

## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

SOCIETY FOR CREATIVE ANACHRONISM - 27-3641468  
Maryland, Inc.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>92,030</u>
<b>Revenue</b>		
Contributions	<u>9,491</u>	
Program service revenue	<u>38,066</u>	
Investment income	<u>1</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>241</u>	
<b>Total revenue</b>		<u>47,799</u>
<b>Expenses</b>		
Program services		
Management and general		
Fundraising		
<b>Total expenses</b>		<u>49,023</u>
<b>Excess / (deficit)</b>		<u>-1,224</u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>90,806</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>_____</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>92,030</u>	<u>96,439</u>	
Liabilities		<u>5,633</u>	
Net assets	<u>92,030</u>	<u>90,806</u>	<u>-1,224</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 11/17/25

Failure to file penalty \_\_\_\_\_

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

## 2024

**Open to Public  
Inspection**

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2024 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SOCIETY FOR CREATIVE ANACHRONISM - Maryland, Inc.		<b>D</b> Employer identification number 27-3641468
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number 800-789-7486
	PO BOX 66347		<b>F</b> Group Exemption Number 5802
	City or town, state or province, country, and ZIP or foreign postal code		
	Scotts Valley CA 95067		

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I Website:** www.sca.org

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... \$ **47,799**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received		9,491																												
	<b>2</b> Program service revenue including government fees and contracts		38,066																												
	<b>3</b> Membership dues and assessments																														
	<b>4</b> Investment income					1																									
	<b>5a</b> Gross amount from sale of assets other than inventory																														
	<b>b</b> Less: cost or other basis and sales expenses																														
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																														
	<b>6</b> Gaming and fundraising events:																														
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
	<b>c</b> Less: direct expenses from gaming and fundraising events																														
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
	<b>7a</b> Gross sales of inventory, less returns and allowances																														
	<b>b</b> Less: cost of goods sold																														
	<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																														
	<b>8</b> Other revenue (describe in Schedule O)																241														
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			47,799																											
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)																														
	<b>11</b> Benefits paid to or for members																														
	<b>12</b> Salaries, other compensation, and employee benefits																														
	<b>13</b> Professional fees and other payments to independent contractors																														
	<b>14</b> Occupancy, rent, utilities, and maintenance																														
	<b>15</b> Printing, publications, postage, and shipping																														
	<b>16</b> Other expenses (describe in Schedule O)																														
<b>17 Total expenses.</b> Add lines 10 through 16			20,792																												
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)																														
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																														
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)																														
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20			92,030																											

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2024)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	90,019	22	89,663
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,011	24	6,776
25 Total assets	92,030	25	96,439
26 Total liabilities (describe in Schedule O)	0	26	5,633
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,030	27	90,806

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Recreation and study of Medieval and Renaissance History.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Events - Local & regional meetings held by members open to the public			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		45,532
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		45,532

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Krista Capps Director	0.25	0	0	0
Megan O'Shea Director	0.25	0	0	0
Jonathan Foster Director	0.25	0	0	0
Joan Steurer Director	0.25	0	0	0
Richard Pug Bainter Director	0.25	0	0	0
Katherine Poore Director	0.25	0	0	0
K.T. Sheppard Vice-Chair	0.25	0	0	0
Christopher Mark Faulcon Chair	0.25	0	0	0
Bao Pham President	0.25	0	0	0
Louise Du Cray VP Corp / Secretary	0.25	0	0	0
Carolyn Richardson Treasurer	0.25	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed: MD
42a The organization's books are in care of: Louise Du Cray Telephone no. 408-263-9305
PO Box 66347
Located at Scotts Valley CA ZIP + 4 95067
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <u>Louise Du Cray</u>	Date <u>VP Corp / Secretary</u>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	<u>Spot On Consulting Group, Inc.</u>		Firm's EIN	<u>46-3637157</u>
	Firm's address	<u>1952 Camden Ave Ste 202 San Jose, CA 95124-2816</u>		Phone no.	<u>408-391-9937</u>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2024**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>SOCIETY FOR CREATIVE ANACHRONISM - Maryland, Inc.</b>	Employer identification number <b>27-3641468</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,119	5,003	2,931	2,832	9,491	24,376
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					241	241
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	7,229	15,602	32,883	55,506	38,066	149,286
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	11,348	20,605	35,814	58,338	47,798	173,903
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						173,903

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6	11,348	20,605	35,814	58,338	47,798	173,903
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1		1	4	1	7
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1		1	4	1	7
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	11,349	20,605	35,815	58,342	47,799	173,910
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization	SOCIETY FOR CREATIVE ANACHRONISM - Maryland, Inc.	Employer identification number	27-3641468
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Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Other sales income	\$ 241
<b>Total</b>	<b>\$ 241</b>

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Equipment rental & mainte	\$ 5,249
Fees & honoraria	\$ 599
Food	\$ 9,126
General supplies	\$ 10,067
Donations - other NPOs	\$ 1,990
Trfrs out within Kingdom	\$ 829
Non-investment Depreciation	\$ 371
<b>Total</b>	<b>\$ 28,231</b>

