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

Version: AS XL 1.1 LOCAL 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.



Branch:	Period:	to	
Diancii.	i ciiou.	i o	•

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 ${f a}$ through ${f c}$	\$ \$

III. NET WORTH		Line I.i minus Line II.d		\$	\$
Proof:	Change in Net Worth	III(End) - III(Start)	(A)	0.00	(A = B)? If NO, the report is
	Net Income	Income Statement Line 32	(B)		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:



Legal Names:

Print

THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch:	Period:	to	
Dianch.	renou.	w	

INCOME STATEMENT

INC	COME (from	m 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 De	mos and Activity Fees	\$
3b	income (events, demos, heraldry fees)	(11b)		Adjusted	l Gross Event Income	\$
4a	Funds Transferred In from Another SCA Account			W	TTHIN KINGDOM	\$
4b	Tuilds Transferred in from Another SCA Account	(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	1 TOTAL GROSS INCOME (Sum of Lines 1 through 9)				\$	

EXP	ENSES	(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 & Ma	intenance				\$
17	Fees & Honoraria	(12a)	\$	\$	\$	\$
	Food					\$
19	General Supplies					\$
20	Insurance (NON-SCA)	(12b)	\$	\$	\$	\$
	Occupancy & Site Charg					\$
22	Postage & Shipping, PO	Box Rental				\$
23	Printing & Publications					\$
24	Removed Assets	(7)	\$	\$	\$	\$
25	Telephone					\$
26	Travel (Gas, Tolls, Airfa	re)				\$
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	WI	THIN KINGDOM	(10)	\$
30b	i undo Transicired Out	to momer 5011 necount	OUT	SIDE KINGDOM	(10)	\$
31	TOTAL EXPENSE	S		(Line 27 TOTAL	+ Lines 28 to 30b)	\$
32	NET INCOME (M	UST MATCH Change in Net Wor	th)	(Line	e 11 Minus Line 31)	\$

Exchequer:		Date:
Seneschal:		Date:

Sign



Seneschal:

THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch:	Period:	to	

PRIMARY ACCOUNT RECONCILIATION WORKSHEET

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

branch has funds but does n	not keep them in a bank account, use	the Comment page to explain how the fund	ds are managed.
Bank Name:			
Bank Account Title:			
Bank Account Type :		Required number of Signatures:	:
Bank Account Number :		Statement Ending Date	:
Bank Officer Name and Pho	one Number (if known):	_ 	
1. Balance from bank state	ement at end of period		
Date(s)	Amount of Deposit	Date(s)	Amount of Deposit
2. Deposits not credited o		TOTAL	"
Check Number(s)	Check Amount	Check Number(s)	Check Amount
		+	+
3. Checks not cleared on s	statement	TOTAL	4 \$
	(Line 1 + Line 2 - Line 3)	Line 4 must equal Line 5 to be	
5. Ending Balance in acco	· ·	correctly reconciled.	
6. Does this account earn		NO: add line 5	to Pg 1 Line I.a.(End)
		YES: 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 inc	clude the exchequer and the Kinod	lom exchequer (or their designate) as si	gnatories.
Sign:	we enemodate min the imigu		8

Date:



Member#

Legal Name

Member#

Expiration mm/yyyy

Expiration mm/yyyy

THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

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 **B:** Total Deposits not В credited C: Total Withdrawals C not cleared Non-Interest Bearing Pg. Adjusted Bank Balance \$ \$ \$ \$ 1 I.a (A + B - C)Pg. Interest Bearing Adjusted Bank Balance \$ \$ \$ \$ 1 (A + B - C)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

5



Branch:	Period:	to	
Diancii.	i ciiou.	w	•

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 ABOV	/E):
PO Box/Address:			
City:		State or Province:	Zip or Postal Code:
	Deputy for:		
- 11-			
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:
	D 1		
	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):		1	Membership #:
SCA Name:			Exp. Date:



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.

