance Sheet. Attach copies of the bank statements which include ending date of period and reconciliation for each account.

Kingdoms may require more in	nformation to be attached					
Bank Name						
Account Number					1	
Bank's Signature Req:						
Account Type						
Interest Bearing?					**	
Statement End Date					**	
A: Statement Ending					Α	
Balance						
B: Total Deposits not credited					В	USD \$
C: Total Withdrawals not						
cleared					С	
Non-Interest Bearing					Pg.	
Adjusted Bank Balance (A +	0.00	0.00	0.00	0.00	_1	0.00
B - C)					I.a	
Interest Bearing Adjusted	0.00	0.00	0.00	0.00	Pg.	0.00
Bank Balance (A + B - C)	0.00	0.00	0.00	0.00	I.b	0.00
ENDING BALANCES						
Ending Balance in					1	
Register/Ledger						
		SIGNA	TORIES			
Legal Name						
Member #					1	
Expiration mm/yyyy						
Legal Name						
Member #					2	
Expiration mm/yyyy						
Legal Name						
Member #					3	
Expiration mm/yyyy						
Legal Name						
Member #					4	
Expiration mm/yyyy						
Legal Name						
Member#					5	
Expiration mm/yyyy						
Legal Name						
Member #					6	
Expiration mm/yyyy					1	



Branch:	Period:	to	

COMPARATIVE BALANCE STATEMENT

For **Cumulative** Quarterly Reports, use **last year's** Comparative Balance Sheet (End) amounts for the (Start) amounts.

For Sequential Quarterly Reports, use last report's Comparative Balance Sheet (End) amounts for the (Start) amounts.

For **Year-end** Reports, the (Start) numbers will be provided to you by the Kingdom Exchequer. The numbers may have changed from what was submitted last year because of transfer reconciliation between your account and other accounts. The Year-end Report must be signed by the person preparing the report.

(START) FIGURES MAY NOT BE CHANGED UNDER ANY CIRCUMSTANCES!

		USD \$	USD \$	
I. ASSETS	(from page)	Start	End	Diff
a) Undeposited and Non-Interest Bearing Cash	(2,5a)		0.00	0.00
b) Cash Earning Interest	(2)		0.00	0.00
c) Receivables	(5a)	0.00	0.00	0.00
d) Inventory For Sale (Major Inventory)	(6)			0.00
e) Regalia & Non-Depreciated Equipment	(7)			0.00
f) Depreciated Equipment	(8)			0.00
g) MINUS Accumulated Depreciation	(8)			0.00
h) Prepaid Expenses	(5a)	0.00	0.00	0.00
i) Other Assets	(5a)	0.00	0.00	0.00
j) TOTAL ASSETS	Add a through i , subtract g , then add h and i	0.00	0.00	0.00

II. LIABILITIES				
a) Newsletter Subscriptions Due	(15)			0.00
b) Deferred Revenue	(5b)	0.00	0.00	0.00
c) Payables	(5b)	0.00	0.00	0.00
d) Other Liabilities	(5b)	0.00	0.00	0.00
e) TOTAL LIABILITIES	Add a through d	0.00	0.00	0.00

III. NET	WORTH	Line I.i minus Line II.d		0.00	0.00
Proof:	Change in Net Worth	III(End) - III(Start)	(A)		(A = B) ? If NO,
	Net Income	Income Statement Line 32	(B)		the report is incomplete.

Legal Names:	Print	Sign	
Exchequer:			Date:
Seneschal:			Date:

Signatures below certify that the information on this report is correct and complete to the best of their knowledge.



Branch:	Period:	to	
Diancii.	i ciiou.	w	•

INCOME STATEMENT

USD \$

-							
INC	COME (fr	om page)		Gross	Cost	Amount	
1a	Fund Raising: Non-medieval activities to earn	(11a)		INTERNAL			
1b	income (raffles, car washes, bake sales, etc.)	(11a)			EXTERNAL	0.00	
2	Direct Contributions/Donations: No activity	(11a)				0.00	
3a	Activity Related: Medieval activities to earn income	(11a)		Income from Der	mos and Activity Fees	0.00	
3b	(events, demos, heraldry fees)	(11b)		Adjusted Gross Event Income			
4a	Funds Transferred In from Another SCA Account	within Kingdon Within Kingdon		ITHIN KINGDOM	0.00		
4b	b Funds Transferred in from Another SCA Account			OU	TSIDE KINGDOM	0.00	
5	Interest Earned						
6	Net Inventory Sales Income	(6)	Gross-Cost=Net			0.00	
7	Other Sales Income	(7)					
8	Adjusted Gross Newsletter Income	(15)					
9	Net Advertising Income	(11b)	Gross-Cost=Net	0.00	0.00	0.00	
10	Other Income	(11b)				0.00	
11	11 TOTAL GROSS INCOME (Sum of Lines 1 through 9)				0.00		