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Prior Period Adjustment	\$ 0

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 700	\$ 731
Prepaid Expenses and Deferred Charges	\$ 940	\$ 5,470
Equipment	\$ 24,551	\$ 23,376
Less Accumulated Depreciation	\$ 24,180	\$ 23,376
Regalia	\$ 0	\$ 575
<b>Total</b>	<b>\$ 2,011</b>	<b>\$ 6,776</b>

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 0	\$ 197
Deferred Revenue	\$ 0	\$ 5,436

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

Events - Local & regional meetings held by members open to the public

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

Name(s) shown on return **SOCIETY FOR CREATIVE ANACHRONISM - Maryland, Inc.** Identifying number **27-3641468**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	371
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	371
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

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**Federal Asset Report**

FYE: 12/31/2024

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Big Pavilion	12/01/01	1,175		X	822	7 HY 200DB	1,175	0
	Sold/Scrapped: 1/01/24								
6	Pavillion	6/15/94	547			547	7 HY 200DB	547	0
7	Baronial Tent	6/15/01	800			800	7 HY 200DB	800	0
8	Storage Shed	6/15/01	1,520			1,520	7 HY 200DB	1,520	0
9	Pavillion	6/15/04	1,257		X	628	7 HY 200DB	1,257	0
10	Pavillion	6/15/02	1,984		X	1,389	7 HY 200DB	1,984	0
11	Storage Shed	7/01/09	1,310		X	655	7 HY 200DB	1,310	0
12	Pavillion	7/01/06	750			750	7 HY 200DB	750	0
14	Pavillion	6/30/11	842			842	7 HY 200DB	842	0
15	Storage Shed	6/15/14	2,050			2,050	7 HY 200DB	2,050	0
16	Pavillion	6/30/17	3,492			3,492	7 HY 200DB	3,336	156
17	Baronial Thrones	6/30/17	725			725	7 HY 200DB	693	32
18	Baronial Tent	6/30/17	3,829			3,829	7 HY 200DB	3,658	171
19	List Fence	6/30/17	270			270	7 HY 200DB	258	12
20	Coronets	1/01/08	4,000		X	2,000	7 HY 200DB	4,000	0
			<u>24,551</u>			<u>20,319</u>		<u>24,180</u>	<u>371</u>
	<b>Grand Totals</b>		24,551			20,319		24,180	371
	<b>Less: Dispositions and Transfers</b>		1,175			822		1,175	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>23,376</u>			<u>19,497</u>		<u>23,005</u>	<u>371</u>

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**MD Asset Report**

FYE: 12/31/2024

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
<b>Prior MACRS:</b>								
1	Big Pavilion	12/01/01	1,175	1,175	1,175	0	0	0
	Sold/Scrapped: 1/01/24							
6	Pavillion	6/15/94	547	547	547	0	0	0
7	Baronial Tent	6/15/01	800	800	800	0	0	0
8	Storage Shed	6/15/01	1,520	1,520	1,520	0	0	0
9	Pavillion	6/15/04	1,257	1,257	1,257	0	0	0
10	Pavillion	6/15/02	1,984	1,984	1,984	0	0	0
11	Storage Shed	7/01/09	1,310	1,310	1,310	0	0	0
12	Pavillion	7/01/06	750	750	750	0	0	0
14	Pavillion	6/30/11	842	842	842	0	0	0
15	Storage Shed	6/15/14	2,050	2,050	2,050	0	0	0
16	Pavillion	6/30/17	3,492	3,492	3,336	156	156	0
17	Baronial Thrones	6/30/17	725	725	693	32	32	0
18	Baronial Tent	6/30/17	3,829	3,829	3,658	171	171	0
19	List Fence	6/30/17	270	270	258	12	12	0
20	Coronets	1/01/08	4,000	4,000	4,000	0	0	0
			<u>24,551</u>	<u>24,551</u>	<u>24,180</u>	<u>371</u>	<u>371</u>	<u>0</u>
	<b>Grand Totals</b>		24,551	24,551	24,180	371	371	0
	<b>Less: Dispositions</b>		1,175	1,175	1,175	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>23,376</u>	<u>23,376</u>	<u>23,005</u>	<u>371</u>	<u>371</u>	<u>0</u>

