

| | | |
|------------------------------|--|----------|
| <u>CONSTANTS</u> | Table of Contents | REQUIRED |
| <u>BALANCE-1</u> | Comparative Balance | REQUIRED |
| <u>INCOME-2</u> | Income Statement | REQUIRED |
| <u>PRIMARY ACCOUNT-3a</u> | Primary Account Reconciliation Worksheet | REQUIRED |
| <u>SECONDARY ACCOUNTS-3b</u> | Secondary Accounts Reconciliation Worksheet | REQUIRED |
| <u>CONTACT INFO-4</u> | Contact Information | REQUIRED |
| <u>COMP BAL WK-5</u> | Comparative Balance Worksheet | REQUIRED |
| <u>INVENTORY WK-6</u> | Inventory Worksheet | REQUIRED |
| <u>REGALIA WK-7</u> | Regalia & Asset Removal Worksheet | REQUIRED |
| <u>DEPR WK-8</u> | Depreciation Worksheet | REQUIRED |
| <u>XFER-IN WK-9</u> | Transfer Income | REQUIRED |
| <u>XFER-OUT WK-10</u> | Transfer Expense | REQUIRED |
| <u>INCOME WK-11a</u> | Income Worksheet Part 1 | REQUIRED |
| <u>INCOME WK-11b</u> | Income Worksheet Part 2 | REQUIRED |
| <u>EXPENSE WK-12a</u> | Expense Worksheet Part 1 | REQUIRED |
| <u>EXPENSE WK-12b</u> | Expense Worksheet Part 2 | REQUIRED |
| <u>FINCOM-13</u> | Financial Committee Information | REQUIRED |
| <u>FUNDS-14</u> | Dedicated Fund List | REQUIRED |
| <u>NEWS WK-15</u> | Newsletter Income Worksheet | REQUIRED |
| <u>COMMENTS</u> | Comments | |
| <u>COMP BAL WK-5b</u> | Comparative Balance Worksheet - Overflow | |
| <u>INVENTORY WK-6b</u> | Inventory Worksheet - Overflow | |
| <u>REGALIA WK-7b</u> | Regalia & Asset Removal Worksheet - Overflow | |
| <u>DEPR WK-8b</u> | Depreciation Worksheet - Overflow | |
| <u>XFER-IN WK-9b</u> | Transfer Income - Overflow | |
| <u>XFER-IN WK-9c</u> | Transfer Income - Overflow | |
| <u>XFER-IN WK-9d</u> | Transfer Income - Overflow | |
| <u>XFER-OUT WK-10b</u> | Transfer Expense - Overflow | |
| <u>XFER-OUT WK-10c</u> | Transfer Expense - Overflow | |
| <u>XFER-OUT WK-10d</u> | Transfer Expense - Overflow | |
| <u>FREE FORM</u> | Unlocked Worksheet for other information such as ledgers | |

Version: AS XL 1.1 LARGE pdf

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

If a printed worksheet has no data, write N/A across it to show that it does not apply to this report.



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

COMPARATIVE BALANCE SHEET

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) | 0.00 |
| | Net Income | Income Statement Line 32 | (B) | 0.00 |

(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: |



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

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 | Removed Assets | (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: |



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

SECONDARY ACCOUNTS RECONCILIATION WORKSHEET

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 | | | | | |
| Account Balance on Register/Ledger | | | | | |
| SIGNATORIES | | | | | |
| Legal Name | | | | | 1 |
| Member # | | | | | |
| Expiration mm/yyyy | | | | | |
| 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



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

CHANCELLOR OF THE EXCHEQUER CONTACT INFORMATION

| | | | | | |
|--|--|--------------------|--|---------------------|--|
| Warrant End Date: | | | | | |
| Legal Name: | | | | | |
| Street Address: | | | | | |
| City: | | State or Province: | | Zip or Postal Code: | |
| Home Telephone: | | Alternate Phone: | | | |
| Internet or E-mail Address (Required if available): | | | | Membership #: | |
| SCA Name: | | | | Exp. Date: | |
| Mailing address (IF NOT THE SAME AS ABOVE): | | | | | |
| PO Box/Address: | | | | | |
| City: | | State or Province: | | Zip or Postal Code: | |