EXI	PENSES	(from page)	Office & Admin.	Activity Related	Fund Raising	Total
12	Advertising (NON-SCA)	(12a)		0.00		0.00
13	Bad Debts	(12a)	0.00	0.00	0.00	0.00
14	Bank Service Charges					0.00
15	Depreciation	(8)				0.00
16	Equipment Rental & Maintenance					0.00
17	Fees & Honoraria	(12a)	0.00	0.00	0.00	0.00
18	Food					0.00
19	General Supplies					0.00
20	Insurance (NON-SCA)	(12b)	0.00	0.00	0.00	0.00
21	Occupancy & Site Charges					0.00
22	Postage & Shipping, PO Box Rental					0.00
23	Printing & Publications					0.00
24	Released Equipment	(7)	0.00		0.00	0.00
25	Telephone					0.00
26	Travel (Gas, Tolls, Airfare)					0.00
27	SUB-TOTAL (Lines 12-26)		0.00	0.00	0.00	0.00
28	Other Expenses			•	(12b)	0.00
29	Donations to Other 501(c)(3) [Nonprofit] Org	anizations			(12b)	0.00
30a	Funds Transferred Out to Another SCA Accou	.at	W	TTHIN KINGDOM	(10)	0.00
30b	Truings Transferred Out to Another SCA Accou	1111	OU	TSIDE KINGDOM	(10)	0.00
31	TOTAL EXPENSES			(Line 27 TOTAL + Lines 28 to 30b)		
32	NET INCOME (MUST MATCH Change	in Net Worth)		(Line 11 Minus Line 31)		

Legal Names: Print Sign

Exchequer:		Date:
Seneschal:		Date:



Branch:	Period:	to	

ASSET DETAIL WORKSHEET

Undeposited funds are cash or checks not yet deposited into an account, and the amount of any temporary cash funds that may exist. Enter the total amount below with the reason it is not in a bank. Also enter any undeposited transfer checks written in prior year.

4th quarter only: Also enter any undeposited transfer checks written in prior year.

UNDEPOSITED FUNDS AND LATE-ARRIVING TRANSFER CHECKS					
Sending Branch or Reason Amount Sending Branch or Reason Amount					
		Add TOTAL to Pg. 3 I.a (End)	0.00		

Receivables are funds that are due to the SCA, Inc. from third parties through already established obligations. Examples include: Unresolved cash advances, returned checks and bank fees, etc.

RECEIVABLES: Owed From	Reason	Prior Amount	Current Amount
	TOTAL	0.00	0.00
	Show on	Pg. 3 I.c (Start)	Pg. 3 I.c (End)

Prepaid expenses are any expenses that we have paid for in advance, such as site deposits or down payments, that will be used toward the final payment. We are still owed the product or service for which that payment is related, or a refund.

PREPAID EXPENSES: Description		Prior Amount	Current Amount
		0.00	0.00
Show	on on	Pg. 3 I.h (Start)	Pg. 3 I.h (End)

Other assets are any assets that do not fall into any other category. An example is a site security deposit which will be returned after the event has occurred and the site is inspected.

OTHER ASSETS: Description		Prior Amount	Current Amount
	L	0.00	
Shov	w on I	Pg. 3 I.i (Start)	Pg. 3 I.i (End)



Branch:	Period:	to	
Diancii.	i ciiou.	ιυ	

LIABILITY DETAIL WORKSHEET

Deferred Revenue is event income that has been collected before the end of the period for an event that will occur after the end of the period. For the report before the event, enter the name of the event, and any event income collected as the current amount. For the report after the event, move the amount to the prior amount and zero out the current amount for that event. For example, Alabaster Alley's 12th night event accepts reservations in December. Any funds received in December would be reported as Current Deferred Revenue on the 4th quarter report, and Prior Deferred Revenue on the 1st quarter report next year.

DEFERRED REVENUE: Event		Prior Amount	Current Amount
	TOTAL		0.00
	Show on	Pg. 3 II.b (Start)	Pg. 3 II.b (End)

Payables are any funds owed to a third party that have not yet been paid. An example is a reimbursement for receipts submitted, but a check has not yet been written.