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**AMT Asset Report**

FYE: 12/31/2024

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Big Pavilion	12/01/01	1,175		X	822	7 HY 200DB	1,175	0
	Sold/Scrapped: 1/01/24								
6	Pavillion	6/15/94	547			547	7 HY 150DB	547	0
7	Baronial Tent	6/15/01	800			800	7 HY 150DB	800	0
8	Storage Shed	6/15/01	1,520			1,520	7 HY 150DB	1,520	0
9	Pavillion	6/15/04	1,257		X	628	7 HY 200DB	1,257	0
10	Pavillion	6/15/02	1,984		X	1,389	7 HY 200DB	1,984	0
11	Storage Shed	7/01/09	1,310		X	655	7 HY 200DB	1,310	0
12	Pavillion	7/01/06	750			750	7 HY 150DB	750	0
14	Pavillion	6/30/11	842			842	7 HY 150DB	842	0
15	Storage Shed	6/15/14	2,050			2,050	7 HY 150DB	2,050	0
16	Pavillion	6/30/17	3,492			3,492	7 HY 200DB	3,336	156
17	Baronial Thrones	6/30/17	725			725	7 HY 200DB	693	32
18	Baronial Tent	6/30/17	3,829			3,829	7 HY 200DB	3,658	171
19	List Fence	6/30/17	270			270	7 HY 200DB	258	12
20	Coronets	1/01/08	4,000		X	2,000	7 HY 200DB	4,000	0
			<u>24,551</u>			<u>20,319</u>		<u>24,180</u>	<u>371</u>
	<b>Grand Totals</b>		24,551			20,319		24,180	371
	<b>Less: Dispositions and Transfers</b>		<u>1,175</u>			<u>822</u>		<u>1,175</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>23,376</u>			<u>19,497</u>		<u>23,005</u>	<u>371</u>

\*\*-\*\*\*1468

**Bonus Depreciation Report**

FYE: 12/31/2024

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Big Pavilion	12/01/01	1,175		0	0	353	822
9	Pavillion	6/15/04	1,257		0	0	629	628
10	Pavillion	6/15/02	1,984		0	0	595	1,389
11	Storage Shed	7/01/09	1,310		0	0	655	655
20	Coronets	1/01/08	4,000		0	0	2,000	2,000
<b>Grand Total</b>			9,726		0	0	4,232	5,494
<b>Less: Dispositions and Transfers</b>			1,175		0	0	353	822
<b>Net Grand Total</b>			8,551		0	0	3,879	4,672

\*\*-\*\*\*1468

**Depreciation Adjustment Report**

FYE: 12/31/2024

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	Big Pavilion	0	0	0
Page 1	1	6	Pavillion	0	0	0
Page 1	1	7	Baronial Tent	0	0	0
Page 1	1	8	Storage Shed	0	0	0
Page 1	1	9	Pavillion	0	0	0
Page 1	1	10	Pavillion	0	0	0
Page 1	1	11	Storage Shed	0	0	0
Page 1	1	12	Pavillion	0	0	0
Page 1	1	14	Pavilion	0	0	0
Page 1	1	15	Storage Shed	0	0	0
Page 1	1	16	Pavilion	156	156	0
Page 1	1	17	Baronial Thrones	32	32	0
Page 1	1	18	Baronial Tent	171	171	0
Page 1	1	19	List Fence	12	12	0
Page 1	1	20	Coronets	0	0	0
				<u>371</u>	<u>371</u>	<u>0</u>

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**Future Depreciation Report****FYE: 12/31/25**

FYE: 12/31/2024

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
6	Pavillion	6/15/94	547	0	0
7	Baronial Tent	6/15/01	800	0	0
8	Storage Shed	6/15/01	1,520	0	0
9	Pavillion	6/15/04	1,257	0	0
10	Pavillion	6/15/02	1,984	0	0
11	Storage Shed	7/01/09	1,310	0	0
12	Pavillion	7/01/06	750	0	0
14	Pavilion	6/30/11	842	0	0
15	Storage Shed	6/15/14	2,050	0	0
16	Pavilion	6/30/17	3,492	0	0
17	Baronial Thrones	6/30/17	725	0	0
18	Baronial Tent	6/30/17	3,829	0	0
19	List Fence	6/30/17	270	0	0
20	Coronets	1/01/08	4,000	0	0
			<u>23,376</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>23,376</u>	<u>0</u>	<u>0</u>

\*\*-\*\*\*1468

**MD Future Depreciation Report****FYE: 12/31/25**

FYE: 12/31/2024

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MD</u>
<b>Prior MACRS:</b>				
6	Pavillion	6/15/94	547	0
7	Baronial Tent	6/15/01	800	0
8	Storage Shed	6/15/01	1,520	0
9	Pavillion	6/15/04	1,257	0
10	Pavillion	6/15/02	1,984	0
11	Storage Shed	7/01/09	1,310	0
12	Pavillion	7/01/06	750	0
14	Pavilion	6/30/11	842	0
15	Storage Shed	6/15/14	2,050	0
16	Pavilion	6/30/17	3,492	0
17	Baronial Thrones	6/30/17	725	0
18	Baronial Tent	6/30/17	3,829	0
19	List Fence	6/30/17	270	0
20	Coronets	1/01/08	4,000	0
			<u>23,376</u>	<u>0</u>
	<b>Grand Totals</b>		<u>23,376</u>	<u>0</u>

**Federal Statements****Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other**

Description							
<u>How Received</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost &amp; Expense</u>	<u>Depreciation</u>	<u>Gain / Loss</u>
Big Pavilion Purchase		12/01/01	1/01/24	\$	\$ 1,175	\$ 1,175	\$
Total				\$ 0	\$ 1,175	\$ 1,175	\$ 0

