



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.  
FINANCIAL REPORT

Branch: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_.

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**ADDITIONAL WORKSHEETS**

FREE FORM

Unlocked Worksheet for other information (ledgers, etc.)

Version: AS XLV 3.2 SMALL.pdf LOCAL

**Make sure that all pages marked 'REQUIRED' are submitted and filed.**



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### CHANCELLOR OF THE EXCHEQUER CONTACT INFORMATION

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:	
<b>Mailing address (IF NOT THE SAME AS ABOVE):</b>					
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):				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):				Membership #:	
SCA Name:				Exp. Date:	



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**PRIMARY ACCOUNT RECONCILIATION**

Complete this form for the **primary** bank account held and managed by this Society branch or office. Attach a copy of the bank statement which includes ending date of period. Kingdoms may require more information to be attached. If your branch has funds but does not keep them in a bank account, use the Comment page to explain how the funds are managed.

Bank Name:	_____		
Bank Account Title:	_____		
Bank Account Type :	_____	Bank's Signature Requirement:	_____
Bank Account Number :	_____	Statement Ending Date:	_____
Bank Branch Phone Number and Name of Contact:	_____		

**USD \$**

**1. Balance from bank statement at end of period**

Deposit Date	Amount of Deposit	Deposit Date	Amount of Deposit

<b>2. Deposits not cleared on statement</b>	<b>TOTAL</b>	0.00
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Check Number	Date	Check Amount	Check Number	Date	Check Amount

<b>3. Checks not cleared on statement</b>	<b>TOTAL</b>	0.00
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4. Adjusted ACCOUNT Balance (Line 1 + Line 2 - Line 3)	0.00	0.00
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5. Ending LEDGER or REGISTER Balance		
--------------------------------------	--	--

6. Does this account earn interest? (YES or NO)	<input type="checkbox"/>	<i>NO: add line 5 to Pg. 3 Line I.a.(End)</i> <i>YES: add line 5 to Pg. 3 Line I.b.(End)</i>
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All Persons below are on the signature card as of (date):

Title	Legal Name (Print)	Address	Member # / Exp mm/yyyy
Exchequer		0	0 Jan/1900

Branch accounts must include the exchequer and the Kingdom exchequer (or their designate) as signatories.

Sign:	Seneschal:	Exchequer:	Date:
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**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 information to be attached.

Bank Name						
Account Number						
Bank's Signature Req:						
Account Type						
<b>Interest Bearing?</b>						**
<b>Statement End Date</b>						**
<b>A:</b> Statement Ending Balance						A
<b>B:</b> Total Deposits not credited						B
<b>C:</b> Total Withdrawals not cleared						C
Non-Interest Bearing Adjusted Bank Balance (A + B - C)	0.00	0.00	0.00	0.00		Pg. 1 I.a
Interest Bearing Adjusted Bank Balance (A + B - C)	0.00	0.00	0.00	0.00		Pg. 1 I.b
<b>ENDING BALANCES</b>						
Ending Balance in Register/Ledger						
<b>SIGNATORIES</b>						
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						

*Use additional sheets if necessary*



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### 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 \$	
<b>I. ASSETS</b>	(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
<b>j) TOTAL ASSETS</b>	Add <b>a</b> through <b>i</b> , subtract <b>g</b> , then add <b>h</b> and <b>i</b>	0.00	0.00	0.00

<b>II. LIABILITIES</b>				
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
<b>e) TOTAL LIABILITIES</b>	Add <b>a</b> through <b>d</b>	0.00	0.00	0.00

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

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.



