



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 L 4.5 SMALL.pdf LOCAL

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



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____.

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: |
| Mailing address (IF NOT THE SAME AS ABOVE): | | | |
| PO Box/Address: | | | |
| City: | State or Province: | Zip or Postal Code: | |

Deputy for:

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|--|--------------------|---------------------|---------------|
| 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:

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|--|--------------------|---------------------|---------------|
| 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: |



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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Branch: _____ **Period:** _____ to _____

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 |
|--------------|-------------------|--------------|-------------------|
| | | | |
| | | | |
| | | | |

| | | |
|---|--------------|------|
| 2. Deposits not cleared on statement | TOTAL | 0.00 |
|---|--------------|------|

| Check Number | Date | Check Amount | Check Number | Date | Check Amount |
|--------------|------|--------------|--------------|------|--------------|
| | | | | | |
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| | | |
|---|--------------|------|
| 3. Checks not cleared on statement | TOTAL | 0.00 |
|---|--------------|------|

| | | |
|---|------|------|
| 4. Adjusted ACCOUNT Balance (Line 1 + Line 2 - Line 3) | 0.00 | 0.00 |
|---|------|------|

5. Ending LEDGER or REGISTER Balance

6. Does this account earn interest? (YES or NO) *NO: add line 5 to Pg. 3 Line 1.a.(End)*
YES: add line 5 to Pg. 3 Line 1.b.(End)

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: | Exchequer: | Date: |
| Seneschal: | | |



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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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 information to be attached.

| | | | | | | |
|--|------|------|------|------|--|--------------|
| Bank Name | | | | | | |
| Account Number | | | | | | |
| Bank's Signature Req: | | | | | | |
| Account Type | | | | | | |
| Interest Bearing? | | | | | | ** |
| Statement End Date | | | | | | ** |
| A: Statement Ending Balance | | | | | | A |
| B: Total Deposits not credited | | | | | | B |
| C: 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 |
| ENDING BALANCES | | | | | | |
| Ending Balance in Register/Ledger | | | | | | |
| SIGNATORIES | | | | | | |
| 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



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

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) 0.00 | (A = B) ? If NO, the report is incomplete. |
| | Net Income | Income Statement Line 32 | (B) 0.00 | |

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.



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

Branch: _____ **Period:** _____ **to** _____

INCOME STATEMENT

USD \$

| INCOME | | (from page) | Gross | Cost | Amount |
|--------|---|-------------|----------------|-------------------------------------|--------|
| 1a | Fund Raising: Non-medieval activities to earn | (11a) | | INTERNAL | 0.00 |
| 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 Demos and Activity Fees | 0.00 |
| 3b | (events, demos, heraldry fees) | (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 | TOTAL GROSS INCOME | | | (Sum of Lines 1 through 9) | 0.00 |

SCA, Inc. Stock Clerk expenses are General Supplies!

| 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 | 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] Organizations | | | | (12b) | 0.00 |
| 30a | Funds Transferred Out to Another SCA Account | | | WITHIN KINGDOM | (10) | 0.00 |
| 30b | | | | OUTSIDE KINGDOM | (10) | 0.00 |
| 31 | TOTAL EXPENSES | | | | (Line 27 TOTAL + Lines 28 to 30b) | 0.00 |
| 32 | NET INCOME (MUST MATCH Change in Net Worth) | | | | (Line 11 Minus Line 31) | 0.00 |

Legal Names: _____ Print

Sign

| | | |
|------------|--|-------|
| Exchequer: | | Date: |
| Seneschal: | | Date: |



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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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 |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 |
|------------------------|--------|--------------------------|------------------------|
| | | | |
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| | | | |
| | | | |
| | | | |
| 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 |
|-------------------------------|--------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| Show on | | 0.00 |
| Show on | | Pg. 3 I.h (Start) |
| Show on | | 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 |
|---------------------------|--------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Show on | | 0.00 |
| Show on | | Pg. 3 I.i (Start) |
| Show on | | Pg. 3 I.i (End) |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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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 |
|-------------------------|---------------------------|-------------------------|
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| TOTAL | 0.00 | 0.00 |
| Show on | <i>Pg. 3 II.b (Start)</i> | <i>Pg. 3 II.b (End)</i> |

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 | | <i>Pg. 3 II.c(Start)</i> | <i>Pg. 3 II.c (End)</i> |

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 | | <i>Pg. 3 II.d (Start)</i> | <i>Pg. 3 II.d (End)</i> |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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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 |
|------------------------------------|---------|------------|--------|
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| Show TOTAL on Pg. 4 Line 4a | | | 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 |
|--|---------|------------|--------|
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| Show TOTAL on Pg. 4 Line 4b | | | 0.00 |



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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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 |
|------------------------------|---------|------------|--------|
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| Show TOTAL on Pg. 4 Line 30a | | | 0.00 |