27-3641468

**Federal Statements**

FYE: 12/31/2024

**Schedule A, Part III, Line 1(e)**

Description	Amount
Contributions/Donations	\$ 4,600
Fundraising- External	4,050
other income	841
Total	\$ <u>9,491</u>

**Schedule A, Part III, Line 2(e)**

Description	Amount
Other sales income	\$ 241
Total	\$ <u>241</u>

**Schedule A, Part III, Line 3(e)**

Description	Amount
Events	\$ 37,236
transfers from within	830
Total	\$ <u>38,066</u>

**Schedule A, Part III, Line 10a(e)**

Description	Amount
Interest Earned	\$ 1
Total	\$ <u>1</u>

## Maryland - PPT Return Summary

For assessment period beginning 01/01/24 and ending 12/31/24  
 SOCIETY FOR CREATIVE ANACHRONISM - 27-3641468  
 Baltimore NA

Maryland

	Original Cost	Assessed Value
Section A	21,326	2,964
Section B		
Section C		
Section D		
Section E		
Section F		
Section G		
Manufacturing/R & D		
Vehicles		
Average cost of commercial inventory		0
Average cost of supplies		0
Average cost of manufacturing/R&D inventory		0
County assessed value		2,964
County estimated exemption value		0
County assessed value net of exemption		2,964
County tax rate		2.75000 %
County taxes due		82
City assessed value		2,964
City estimated exemption value		0
City assessed value net of exemption		2,964
City tax rate		0.00000 %
City taxes due		0
Total taxes due		82

**2025**  
**Form 1**  
Due April 15th  
Date Received by  
Department

**Form 1 Annual Report and Business Personal Property Return**  
**MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION**  
Business Services Unit, P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

	Type of Business Check one business type below	Dept.ID Prefix	Filing Free		Type of Business Check one business type below	Dept.ID Prefix	Filing Free
<input type="checkbox"/>	Domestic or Foreign Stock Corporation	(D) or (F)	\$300	<input type="checkbox"/>	Domestic or Foreign Limited Liability Company	(W) or (Z)	\$300
<input checked="" type="checkbox"/>	Domestic or Foreign Non Stock Corporation	(D) or (F)	-0-	<input type="checkbox"/>	Domestic or Foreign Limited Partnership	(M) or (P)	\$300
<input type="checkbox"/>	Domestic or Foreign Statutory Trust	(E) or (S)	\$300	<input type="checkbox"/>	Domestic or Foreign Limited Liability Partnership	(A) or (E)	\$300
<input type="checkbox"/>	Foreign Interstate Corporation	(F)	-0-	<input type="checkbox"/>	Foreign Insurance Corporation	(F)	\$300
<input type="checkbox"/>	SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/>	Real Estate Investment Trust	(D)	\$300

**For Immediate Submission – File Online at <https://egov.maryland.gov/BusinessExpress/>**

The business has been approved by MarylandSaves for a waiver of its 2025 Annual Report filing fee  Yes  No

**SECTION I – ALL BUSINESS ENTITIES COMPLETE**  PLEASE CHECK HERE IF THIS IS AN AMENDED RETURN

**NAME OF BUSINESS\*** SOCIETY FOR CREATIVE ANACHRONISM -

**MAILING ADDRESS** Maryland, Inc.

Check here if this is a change of mailing address

Please note \* This will not PO BOX 66347

Change a Principal Office Scotts Valley CA 95067

Address. A Resolution D13782958

Must be filed to change a 27-3641468 **FEDERAL PRINCIPAL BUSINESS CODE**

Principal Office. (4 digit number assigned by the IRS)

**DEPARTMENT ID NUMBER\*** D13782958

(Letter Prefix followed by 8 digits)

**FEDERAL EMPLOYER ID NUMBER** 27-3641468

(9 digit number assigned by the IRS)

**NATURE OF BUSINESS\*** Recreation & Study of Medieval Hist

**TOTAL GROSS SALES OR AMOUNT OF BUSINESS TRANSACTED IN MD IN PRIOR YEAR** 47,799

**WORKERS ASSOCIATED WITH THIS BUSINESS** \_\_\_\_\_

**EMPLOYER OBLIGATIONS** <https://dat.maryland.gov/Pages/sdatforms.aspx> Supplemental Employer Questions

**TRADING AS NAME** \_\_\_\_\_

**EMAIL ADDRESS** www.sca.org

INCLUDE EMAIL ADDRESS TO RECEIVE IMPORTANT REMINDERS FROM THE DEPT. OF ASSESSMENTS AND TAXATION

\*Required fields. Failure to complete may result in rejection of your Form #1 and/or an estimated assessment.