UNDEPOSITI	ED FUNDS AND I	LATE-ARRIVI	NG TI	RANSFER CHECKS	
Sending Branch or Reason	Amount	Sending Bra	nch or l	Reason	Amount
		A	dd TO	TAL to <i>Pg 1</i> I.a (End	1) \$
RECEIVABLES: Owed From	Re	eason		Prior Amount	Current Amount
		77.	>/T 4 T		
				\$	\$
		Sh	ow on	Pg. 1 I.c (Start)	Pg. 1 I.c (End)
OTHER ASSETS: Description				Prior Amount	Current Amount
o Tilbit Recello. Becempuon				THOI THIOUNI	Garrent Timount
		TO	OTAL	\$	\$
				Pg. 1 I.h (Start)	Pg. 1 I.h (End)
			0 11 011	1g/1 iii (otart)	18,1111 (2114)
PAYABLES: Owed To	Re	eason		Prior Amount	Current Amount
		TO	OTAL	\$	\$
		She	ow on	Pg. 1 II.b (Start)	Pg. 1 II.b (End)
OTHER LIABILITIES: Owed To	Re	eason		Prior Amount	Current Amount
			OTAL	\$	\$
		She	ow on	Pg. 1 II.c (Start)	Pg. 1 II.c (End)



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.

		1 1	1 1 /			1	
Lot	Item Description						TOTAL ACROSS and where to report on prior pages
SP	Selling Price						
		START	ING BALANCE (1	for items reported	on a prior report)		
A1	Existing Lot Quantity						<i>Pg 1</i> , I.d (Start)
B1	Existing Lot Extended Cost						\$
		PURCHASES	THIS PERIOD (for items NOT rep	orted on a prior re	port)	•
A2	New Lot Purchase Quantity						
В2	New Lot Purchase Cost						
			PER	-UNIT COST			
С	Per Unit Cost (B1/A1 or B2/A2)	\$	\$	\$	\$	\$	
			ENDI	NG BALANCE			
D	Quantity Sold						
Е	Quantity Removed or Discarded						
F	Ending Quantity ((B1or B2)-D-E)						Pg 1 I.d (End)
G	Ending Extended Cost (F x C)	\$	\$	\$	\$	\$	\$
			NE	T INCOME			
Н	Cost of Goods ((B1 + B2) - G)	\$	\$	\$	\$	\$	\$
Ι	Actual Gross Income from Inventory Sales (compare to D x SP)						\$
J	Net Inventory Sales Income (I - H)	\$	\$	\$	\$	\$	<i>Pg 2</i> , Ln 6



Branch:	Period:	to	_

REGALIA & ASSET REMOVAL WORKSHEET

REGALIA & NON-DEPRECIATED EQUIPMENT (value > \$500 each or previously reported)

Regalia: Regalia is limited to items that will not decrease in value with age and which will not wear out with use, such as crowns, coronets, signet rings, swords of state, sceptors, orbs, chains of office, and similar jewelry type items. It does not include thrones, tabards or cloaks or similar items which wear out with use. Regalia is defined by *what it is, not by who uses it.* To remove an item, enter a negative value for (C). Then, enter the item at the bottom under reported regalia.

Item Description	QTY	Year Acquired	(A) (Start) Prior Value	(B) New Item Value	(C) Value Adjustment	(A or B)+(C) (End) Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					_	\$
		TOTAL	\$		\$	\$
		Show on	Pg. 1 I.e (Start)		Pg 11a, Line 2.c	Pg. 1 I.e (End)

ASSET REMOVAL & OTHER SALES INCOME (not reported as Major Inventory):

Minor Inventory (Not reported as Major Inventory, and expe	nsed as Suj	pplies when p	urchased)		Number Sold	Income from Sale
					TOTAL (1)	\$
Released or Sold Reported Regalia or Equipment (listed on pg 7 or 8 in a prior report)	QTY	Year Acquired	(A) (Start) Prior Value (from pg 7 or 8)	(B) (Start) Accum. Depr. (if from pg 8)	(A - B) Value Lost	Income from Sale (if any)
					\$	
					\$	
					\$	
		Į.	•	TOTAL (2)	**	\$
				TOTAL (1)+(2)	.	\$
					Pg 2, Ln 24	Pg 2 Ln 7





Branch:	Period:	to	

DEPRECIATION WORKSHEET

To remove an item previously listed, do not list it here. Instead, list it on the bottom of page 7 for reported equipment.