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## INCOME STATEMENT

USD \$

INCOME		(from page)	Gross	Cost	Amount
1a	Fund Raising: <b>Non-medieval</b> activities to earn income (raffles, car washes, bake sales, etc.)	(11a)		INTERNAL	0.00
1b		(11a)		EXTERNAL	0.00
2	Direct Contributions/Donations: <b>No activity</b>	(11a)			0.00
3a	Activity Related: <b>Medieval</b> activities to earn income (events, demos, heraldry fees)	(11a)	Income from Demos and Activity Fees		0.00
3b		(11b)	Adjusted Gross Event Income		0.00
4a	Funds Transferred In from Another SCA Account	(9)	WITHIN KINGDOM		0.00
4b		(9)	OUTSIDE 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
10	Other Income	(11b)			0.00
11	<b>TOTAL GROSS INCOME</b>		(Sum of Lines 1 through 9)		0.00

EXPENSES		(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	<b>SUB-TOTAL (Lines 12-26)</b>		0.00	0.00	0.00	0.00	
28	Other Expenses				(12b)	0.00	
29	Donations to SCA, Inc. Subsidiaries and Other 501(c)(3) [Nonprofit] Organizations				(12b)	#REF!	
30a	Funds Transferred Out to Another SCA Account			WITHIN KINGDOM		(10)	0.00
30b				OUTSIDE KINGDOM		(10)	0.00
31	<b>TOTAL EXPENSES</b>		(Line 27 TOTAL + Lines 28 to 30b)			#REF!	
32	<b>NET INCOME (MUST MATCH Change in Net Worth)</b>		(Line 11 Minus Line 31)			#REF!	

Legal Names: \_\_\_\_\_ Print \_\_\_\_\_ Sign \_\_\_\_\_

Exchequer:		Date:
Seneschal:		Date:



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### 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
<b>Add TOTAL to Pg. 3 I.a (End)</b>			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
<b>TOTAL</b>		0.00	0.00
<b>Show on</b>		<b>Pg. 3 I.c (Start)</b>	<b>Pg. 3 I.c (End)</b>

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
<b>Show on</b>		<b>Pg. 3 I.h (Start)</b>
<b>Show on</b>		<b>Pg. 3 I.h (End)</b>

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
<b>Show on</b>		<b>Pg. 3 I.i (Start)</b>
<b>Show on</b>		<b>Pg. 3 I.i (End)</b>

*Use additional sheets if necessary*









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**INCOME DETAIL PART 1**

1a. FUNDRAISING INCOME (INTERNAL) Event	Activity at the event	Amount
<b>Show TOTAL on Pg. 4 Line 1a</b>		0.00

1b. FUNDRAISING INCOME (EXTERNAL) Place	Activity	Amount
<b>Show TOTAL on Pg. 4 Line 1b</b>		0.00

2. DIRECT CONTRIBUTIONS	Amount	
a) Donations received without consideration (receiving nothing in return)		
b) Stale checks from prior reporting period (if end-of-year report, then from prior year)		
c) Recovered bad debts written off in prior reporting period (if end-of-year report, then from prior year)		
<b>Show TOTAL on Pg. 4 Line 2</b>		0.00

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

*Use additional sheets if necessary*





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**EXPENSE DETAIL PART 1**

Remember to select the category in the far left column.

<b>12. ADVERTISING (NON-SCA)</b>		Amount
	Organization or Periodical (Not a kingdom newsletter) and date ad was published	
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
<b>Show TOTAL on Pg. 4 Line 12</b>		0.00

OA, AR or FR	<b>13. BAD DEBTS</b>	Reason	Amount
	Organization or Person		
<b>Show TOTAL on Pg. 4 Line 13</b>			0.00

OA, AR or FR	<b>17. FEES &amp; HONORARIA</b>	Service Provided	Amount
	Organization or Person		
<b>Show TOTAL on Pg. 4 Line 17</b>			0.00

*Use additional sheets if necessary*



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**EXPENSE DETAIL PART 2**

20. INSURANCE (NON-SCA)		Amount
	Organization or Person	
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
<b>Show TOTAL on Pg. 4 Line 20</b>		0.00

**CONTACT YOUR KINGDOM EXCHEQUER BEFORE USING THIS SECTION!**

28. OTHER EXPENSES:	Paid to	Amount
Reason		
<b>Show TOTAL on Pg. 4 Line 28</b>		0.00

29. DONATIONS TO SCA, Inc. SUBSIDIARIES AND OTHER	FED ID Number	Amount
501(c)(3) [NONPROFIT] ORGANIZATIONS: Organization Name:		
<b>Show TOTAL on Pg. 4 Line 29</b>		0.00

Use additional sheets if necessary