**SECTION II – ONLY CORPORATE ENTITIES COMPLETE**

**A. Corporate Officers (names and mailing addresses)**

President <u>Bao Pham</u> C/O Corporation, PO Box 66347 Scotts Valley CA 95067 Secretary <u>Louise Du Cray</u> C/O Corporation, PO Box 66347 Scotts Valley CA 95067	Vice President <u>Louise Du Cray</u> C/O Corporation, PO Box 66347 Scotts Valley CA 95067 Treasurer <u>Carolyn Richardson</u> C/O Corporation, PO Box 66347 Scotts Valley CA 95067
--	---

**B. Directors (names only)**

<u>Krista Capps</u>	<u>Jonathan Foster</u>
<u>Megan O'Shea</u>	<u>See Statement 1</u>

Department ID# D13782958**SECTION III – Completion Required Pursuant to MD Code, Tax Property Article §11-101**

- A. Is this business a (1) commercial enterprise or business that is formed in Maryland or does business in Maryland, or (2) a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?  Yes  No

If you answered "No" to Question A, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is not required to submit a Corporate Diversity Addendum. Please see instructions for additional information. If you answered "Yes" to Question A, please proceed to Questions B, C and D.

- B. Is this business a limited liability company (LLC) owned by a single member?  Yes  No
- C. Is this business a privately held company with at least 75% of the company's shareholders who are family members?  Yes  No
- D. Is this business an entity that (1) has an annual operating budget or annual sales less than \$5,000,000; and (d) does not qualify or seek to qualify for a "State benefit" as defined below:  Yes  No

A "State benefit" means (1) a state capital grant funding totaling \$1.00 million or more in a single fiscal year, (2) State tax credits totaling \$1.00 million or in a single fiscal year; or (3) the receipt of a state contract with a total value of \$1.00 million or more.

A "State contract" means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

If you answered "Yes" to Question B, C or D, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is not required to submit a Corporate Diversity Addendum. Please see instructions for filing additional information.

If you answered "No" to Question B, C or D, you are legally obligated to complete and return to SDAT with this Annual Report, a Corporate Diversity Addendum that is required by COMAR 24.01.07. The Addendum and instructions for submitting the Addendum may be found at <https://dat.maryland.gov/Pages/sdatforms.aspx>. Failure to complete and return the Addendum to SDAT may prohibit you from receiving certain State benefits. Please see instructions for additional information.

- E. Required information for certain corporations. Please see instructions for more information.

Total number of directors \_\_\_\_\_ Total number of female directors \_\_\_\_\_

**SECTION IV ALL BUSINESS ENTITIES COMPLETE**

- A. Does the business own, lease, or use personal property, including inventory, located in Maryland with a total original cost of \$20,000 or more  Yes  No

If you answered "Yes", you must complete and include Section IV through Section 8 with this Annual Report

- B. Did the entity dispose, sell or transfer ANY of its business personal property prior to January 1?  Yes  No

If you answered "No" to Question A and "Yes" to Question B, and reported property in the prior year, or received an assessment, you must complete a Form SD-1 Section VIII and submit with the Annual Report to document the disposal, sale or transfer of ANY business personal property in 2024. \*Note : Any disposal, sale or transfer of ANY business personal property will require completion of the SD-1.

If you answered "No" to both Questions A and B, the Business Personal Property portion of the return may not have to be completed. By answering "No" you are attesting to owning a sum total of personal property in Maryland with an original cost of less than \$20,000 on January 1, 2025.

**INITIAL OR SIGN HERE** \_\_\_\_\_

**\*Failure to initial or sign here may result in the rejection of your Form 1 and/or an estimated assessment.**

SOCIETY FOR CREATIVE ANACHRONISM - 27-3641468

2025  
Form 1

Department ID# D13782958

**SECTION V – ALL BUSINESS ENTITIES COMPLETE**

By signing this form below, you declare and attest, under penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Annual Report, including those on any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the entity listed in Section I. Further, you are aware that the entity may be required to report Beneficial Ownership Information to the U.S. Department of the Treasury’s Financial Crimes and Enforcement Network at <https://www.fincen.gov/boi>

**A. Corporate Officer or Principal of Entity**

Print Name Louise Du Cray X Signature \_\_\_\_\_ Date \_\_\_\_\_  
PO Box 66347

Mailing Address Scotts Valley CA 95067

Email Address vpcorpop@sca.org Phone Number 408-263-9305

**B. Firm or individual, other than taxpayer, preparing this Annual Report/Personal Property Return**

Print Name \_\_\_\_\_ X Signature \_\_\_\_\_ Date \_\_\_\_\_  
1952 Camden Ave Ste 202

Mailing Address San Jose CA 95124-2816

Email Address rebecca@spotoncg.com Phone Number 408-391-9937

**PLEASE BE SURE TO SIGN THIS ANNUAL REPORT TO AVOID REJECTION BY THE DEPARTMENT**  
**PLEASE MAKE CHECK PAYABLE TO DEPT. OF ASSESSMENTS & TAXATION. PLEASE INCLUDE YOUR DEPT. ID# ON THE CHECK.**

If filing by mail, please return with applicable filing fee to:

Department of Assessments and Taxation, Business Services Unit  
P.O. Box 17052, Baltimore, MD 21297-1052  
File Online : Maryland Business Express  
410 767 1330 \* Email : sdat.csc@maryland.gov