5 Year Depreciation: Trailers and Electronic Equipment

Note: If the item is <u>not</u> electronic or a trailer, it belongs to 7 year property below. For trailers, put in comments whether it is licensed.

OA, AR or FR	Equipment (purchases or value > \$500 each) Item Description	Qty	Purchase Year	(A) % This Year from grid below	Prior Cost or Value	(B) Current Cost or Value	(C) (Start) Accum. Deprec.	(D) Depr. This Year (A x B)	(End) Accum. Deprec. (C + D)
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
					\$		\$	\$	\$
			5 YE	AR TOTAL	\$	\$	\$	\$	\$
MAC	MACRS Schedule 5 Year NOTE: Depreciation this year (D) is only calculated during 4th quarter for the year.								
Year P	Purchased			2005	2004	2003	2002	2001	2000
Percer	nt to depreciate by year			20.00%	32.00%	19.20%	11.52%	11.52%	5.76%

7 Year Depreciation:

Seven year assets are all assets except electronic equipment and trailers. Thrones, pavilions, cooking equipment, etc. are all 7 year assets.

Equipment (purchases or value > \$500 each) Item Description	Qty	Purchase Year	(A) % This Year from grid below	Prior Cost or Value	(B) Current Cost or Value	(C) (Start) Accum. Deprec.	(D) Depr. This Year (A x B)	(End) Accum. Deprec. (C + D)
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
AR				\$		\$	\$	\$
		7 YE	AR TOTAL	\$	\$	\$	\$	\$
MACRS Schedule 7 Year			NO	TE: Depreciatio	n this year (D) is	s only calculated	during 4th quar	ter for the year.
Year Purchased	2005	2004	2003	2002	2001	2000	1999	1998
Percent to depreciate by year	14.29%	24.49%	17.49%	12.49%	8.93%	8.92%	8.93%	4.46%

5 Year Total + 7 Year Total	\$	\$	\$	\$	\$
	<i>Pg. 1</i> I.f			<i>Pg. 2</i> L 15	<i>Pg. 1</i> I.g
	(Start)	(End)	I.g(Start)	TOTAL	(End)



Branch: Period: to .

SCA FUNDS TRANSFERRED WORKSHEET - IN

Funds transferred from another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Date Received	Amount
		Sheet XFER-IN WK-9b \$	
	Show TO	TAL on <i>Pg. 2</i> Line 4a \$	

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

OUTSIDE THE KINGDOM Kingdom and Branch or Account Check # Date Received Amount					
	From Shee	et XFER-IN WK-9b	\$		
	Show TOTAL	L on <i>Pg. 2</i> Line 4b	\$		



Branch:	Period:	to	
Dianch.	renou.	w	•

SCA FUNDS TRANSFERRED WORKSHEET - OUT

Funds transferred to another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Date Sent	Amount
From Sheet XFER-OUT WK-10b			\$
Show TOTAL on Pg 2 Line 30a			\$

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

	anie country.			
THE CORPORATE OFFICE OR OFFICER ice and Reason Check # Date Sent				
From Sheet XFER-OUT WK-10b				
TOTAL (A)				
OUTSIDE THE KINGDOM, SAME COUNTRY ngdom and Branch or Account Check # Date Sent				
+				
+				
From Sheet XFER-OUT WK-10h				
THE KINGI				
	Show on	Pg 2 Line 30b		
	Check # From Sheet X Check # From Sheet X	Check # Date Sent From Sheet XFER-OUT WK-10b TOTAL (A) Check # Date Sent From Sheet XFER-OUT WK-10b TOTAL (B) TOTAL (B)		