Deputy for: _____

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

Deputy for: _____

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



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

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 |
|-------------------------------|--------|--------------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| From Sheet COMP BAL WK-5 (2) | | \$ | \$ |
| TOTAL | | \$ | \$ |
| Show on | | Pg. 1 I.c (Start) | Pg. 1 I.c (End) |

| OTHER ASSETS: Description | Prior Amount | Current Amount |
|----------------------------------|--------------|--------------------------|
| | | |
| | | |
| | | |
| From Sheet COMP BAL WK-5 (2) | | \$ |
| TOTAL | | \$ |
| Show on | | Pg. 1 I.h (Start) |
| | | Pg. 1 I.h (End) |

| PAYABLES: Owed To | Reason | Prior Amount | Current Amount |
|------------------------------|--------|---------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| From Sheet COMP BAL WK-5 (2) | | \$ | \$ |
| TOTAL | | \$ | \$ |
| Show on | | Pg. 1 II.b (Start) | Pg. 1 II.b (End) |

| OTHER LIABILITIES: Owed To | Reason | Prior Amount | Current Amount |
|-----------------------------------|--------|---------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| From Sheet COMP BAL WK-5 (2) | | \$ | \$ |
| TOTAL | | \$ | \$ |
| Show on | | Pg. 1 II.c (Start) | Pg. 1 II.c (End) |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

INVENTORY WORKSHEET

NOTE: Use this form for major inventory (purchased with a lot price of \$250 or more). 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 | Selling Price | | | | | | |
| STARTING BALANCE (for items reported on a prior report) | | | | | | | |
| A1 | Existing Lot Quantity | | | | | | <i>Pg 1, I.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 | | | | | | |
| E | Quantity Removed or Discarded | | | | | | |
| F | Ending Quantity ((B1 or B2) - D - E) | | | | | | <i>Pg 1 I.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 (compare to D x SP) | | | | | | \$ |
| J | Net Inventory Sales Income (I - H) | \$ | \$ | \$ | \$ | \$ | <i>Pg 2, Ln 6</i> |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: _____ Period: _____ to _____

INCOME WORKSHEET PART 1

| 1a. FUNDRAISING INCOME (INTERNAL) Event | Activity at the event | Amount |
|--|-----------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Show TOTAL on Pg 2 Line 1a | | \$ |

| 1b. FUNDRAISING INCOME (EXTERNAL) Place | Activity | Amount |
|--|----------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Show TOTAL on Pg 2 Line 1b | | \$ |

| 2. DIRECT CONTRIBUTIONS | Amount | |
|---|--------|----|
| a) Donations received without consideration (receiving nothing in return) | | |
| b) Stale checks from prior reporting period (if end-of-year report, then from prior year) | | |
| c) Value of Asset Donations and Regalia Improvements (from page 7) | \$ | |
| Show TOTAL on Pg 2 Line 2 | | \$ |

| 3a. INCOME FROM DEMOS AND ACTIVITY FEES From | Activity | Amount |
|---|----------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Show TOTAL on Pg 2 Line 3a | | \$ |

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: _____ Period: _____ to _____

EXPENSE WORKSHEET 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 | | \$ |



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

NEWSLETTER INCOME WORKSHEET

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

Newsletter Name: _____

Gross Income: _____

ONLY if you sell issues in advance using subscriptions, fill in the sections below.

| Newsletter Frequency | (A) Gross Income | (B) Start Subs Due (Pg 1) | (C) End Subs Due | (A+B-C) Adj. Gross Income |
|----------------------|------------------|------------------------------|------------------------|------------------------------|
| | \$ | \$ | \$ | \$ |
| Show on | | Pg 1 II.a (Start) | Pg 1 II.a (End) | Pg 2 Line 8 |

| For calculating price per Issue: | Rate 1 | Rate 2 | Rate 3 |
|---|--------|--------|--------|
| Price of one subscription: | | | |
| # of Issues per Subscription: | | | |
| Price Per Issue: | \$ | \$ | \$ |

| Date or Issue Subscription Expires | (A) # of Issues Remaining | (B) # of Subscriptions Expiring this Issue | (C) Price per Issue | (A) x (B) x (C) 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 | | | \$ |
| BEYOND 24 ISSUES | | Calculate Separately | | |
| Total : | | | | \$ |



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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

INVENTORY WORKSHEET - OVERFLOW

NOTE: Use this form for major inventory (purchased with a lot price of \$250 or more). 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 | Selling Price | | | | | | |
| STARTING BALANCE (for items reported on a prior report) | | | | | | | |
| A1 | Existing Lot Quantity | | | | | | <i>Pg 1, I.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 | | | | | | |
| E | Quantity Removed or Discarded | | | | | | |
| F | Ending Quantity ((B1 or B2) - D - E) | | | | | | <i>Pg 1 I.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 (compare to D x SP) | | | | | | \$ |
| J | Net Inventory Sales Income (I - H) | \$ | \$ | \$ | \$ | \$ | <i>Pg 2, Ln 6</i> |

Use additional sheets if necessary