Department ID# D13782958

**SECTION VI**

A. Is any business conducted in Maryland?     Yes     No

B. Date began 10/01/2010

C. If the business operates on a fiscal year :    Start date \_\_\_\_\_ End date \_\_\_\_\_

E. Total Gross Sales, or amount of business transacted during prior in Maryland :    \$ 47,799

*If you report Total Gross Sales in Section I but do not report any personal property in Section VII, please explain how business is conducted without using personal property. If the business is using the personal property of another business entity, please provide the name and address of that business entity below.*

F. Explanation : \_\_\_\_\_

\_\_\_\_\_

NAME OF OTHER BUSINESS : \_\_\_\_\_

MD DEPT. ID OF OTHER BUSINESS : \_\_\_\_\_

LOCATION OF OTHER BUSINESS : \_\_\_\_\_

\_\_\_\_\_

G. If this is the business' first MD Personal Property Return, state whether or not it succeeds an established business and give name :

\_\_\_\_\_

H. Does the business own any fully depreciated and/or expensed personal property located in MD :     Yes     No

If yes, is that property reported on this return?     Yes     No

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department ID# D13782958

**SECTION VII – ALL BUSINESS ENTITIES COMPLETE**

**A. PROVIDE THE ACTUAL, PHYSICAL LOCATION OF ALL PERSONAL PROPERTY IN MARYLAND**

*Show the exact physical location of all personal property owned and used in the State of Maryland, including county, city or town, and street address (P.O. Boxes are not acceptable). This ensures proper distribution of assessments. If property is located in two or more jurisdictions, provide a breakdown for each location by completing additional copies of Section VII (Pages 4 & 5 of Form 1). For 5 or more locations, please include the information per location in an electronic format (see Form 1 instructions)*

Yes  No Check here if this is a change of location.

Maryland Baltimore NA  
 Address, Number and Street Zip Code County Town

1. Please provide the original cost by year of acquisition for any furniture, fixtures, tool, machinery and/or equipment not used for manufacturing or research and development :

Year Acquired	A	B	C	D	E	F	G	Total Cost
2024	0	0	0	0	0	0	0	0
2023	0	0	0	0	0	0	0	0
2022	0	0	0	0	0	0	0	0
2021	0	0	0	0	0	0	0	0
2020	0	0	0	0	0	0	0	0
2019	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0
2017 & Prior	21,326	0	0	0	0	0	0	21,326
<b>Totals</b>	21,326	0	0	0	0	0	0	21,326

Describe property identified in B – G above \_\_\_\_\_

2. Commercial Inventory – Furnish amounts from your most recent Maryland Income Tax Return.  
 \*\*Note : Businesses that need a Traders' License (Retail sales) must report commercial inventory here.\*\*

Average Monthly Inventory \$ \_\_\_\_\_ 0

3. Supplies / Average Cost \$ \_\_\_\_\_ 0

4. Manufacturing / Research & Development (R&D) Avg. Monthly Inventory \$ \_\_\_\_\_ 0

Department ID# D13782958

**5. Tools, machinery, and/or equipment used or manufacturing or research and development :**

State the original cost of the property by year of acquisition. Include all fully depreciated property expensed and such Property expensed under IRS rules. If this business is engaged in manufacturing / R&D, and is claiming such an exemption for the first time, a manufacturing / R&D exemption application must be submitted by September 1, or within 6 months after the date of the first assessment notice for the taxable year that includes the manufacturing / R&D property. Visit the website : [dat.maryland.gov](http://dat.maryland.gov) for an application and additional information. If the property is located in a taxable jurisdiction, a detailed schedule by depreciation category should be included to take advantage of higher depreciation allowances.

Year Acquired	A	C	D	Year Acquired	A	C	D
2024				2020	0		
2023	0			2019	0		
2022	0			2018	0		
2021	0			2017 & prior	0		

Describe Property in C & D above: \_\_\_\_\_  
\_\_\_\_\_

<b>Total Cost</b>	
\$	0

**6. Vehicles with interchangeable Registration and/or Unregistered vehicles :** (dealer, recycler, finance Company, special mobile equipment, and transporter plates) and unregistered vehicles should be reported here. See specific instructions.

Year Acquired	Original Cost	Year Acquired	Original Cost
2024	0	2022	0
2023	0	2021 & prior	0

<b>Total Cost</b>	
\$	0

**7. Non-farming livestock:**

Book Value	\$	0	Market Value	\$	0
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**8. Other personal property:**

File separate schedule giving a description of property, original cost, and date of acquisition.

<b>Total Cost</b>	
\$	0

**9. Property owned by others and used or held by the business as lessee or otherwise.** File separate schedule showing names and addresses of owners, lease number, description of property installation date and separate cost in each case.

<b>Total Cost</b>	
\$	0

**10. Property owned by others as lessee or otherwise :**

File separate schedule showing names and addresses of lessees, lease number, description of property, installation date and original cost by year of acquisition for each location. Schedule should group leases by county where the property is located. Manufacturer lessors should submit the retail selling price of the property, not the manufacturing cost. See specific instructions.