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
	TOTAL	0.00	0.00
	Show on	Pg. 3 II.c(Start)	Pg. 3 II.c (End)

Other Liabilities are any other funds that are owed that do not fall into any other category.

OTHER LIABILITIES: Owed To	Reason	Prior Amount	Current Amount
	TOTAL	0.00	0.00
	Show on	Pg. 3 II.d (Start)	Pg. 3 II.d (End)



Branch:	Period:	to	

SCA FUNDS TRANSFERRED DETAIL - IN

NEW: FUNDS RECEIVED FROM PayPal GET REPORTED ON 11.b INCOME DTL!!!

Funds transferred from another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Check Date	Amount
	Show TO	ΓAL on Pg. 4 Line 4a	0.00
Funds transferred from another SCA account outside of the Kingdom an	nd in the same coun	trv:	
OUTSIDE THE KINGDOM	1	<i>y</i> :	
	Check #	Check Date	Amount
Kingdom and Branch or Account			
	Show TO	TAL on Pg. 4 Line 4b	0.00



Branch:	Period:	to	

SCA FUNDS TRANSFERRED DETAIL - OUT

Funds transferred to another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Check Date	Amount
	Show TOT.	AL on Pg. 4 Line 30a	0.00

(A) THE CORPORATE OFFICE OR OFFICER	C1 1 4/	Cl. 1 D	Α
Office and Reason	Check #	Check Date	Amount
		TOTAL (A)	0.0
B) OUTSIDE THE KINGDOM, SAME COUNTRY	Check #	Check Date	Amount
Kingdom and Branch or Account			
		TOTAL (B)	0.0
TOTAL TRANSFERS TO	OUTSIDE THE KIN	[GDOM: [(A)+(B)]	0.0
		Show on	Pg. 4 Line 30b



Branch:	Period:	to	

INCOME DETAIL PART 1		
1a. FUNDRAISING INCOME (INTERNAL) Event	Activity at the event	Amount
	Show TOTAL on Pg. 4 Line 1a	0.00
	Show 1017AD Shifty, 4 Link 1a	0.00
1b. FUNDRAISING INCOME (EXTERNAL) Place	Activity	Amount
	Show TOTAL on Pg. 4 Line 1b	0.00
	Show TOTAL Shifty, 4 Line 10	0.00
2. DIRECT CONTRIBUTIONS		Amount
a) Donations received without consideration - List each transaction	on INCOME_DTL_11c Worksheet	0.00

2. DIRECT CONTRIBUTIONS	Amount
a) Donations received without consideration - List each transaction on INCOME_DTL_11c Worksheet	0.00
Show TOTAL on Pg. 4 Line 2	0.00

3a. INCOME FROM DEMOS AND ACTIVITY FEES From	Activity	Amount
	Show TOTAL on Pg. 4 Line 3a	0.00



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. $\label{eq:financial report} \textbf{FINANCIAL REPORT}$

Branch:	Period:	to	
Dianen.	i ciioa.	10	

INCOME DETAIL PART 2

3b. ADJUSTED GROSS EVENT INCOME

30. ADJUSTED GROSS EVENT INCOME			
Event Name	(A) Gross Gate	(B)	(A-B)
	Income (+ NMS)	Total Refunds	Adj. Gross Income
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
	•	TOTAL (A)	0.00
Downel Lancourer Event Name	(A) Par-Pal Ir as ma	(B)	(A-B)
PayPal Income: Event Name	(A) PayPal Income	Total Refunds	Adj. Gross Income
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
	•	TOTAL (B)	0.00
	Show TOTAL [(A)-	+(B)] on Pg. 4 Line 3b	0.00
	K /	(/1 0	
7. NET ADVERTISING INCOME	(A)	(B)	(A-B)
Publication/Issue/Event	Gross Income	Advertising Cost	Net Income

7. NET ADVERTISING INCOME Publication/Issue/Event	(A) Gross Income	(B) Advertising Cost	(A-B) Net Income
			0.00
			0.00
			0.00
Show TOTALS on Pg. 4 Line 9	0.00	0.00	0.00

CONTACT YOUR KINGDOM EXCHEQUER BEFORE USING THIS SECTION!

Use this section now for stale checks, recovered bad debts from previous end-of-year reports. These are not to be listed as donations.

