



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

Branch: _____ Period: _____ to _____ .

<u>CONTENTS</u>	Table of Contents	REQUIRED
<u>1. CONTACT INFO</u>	Contact Information	REQUIRED
<u>2.a PRIMARY ACCOUNT</u>	Primary Account Reconciliation	REQUIRED
<u>2.b SECONDARY ACCOUNTS</u>	Secondary Account Reconciliation	REQUIRED IF DATA
<u>3. BALANCE</u>	Comparative Balance Statement	REQUIRED
<u>4. INCOME</u>	Income Statement	REQUIRED
<u>5.a ASSET DTL</u>	Asset Detail	REQUIRED IF DATA
<u>5.b LIABILITY DTL</u>	Liability Detail	REQUIRED IF DATA
<u>9. TRANSFER IN</u>	Transfer Income Detail	REQUIRED IF DATA
<u>10. TRANSFER OUT</u>	Transfer Expense Detail	REQUIRED IF DATA
<u>11.a INCOME DTL</u>	Income Detail Part 1	REQUIRED IF DATA
<u>11.b INCOME DTL</u>	Income Detail Part 2	REQUIRED IF DATA
<u>11.c INCOME DTL</u>	Income Detail Part 3	REQUIRED IF DATA
<u>12.a EXPENSE DTL</u>	Expense Detail Part 1	REQUIRED IF DATA
<u>12.b EXPENSE DTL</u>	Expense Detail Part 2	REQUIRED IF DATA
<u>13. FINANCE COMM</u>	Financial Committee Information	REQUIRED IF DATA
<u>14. FUNDS</u>	Dedicated Fund List	REQUIRED IF DATA
<u>COMMENTS</u>	Comments	REQUIRED IF DATA

ADDITIONAL WORKSHEETS



**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:

--

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:	



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

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

3. Checks not cleared on statement **TOTAL** 0.00

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

5. Ending LEDGER or REGISTER Balance 0.00

6. Does this account earn interest? (YES or NO) *NO: add line 5 to Pg. 3 Line I.a.(End)*
YES: add line 5 to Pg. 3 Line I.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:	Seneschal:	Exchequer:	Date:
-------	------------	------------	-------



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

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 income (raffles, car washes, bake sales, etc.)	(11a)		INTERNAL	0.00
1b		(11a)		EXTERNAL	0.00
2	Direct Contributions/Donations: No activity	(11a)			0.00
3a	Activity Related: Medieval 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	TOTAL GROSS INCOME		(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	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 <i>(MUST MATCH Change in Net Worth)</i>		(Line 11 Minus Line 31)			0.00

Legal Names:

Print

Sign

Exchequer:			Date:
Seneschal:			Date:



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

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

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

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

Use additional sheets if necessary



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

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

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

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

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
			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
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
			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.
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
Show TOTAL on Pg. 4 Line 28			0.00

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



THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
FINANCIAL REPORT

Branch: _____ Period: _____ to _____.

FINANCIAL COMMITTEE MEMBERSHIP

Mark Only One:

Financial Committee consists of Seneschal, Exchequer, and all other paid members **in the branch**.

Financial Committee consists of Seneschal, Exchequer, and all other paid members **voting at a meeting**.

Financial Committee consists of Seneschal, Exchequer, and other specified individuals below.

Title	Modern Name SCA Name	Membership Number	Expiration mm/yyyy
Seneschal			
Exchequer			

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
1	General Fund	All Non-Dedicated Funds
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
TOTAL:		0.00

Use additional sheets if necessary