<b>Total Cost</b>	
\$	0

Department ID# D13782958

**SECTION IX – ALL ENTITIES MUST COMPLETE**

By signing this form below, you declare and attest, under penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Form #1, including any accompanying forms, schedules, and/or statements, have been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete.

		Louise Du Cray	408-263-9305
			vpcorpops@sca.org
X Taxpayer's Signature	Date	Print Name	Phone # & email address
			408-391-9937
		Spot On Consulting Group, Inc.	
X Preparer's Signature	Date	Print Name	Phone # & email address

**IMPORTANT REMINDER**

If you discontinued business prior to January 1, 2025, notify the Department immediately stating to whom and date all personal property was sold. If business is sold between January 1, 2025 and July 1, 2025, submit Bill of Sale, including value of all personal property, name and address of the buyer, on or before October 1, 2025.

**PENALTY CLAUSES**

1. An entity which files an annual return postmarked after the due date of April 15th, will receive an initial penalty of 1/10 of one percent of the county assessment, plus interest at the rate of two percent of the initial penalty amount for each 30 days or part thereof that the return is late. Interest is calculated at 2% of the initial penalty for each 30 days or a fraction of a 30-day period that the report is not submitted.
2. Do not prepay any anticipated penalty. The Dept. will be the entity for any late filed penalty owed.
3. Entities which fail to file this report will receive estimated assessments which will be twice the estimated value of the personal property owned. In addition, failure to file this report will result in forfeiture of the Maryland charter or the right to do business in Maryland.

CATEGORY A 10% per annum\*  
All property not specifically listed below.

SPECIAL DEPRECIATION RATES (Use of the rates listed below apply only to the items specifically listed. Use Category A for other assets.)

CATEGORY B 20% per annum\*  
Mainframe computers originally costing \$500,000 or more.

CATEGORY C 20% per annum\*  
Autos (unlicensed), bowling alley equipment, brain scanners, carwash equipment, fax machines, contractor's heavy equipment (tractors, bulldozers), hotel, motel, hospital and nursing home furniture and fixtures (room and lobby), MRI equipment, mobile telephones, model home furnishings, music boxes, outdoor Christmas decorations, outdoor theater equipment, photocopy equipment, radio and T.V. transmitting equipment, rental pagers, rental soda fountain equipment, self-service laundry equipment, stevedore equipment, - theater seats, trucks (unlicensed), vending machines (cigarette, candy, soft drink), x-ray equipment.CATEGORY D 30% per annum\*\*  
Data processing equipment, canned software.

CATEGORY E 33 1/3% per annum\*  
Blinds, carpets, drapes, shades. The following applies to equipment rental companies only: rental stereo and radio equipment, rental televisions, rental video cassette recorders and rental video tapes.

CATEGORY F 50% per annum\*  
Pinball machines, rental tuxedos, rental uniforms, video games.

CATEGORY G 5% per annum\*\*\* Boats, ships, vessels, (over 100 feet).

LONG-LIVED ASSETS  
Property determined by the Department to have an expected life in excess of 10 years at the time of acquisition shall be depreciated at an annual rate as specified by the Department.

\* Subject to a minimum assessment of 10% of the original cost.  
\*\* Subject to a minimum assessment of 5% of the original cost.  
\*\*\*Subject to a minimum assessment of 25% of the original cost

# Maryland Property Tax Statements

## Statement 1 - Form 1, Page 1, Section II - Name of the directors

Name

---

Joan Steurer

Richard Pug Bainter

Katherine Poore

KT Sheppard

Christopher Mark Faulcon

## Maryland - PPT Depreciation Worksheet

For assessment period beginning 01/01/24 and ending 12/31/24  
 SOCIETY FOR CREATIVE ANACHRONISM - 27-3641468  
 Baltimore NA

Maryland

Year	Cost column A	Rate	Assessed value	Year	Cost column F	Rate	Assessed value
2024		90%		2024		50%	
2023		80%		2023		10%	
2022		70%		2022		10%	
2021		60%		2021		10%	
2020		50%		2020		10%	
2019		40%		2019		10%	
2018		30%		2018		10%	
2017	8,316	20%	1,663	Prior		10%	
Prior	13,010	10%	1,301	Total			
Total			2,964		<b>Cost column G</b>		
	<b>Cost column B</b>			2024		95%	
2024		80%		2023		90%	
2023		60%		2022		85%	
2022		40%		2021		80%	
2021		20%		2020		75%	
2020		10%		2019		70%	
2019		10%		2018		65%	
2018		10%		2017		60%	
Prior		10%		2016		55%	
Total				2015		50%	
	<b>Cost column C</b>			2014		45%	
2024		80%		2013		40%	
2023		60%		2012		35%	
2022		40%		2011		30%	
2021		20%		Prior		25%	
2020		10%		Total			
2019		10%			<b>Manufacturing/R&amp;D</b>		
2018		10%		2024		90%	
Prior		10%		2023		80%	
Total				2022		70%	
	<b>Cost column D</b>			2021		60%	
2024		70%		2020		50%	
2023		40%		2019		40%	
2022		10%		2018		30%	
2021		5%		Prior		25%	
2020		5%		Total			
2019		5%			<b>Vehicles</b>		
2018		5%		2024		80%	
Prior		5%		2023		60%	
Total				2022		40%	
	<b>Cost column E</b>			Prior		25%	
2024		67%		Total			
2023		33%					
2022		10%					
2021		10%					
2020		10%					
2019		10%					
2018		10%					
Prior		10%					
Total							

