



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

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Version: AS XLII 2.0 MEDIUM pdf

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



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COMPARATIVE BALANCE STATEMENT

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

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

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

The Year-end Report must be signed by the person preparing the report.

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

I. ASSETS	(from page)	Start	End
a) Undeposited and Non-Interest Bearing Cash	(3,5)		\$
b) Cash Earning Interest	(3)		\$
c) Receivables	(5)	\$	\$
d) Inventory For Sale (Major Inventory)	(6)	\$	\$
e) Regalia & Non-Depreciated Equipment	(7)	\$	\$
f) Depreciated Equipment	(8)	\$	\$
g) MINUS Accumulated Depreciation	(8)	\$	\$
h) Other Assets	(5)	\$	\$
i) TOTAL ASSETS	Add a through f , subtract g , then add h	\$	\$

II. LIABILITIES			
a) Newsletter Subscriptions Due	(15)		\$
b) Payables	(5)	\$	\$
c) Other Liabilities	(5)	\$	\$
d) TOTAL LIABILITIES	Add a through c	\$	\$

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

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

Legal Names:

Print

Sign

Exchequer:			Date:
Seneschal:			Date:



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INCOME STATEMENT

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

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

Legal Names:

Print

Sign

Exchequer:			Date:
Seneschal:			Date:



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Branch: _____ Period: _____ to _____

PRIMARY ACCOUNT RECONCILIATION

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

Bank Name:	_____		
Bank Account Title:	_____		
Bank Account Type :	_____	Required number of Signatures:	_____
Bank Account Number :	_____	Statement Ending Date:	_____
Bank Officer Name and Phone Number (if known):	_____		

1. Balance from bank statement at end of period			
Date(s)	Amount of Deposit	Date(s)	Amount of Deposit
TOTAL			\$ _____
2. Deposits not credited on statement			
Check Number(s)	Check Amount	Check Number(s)	Check Amount
TOTAL			\$ _____
3. Checks not cleared on statement			
TOTAL			\$ _____
4. Adjusted ACCOUNT Balance (Line 1 + Line 2 - Line 3)		<i>Line 4 must equal Line 5 to be correctly reconciled.</i>	
5. Ending LEDGER or REGISTER Balance		\$ _____	
6. Does this account earn interest? (YES or NO)		<input type="checkbox"/> <i>NO:</i> add line 5 to Pg 1 Line I.a.(End) <input type="checkbox"/> <i>YES:</i> add line 5 to Pg 1 Line I.b.(End)	

All Persons on signature card as of (date): _____			
Title	Legal Name (Print)	Address	Member # / Exp mm/yyyy
Exchequer			

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

Sign:	Seneschal: _____	Exchequer: _____	Date: _____
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SECONDARY ACCOUNTS RECONCILIATION

Complete one column for each **secondary** bank account held and managed by this Society branch or office. 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					
# Signatures Required					
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)	\$	\$	\$	\$	Pg. 1 I.a \$
Interest Bearing Adjusted Bank Balance (A + B - C)	\$	\$	\$	\$	Pg. 1 I.b \$
ENDING BALANCES					
Register/Ledger Ending Balance					
SIGNATORIES					
Legal Name					1
Member #					
Expiration mm/yyyy	01/2008				
Legal Name					2
Member #					
Expiration mm/yyyy					
Legal Name					3
Member #					
Expiration mm/yyyy					
Legal Name					4
Member #					
Expiration mm/yyyy					
Legal Name					5
Member #					
Expiration mm/yyyy					

Use additional sheets if necessary



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CHANCELLOR OF THE EXCHEQUER CONTACT INFORMATION

Warrant End Date:					
Legal Name:					
Street Address:					
City:		State or Province:		Zip or Postal Code:	
Home Telephone:		Alternate Phone:			
Internet or E-mail Address (Required if available):				Membership #:	
SCA Name:				Exp. Date:	
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:	



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COMPARATIVE BALANCE 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.