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

| (A) THE CORPORATE OFFICE OR OFFICER Office and Reason | Check # | Check Date | Amount |
|--|---------|------------|-----------------------|
| | | | |
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| | | | |
| TOTAL (A) | | | 0.00 |
| (B) OUTSIDE THE KINGDOM, SAME COUNTRY Kingdom and Branch or Account | Check # | Check Date | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| TOTAL (B) | | | 0.00 |
| TOTAL TRANSFERS TO OUTSIDE THE KINGDOM: [(A)+(B)] | | | 0.00 |
| Show on | | | <i>Pg. 4 Line 30b</i> |



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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INCOME DETAIL PART 1

| 1a. FUNDRAISING INCOME (INTERNAL) Event | Activity at the event | Amount |
|--|------------------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Show TOTAL on Pg. 4 Line 1a | | 0.00 |

| 1b. FUNDRAISING INCOME (EXTERNAL) Place | Activity | Amount |
|--|-----------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Show TOTAL on Pg. 4 Line 1b | | 0.00 |

Transfers in from foreign branches (except PayPal) go under a) below!

| 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 |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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Branch: _____ Period: _____ to _____

INCOME DETAIL PART 2

3b. ADJUSTED GROSS EVENT INCOME

| Event Name | (A) Gross Gate Income (+ NMS) | (B) Total Refunds | (A-B) Adj. Gross Income |
|---------------------------------------|----------------------------------|----------------------|----------------------------|
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
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| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| TOTAL (A) | | | 0.00 |
| PayPal Income: Event Name | (A) PayPal Income | (B) Total Refunds | (A-B) Adj. Gross Income |
| | | | 0.00 |
| | | | 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 |

| 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 |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
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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 |
|------------------------------------|--------|---------------|--------|
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| Show TOTAL on Pg. 4 Line 1a | | | 0.00 |

2b. DONATIONS - SCA RELATED - Money received from either SCA, Inc if your group is a subsidiary or if your receiving money from a subsidiary if your group is part of SCA, INC.

| Group Name and Kingdom | Reason | Check # | Check Date | Amount |
|-----------------------------|--------|---------|------------|--------|
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| Show TOTAL on Pg. 4 Line 1b | | | | 0.00 |



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____

EXPENSE DETAIL PART 1

Remember to select the category in the far left column.

| OA, AR or FR | 12. ADVERTISING (NON-SCA) | Amount |
|------------------------------------|---|--------|
| | Organization or Periodical (Not a kingdom newsletter) and date ad was published | |
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| Show TOTAL on Pg. 4 Line 12 | | 0.00 |

| OA, AR or FR | 13. BAD DEBTS | Reason | Amount |
|------------------------------------|------------------------|--------|--------|
| | Organization or Person | | |
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| Show TOTAL on Pg. 4 Line 13 | | | 0.00 |

Transfers to SCA, Inc. for Insurance go here!

| OA, AR or FR | 17. FEES & HONORARIA | Service Provided | Amount |
|------------------------------------|---------------------------------|------------------|--------|
| | Organization or Person | | |
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| Show TOTAL on Pg. 4 Line 17 | | | 0.00 |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

Branch: _____ Period: _____ to _____

EXPENSE DETAIL PART 2

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

CONTACT YOUR KINGDOM EXCHEQUER BEFORE USING THIS SECTION!

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

| 29. DONATIONS TO SCA, Inc. SUBSIDIARIES AND OTHER | Reason | Check # | Check Date | FED ID Number | Amount |
|---|------------|---------|------------|---------------|--------|
| 501(c)(3) [NONPROFIT] ORGANIZATIONS: Organization Name: | | | | | |
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| Society for Creative Anachronism, Inc. (California) | 94-1698556 | | | | |
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| Show TOTAL on Pg. 4 Line 29 | | | | | 0.00 |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. FINANCIAL REPORT

Branch: _____ **Period:** _____ to _____.

FINANCIAL COMMITTEE MEMBERSHIP

Mark Only One:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Financial Committee consists of Seneschal, Exchequer, and all other paid members in the branch . |
| <input type="checkbox"/> | Financial Committee consists of Seneschal, Exchequer, and all other paid members voting at a meeting . |
| <input type="checkbox"/> | Financial Committee consists of Seneschal, Exchequer, and other specified individuals below. |

| Title | Modern Name SCA Name | Membership Number | Expiration mm/yyyy |
|-----------|-------------------------|----------------------|-----------------------|
| Seneschal | | | |
| Exchequer | | | |
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Use additional sheets if necessary



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT**

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.

| Total of lines I.a (End) and I.b (End) on the Comparative Balance Sheet - CASH: | | 0.00 |
|--|-------------------------|----------------------|
| Name of Fund | Purpose of Fund | End-of-Period |
| 1 General Fund | All Non-Dedicated Funds | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
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| 41 | | |
| 42 | | |
| TOTAL: | | 0.00 |

Use additional sheets if necessary



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____.

COMMENTS

A series of horizontal lines provided for entering comments.