10. OTHER INCOME Description	Amount
Show TOTAL on Pg. 4 Line 10	0.00



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. $\label{eq:financial report} \textbf{FINANCIAL REPORT}$

Branch:	Period:	to	

INCOME DETAIL PART 3

2a. DONATIONS - NON SCA - Received without consideration (Money from other organizations other than SCA, Inc.				
Name of Organization or Individual	Reason	Date Received	Amount	
		Show TOTAL on Pg. 4 Line 1a	0.	

Show TOTAL on Pg. 4 Line 1b



Branch:	Period:	to	

EXPENSE DETAIL PART 1

Remember to select the category in the far left column.

	mber to select the category in the far left column.		
OA, AR or FR	12. ADVERTISING (NON-SCA) Organization or Periodical (Not a kingdom newsletter) and date ad	d was published	Amount
r ic	Organization of renouncin (2001 a mingdom newscetter) and time and	1 was published	
	<u> </u>	Show TOTAL on Pg. 4 Line 12	0.00
		5.10	****
OA, AR or	13. BAD DEBTS		
AR or FR	Organization or Person	Reason	Amount
	 		
		Show TOTAL on Pg. 4 Line 13	0.00
OA, AR or	17. FEES & HONORARIA	Service Provided	Amount
FR	Organization or Person	ocivice i iovided	mount
	ļ		
	 		
		Show TOTAL on Pa 4 Line 17	0.00

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. $\label{eq:financial report} \textbf{Financial Report}$

Branch:	Period:	to	

EXPENSE DETAIL PART 2

20. INSURANCE (NON-SCA) Organization or Person		Check #	Check Date	Amount		
AR						
AR						
AR						
AR						
Show TOTAL on Pg. 4 Line 20					0.00	

CONTACT YOUR KINGDOM EXCHEQUER BEFORE USING THIS SECTION!

28. OTHER EXPENSES: Reason	Paid to	Amount
incason		
Show TOTAL on Pg. 4 Line 2		0.00

29. DONATIONS TO SCA, Inc. SUBSIDIARIES AND OTHER	Reason	Check #	Check Date	FED ID Number	Amount
01(c)(3) [NONPROFIT] ORGANIZATIONS: Organization Name:	icason	Glicck //	Oncer Date	TED ID Number	miount
			ļ		
		<u> </u>			
			ļ!		
	-				
			 		
		-			
		<u> </u>	 		
		ļ			
			ļ!		
			Sho		

Use additional sheets if necessary



FINANCIAL COMMITTEE MEMBERSHIP

Mark Only One:	<u></u>			
	Financial Committee consists of Seneschal, Exchequer, and a	ll other paid members in the br	anch.	
	Financial Committee consists of Seneschal, Exchequer, and a	all other paid members voting at	a meeting.	
	Financial Committee consists of Seneschal, Exchequer, and o	other specified individuals below.		
	Modern Name		Membership	Expiration
Title	SCA Name		Number	mm/yyyy
	SCA I VAINC		rumber	ппп, уууу
Seneschal				
	-			
Exchequer				
	-			
	-			
	+			
	+			
	+			
	-			
	+			
	+			



Branch:	Period:	to	

DEDICATED FUND LIST

Use this form only if you manage multiple funds within your group's accounts. This is a list of all funds and their current balances as of the end date on this report. The total of all funds must equal the total ending cash from the Balance Sheet.

as of the end date on this report. The total of all funds must equal the total ending cash from the Balance Sheet. Total of lines I.a (End) and I.b (End) on the Comparative Balance Sheet - CASH:		
Name of Fund	Purpose of Fund	End-of-Period
General Fund	All Non-Dedicated Funds	
)		
2		
3		
1		
5		
5		
7		
3		
)		
)		
2		
3		
1		
5		
5		
7		
3		
)		
)		
2		
3		
1		
5		
5		
7		
3		
)		
)		
2		
	TOTAL:	0.00



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. $\label{eq:financial report} \textbf{FINANCIAL REPORT}$

Dranch;	renou: to	<u> </u>
	COMMENTS	



Branch:	Period:	to	
Brunen			

ASSET DETAIL - OVERFLOW

Receivables are funds that are due to the SCA, Inc. from third parties through already established obligations. Examples include:

Unresolved cash advances, returned checks and bank fees, etc.

RECEIVABLES: Owed From	Reason	Prior Amount	Current Amount
·	TOTAL	0.00	0.00
	Show on	Pg. 3 I.c (Start)	Pg. 3 I.c (End)

Prepaid expenses are any expenses that we have paid for in advance, such as site deposits or down payments, that will be used toward a site's occupancy payment. We are still owed the product or service for which that payment is related, or a refund.