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**MD Property Detail**

FYE: 12/31/2024

Asset	Property Description	Date Acquired	MD Cost	MD Prior Depreciation	MD Current Depreciation	MD End Depr
<b>Location: Maryland</b>						
<b>PPT type - MD: Section A</b>						
<b>Date Acquired for Year End: 12/31/94</b>						
6	Pavillion	6/15/94	547	547	0	547
<b>Year End Total: 12/31/94</b>			<u>547</u>	<u>547</u>	<u>0</u>	<u>547</u>
<b>Date Acquired for Year End: 12/31/01</b>						
7	Baronial Tent	6/15/01	800	800	0	800
8	Storage Shed	6/15/01	1,520	1,520	0	1,520
<b>Year End Total: 12/31/01</b>			<u>2,320</u>	<u>2,320</u>	<u>0</u>	<u>2,320</u>
<b>Date Acquired for Year End: 12/31/02</b>						
10	Pavillion	6/15/02	1,984	1,984	0	1,984
<b>Year End Total: 12/31/02</b>			<u>1,984</u>	<u>1,984</u>	<u>0</u>	<u>1,984</u>
<b>Date Acquired for Year End: 12/31/04</b>						
9	Pavillion	6/15/04	1,257	1,257	0	1,257
<b>Year End Total: 12/31/04</b>			<u>1,257</u>	<u>1,257</u>	<u>0</u>	<u>1,257</u>
<b>Date Acquired for Year End: 12/31/06</b>						
12	Pavillion	7/01/06	750	750	0	750
<b>Year End Total: 12/31/06</b>			<u>750</u>	<u>750</u>	<u>0</u>	<u>750</u>
<b>Date Acquired for Year End: 12/31/08</b>						
20	Coronets	1/01/08	4,000	4,000	0	4,000
<b>Year End Total: 12/31/08</b>			<u>4,000</u>	<u>4,000</u>	<u>0</u>	<u>4,000</u>
<b>Date Acquired for Year End: 12/31/09</b>						
11	Storage Shed	7/01/09	1,310	1,310	0	1,310
<b>Year End Total: 12/31/09</b>			<u>1,310</u>	<u>1,310</u>	<u>0</u>	<u>1,310</u>
<b>Date Acquired for Year End: 12/31/11</b>						
14	Pavilion	6/30/11	842	842	0	842
<b>Year End Total: 12/31/11</b>			<u>842</u>	<u>842</u>	<u>0</u>	<u>842</u>
<b>Date Acquired for Year End: 12/31/17</b>						
16	Pavilion	6/30/17	3,492	3,336	156	3,492
17	Baronial Thrones	6/30/17	725	693	32	725
18	Baronial Tent	6/30/17	3,829	3,658	171	3,829
19	List Fence	6/30/17	270	258	12	270
<b>Year End Total: 12/31/17</b>			<u>8,316</u>	<u>7,945</u>	<u>371</u>	<u>8,316</u>
<b>Section A</b>			<u>21,326</u>	<u>20,955</u>	<u>371</u>	<u>21,326</u>
<b>Maryland</b>			<u>21,326</u>	<u>20,955</u>	<u>371</u>	<u>21,326</u>
<b>Grand Total</b>			<u>21,326</u>	<u>20,955</u>	<u>371</u>	<u>21,326</u>

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**MD Property Detail**

FYE: 12/31/2024

Location: Maryland

<u>PPT type - MD</u>	<u>12/31/24</u>	<u>12/31/23</u>	<u>12/31/22</u>	<u>12/31/21</u>	<u>12/31/20</u>	<u>12/31/19</u>
Section A	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PPT type - MD</u>	<u>12/31/18</u>	<u>12/31/17</u>	<u>12/31/16</u>	<u>12/31/15</u>	<u>12/31/14</u>	<u>12/31/13</u>
Section A	<u>0</u>	<u>8,316</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<u>0</u>	<u>8,316</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PPT type - MD</u>	<u>12/31/12</u>	<u>12/31/11</u>	<u>12/31/10</u>	<u>12/31/09</u>	<u>PRIOR YEARS</u>	<u>TOTAL</u>
Section A	<u>0</u>	<u>842</u>	<u>0</u>	<u>1,310</u>	<u>10,858</u>	<u>21,326</u>
	<u>0</u>	<u>842</u>	<u>0</u>	<u>1,310</u>	<u>10,858</u>	<u>21,326</u>