UNDEPOSITED FUNDS AND LATE-ARRIVING TRANSFER CHECKS			
Sending Branch or Reason	Amount	Sending Branch or Reason	Amount
Add TOTAL to Pg 1 I.a (End)			\$

RECEIVABLES: Owed From	Reason	Prior Amount	Current Amount
TOTAL		\$	\$
Show on		Pg. 1 I.c (Start)	Pg. 1 I.c (End)

OTHER ASSETS: Description	Prior Amount	Current Amount
TOTAL		\$
Show on		Pg. 1 I.h (Start)
		Pg. 1 I.h (End)

PAYABLES: Owed To	Reason	Prior Amount	Current Amount
TOTAL		\$	\$
Show on		Pg. 1 II.b (Start)	Pg. 1 II.b (End)

OTHER LIABILITIES: Owed To	Reason	Prior Amount	Current Amount
TOTAL		\$	\$
Show on		Pg. 1 II.c (Start)	Pg. 1 II.c (End)

Use additional sheets if necessary



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INVENTORY DETAIL

NOTE: Use this form for major inventory (purchased for lot price of \$250 +). If a new lot originally cost less than US\$250 (minor inventory), use Page 7 to report income from sales of those items.

Report each purchase lot separately. Report sales from oldest lots of the same item first. Report discarded items on line E.

Each Lot will either have A1 and B1 populated from a prior report, or A2 and B2 if the lot is new for this report.

Lot Item Description									TOTAL ACROSS and where to report on prior pages
SP Suggested Selling Price									
STARTING BALANCE (for items reported on a prior report)									
A1 Existing Lot Quantity									<i>Pg 1, L.d (Start)</i>
B1 Existing Lot Extended Cost									\$
PURCHASES THIS PERIOD (for items NOT reported on a prior report)									
A2 New Lot Purchase Quantity									
B2 New Lot Purchase Cost									
PER-UNIT COST									
C Per Unit Cost (B1/A1 or B2/A2)	\$	\$	\$	\$	\$	\$	\$	\$	
ENDING BALANCE									
D Quantity Sold at any price									
E Quantity Removed or Discarded									
F Ending Quantity ((B1 or B2) - D - E)									<i>Pg 1 L.d (End)</i>
G Ending Extended Cost (F x C)	\$	\$	\$	\$	\$	\$	\$	\$	\$
NET INCOME									
H Cost of Goods ((B1 + B2) - G)	\$	\$	\$	\$	\$	\$	\$	\$	\$
I Actual Gross Income from Inventory Sales									\$
J Net Inventory Sales Income (I - H)	\$	\$	\$	\$	\$	\$	\$	\$	<i>Pg 2, Ln 6</i>

Use additional sheets if necessary



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EXPENSE DETAIL PART 2

20. INSURANCE (NON-SCA)		Amount
Organization or Person		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
Show TOTAL on Pg 2 Line 20		\$

28. OTHER EXPENSES:	Paid to	Amount
Reason		
Show TOTAL on Pg 2 Line 28		\$

29. DONATIONS TO OTHER 501(c)(3) [NONPROFIT]	FED ID Number	Amount
ORGANIZATIONS: Organization Name:		
Show TOTAL on Pg 2 Line 29		\$

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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NEWSLETTER INCOME WORKSHEET

Use this form only if you sell issues of your newsletter.

Newsletter Name: _____ Gross Income: _____

If you sell issues IN ADVANCE using subscriptions, fill in the sections below.

Gross Income (A)	\$	For calculating price per Issue:		Rate 1	Rate 2
Start Subs Due (B)	\$	Price of one subscription:			
End Subs Due (C)	\$	# of Issues per Subscription:			
Adj. Gross Income (A+B-C)	\$	Price Per Issue:		\$	\$

(A) # of Issues Remaining	(B1) # of Subs Expiring	(C1) Price per Issue	(A) x (B1) x (C1) Balance of Subscription Due	(B2) # of Subs Expiring	(C2) Price per Issue	(A) x (B2) x (C2) Balance of Subscription Due
1			\$			\$
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			\$			\$
BEYOND 36 ISSUES		Calculate Separately			Calculate Separately	
Total:						\$