PREPAID EXPENSES: Description	Prior Amount	Current Amount
TOTAL	0.00	0.00
Show on	Pg. 3 I.h (Start)	Pg. 3 I.h (End)

Other assets are any assets that do not fall into any other category. An example is a site security deposit which will be returned after the event has occurred and the site is inspected.

OTHER ASSETS: Description	Prior Amount	Current Amount
TOTAL	0.00	0.00
Show on	Pg. 3 I.i (Start)	Pg. 3 I.i (End)



Branch:	Period:	to	

LIABILITY DETAIL - OVERFLOW

DEFERRED REVENUE: Event		Prior Amount	Current Amount
	TOTAL	0.00	0.00
	Show on	Pg. 3 II.b (Start)	Pg. 3 II.b (End)
DAVANI DO O 1/5	D	T p: 4	
PAYABLES: Owed To	Reason	Prior Amount	Current Amount
	TOTAL	0.00	0.00
			Pg. 3 II.c (End)
		1-2	
OTHER LIABILITIES: Owed To	Reason	Prior Amount	Current Amount
	TOTAL	0.00	0.00
	Show on	Pg. 3 II.d (Start)	Pg. 3 II.d (End)

Use additional sheets if necessary



Branch:	Period:	to	

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
	+		
	+		
	_		
	_		
	+		
	†		
		0.00	
		Pg. 3 II.c(Start)	Pg. 3 II.c (End)



Branch:	Period:	to	

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
		0.00	0.00
		Pg. 3 II.c(Start)	Pg. 3 II.c (End)



Branch:	Period:	to	

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
		0.00	0.00
		Pg. 3 II.c(Start)	Pg. 3 II.c (End)



Branch:	Period:	to	

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
		0.00	0.00
		Pg. 3 II.c(Start)	Pg. 3 II.c (End)



Branch:	Period:	to	

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
		0.00	0.00
		Pg. 3 II.c(Start)	Pg. 3 II.c (End)



Branch:	Period:	to	

SCA FUNDS TRANSFERRED DETAIL - IN - OVERFLOW

Funds transferred from another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Check Date	Amount
	3.176.17	3337033 23 3337	
		TOTAL	0.00

Funds transferred from another SCA account outside of the Kingdom and in the same country:

Funds transferred from another SCA account <i>outside of</i> the Kingdom and <i>in the same country</i> : Check # Check Date Amou				
andom and Dranck on Associat	CHECK #	Check Date	Amount	
		TOTAL	0	



Branch:	Period:	to	_
Dianen.	i ciiou.	10	

SCA FUNDS TRANSFERRED DETAIL - IN - OVERFLOW

Funds transferred from another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Check Date	Amount
		TOTAL	0.00

Funds transferred from another SCA account outside of the Kingdom and in the same country:

OUTSIDE THE KINGDOM Kingdom and Branch or Account	Check #	Check Date	Amount
0			
		TOTAL	0.00



Branch:	Period:	to	
Dranch:	renou;	ιο	

SCA FUNDS TRANSFERRED DETAIL - IN - OVERFLOW

Funds transferred from another SCA account within the Kingdom and in the same country:

TOTAL 0.00	WITHIN THE KINGDOM	Check #	Check Date	Amount
TOTAL 000				
TOTAL 0.00				
TOTAL 000				
TOTAL 000				
TOTAL 0.00				
TOTAL 000				
TOTAL 000				
TOTAL 0.00				
TOTAL 0.00				
TOTAL 0.00				
TOTAL 0.00				
TOTAL 0 00				
TOTAL 000				
TOTAL 0 000				
TOTAL 0.00		-		
TOTAL 0.00				
TOTAL 0 00				
TOTAL 0 00				
TOTAL 0 00				
TOTAL 0.00		+		
TOTAL 0 00		+		
TOTAL 0.00				
TOTAL 0.00				
TOTAL 0.00				
TOTAL 0.00		+		
			TOTAL	0.00



SCA FUNDS TRANSFERRED DETAIL - OUT - OVERFLOW

Funds transferred to another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Check Date	Amount
		TOTAL	0.00

Funds transferred to another SCA account outside of the Kingdom and in the same country:

(A) THE CORPORATE OFFICE OR OFFICER	Check #	Check Date	Amount
Office and Reason	Check #	Check Date	Amount
	<u> </u>	TOTAL (A)	0.00
(B) OUTSIDE THE KINGDOM, SAME COUNTRY			
Kingdom and Branch or Account	Check #	Check Date	Amount
0			
		TOTAL (B)	0.00