Branch:	Period:	to	

INCOME WORKSHEET PART 1

1a. FUNDRAISING INCOME (INTERNAL)	Activity at the event	Amount
Event	receivity at the event	7 IIII Guit
	Show TOTAL on Pg 2 Line 1a	\$
	<u> </u>	Ψ
41 FUND AIGING INCOME (EVTEDNIAI)	1	
1b. FUNDRAISING INCOME (EXTERNAL)	Activity	Amount
Place		
<u> </u>	Show TOTAL on Pg 2 Line 1b	\$
		Υ
2. DIRECT CONTRIBUTIONS		Amount
		Amount
a) Donations received without consideration (receiving not		
b) Stale checks from prior reporting period (if end-of-year	report, then from prior year)	
c) Value of Asset Donations and Regalia Improvements (fr		\$
	Show TOTAL on Pg 2 Line 2	\$
3a. INCOME FROM DEMOS AND ACTIVITY		
154. INCOME EKOM DEMOS AND ACTIVITY		
	Activity	Amount
FEES From	Activity	Amount
	Activity	Amount



Branch:	Period:	to	
Dianch.	renou.	ω	

INCOME WORKSHEET PART 2

3b. ADJUSTED GROSS EVENT INCOME Event	(A) Gross Gate Income (+ NMS)	(B) Total Refunds	(A-B) Adj. Gross Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Show TOTA	AL on Pg 2 Line 3b	\$

7. NET ADVERTISING INCOME Event or Newsletter	(A) Gross Income	(B) Publication Cost	(A-B) Net Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Show TOTALS on Pg 2 Line 7	\$	\$	\$

10. OTHER INCOME Description	Amount
Show TOTAL on Pg 2 Line 10	\$





Branch	Period:	to	

EXPENSE WORKSHEET PART 1

Remen	mber to select the category in the far left column.		
OA, AR or FR	12. ADVERTISING (NON-SCA) Organization or Periodical (Not a kingdom newslet	etter) and date ad was nublished	Amount
FK	Organization of renodical (1900 a kingdom newsic	uci) and date ad was published	
	+		
	†		
		1	
		Show TOTAL on Pg 2 Line 12	\$
			•
OA, AR or FR	13. BAD DEBTS	Reason	Amount
FR	Organization or Person		
	<u> </u>		
	<u> </u>		
	+	- 	
	+		
<u> </u>	+		
	 	+	
	1	-	
		Show TOTAL on Pg 2 Line 13	\$
OA, AR or FR	17. FEES & HONORARIA	Service Provided	Amount
FR	Organization or Person		
	 		
	 		
<u> </u>	+	- 	
	†	+	
	1	-	
		Show TOTAL on Pg 2 Line 14	\$

Use additional sheets if necessary



Branch:	Period:	to	
DIWITCH!	1 0110 01		

EXPENSE WORKSHEET PART 2

	20. INSURANCE (NON-SCA) Organization or Person		Amount
AR	Organization of Terson		
AR			
		Show TOTAL on Pg 2 Line 20	\$
	OTHER EXPENSES:	Paid to	Amount
Reas	on		
		+	
		TOTAL PARTY	
		Show TOTAL on Pg 2 Line 28	\$
29 T	OONATIONS TO OTHER 501(c)(3) [NONPROFIT]	<u> </u>	
	GANIZATIONS: Organization Name:	FED ID Number	Amount
	organization (againzation)		
			-
		I MOMENT TO A STATE OF	
		Show TOTAL on Pg 2 Line 29	\$



Mark Only One:

THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

FINANCIAL COMMITTEE MEMBERSHIP

	Financial Committee consists of Seneschal, Exchequ			
	Financial Committee consists of Seneschal, Exchequ			
	Financial Committee consists of Seneschal, Exchequ	ier, and other specified individua	als below.	
	Modern Name		Membership	Expiration
Title	SCA Name		Number	mm/yyyy
0 1 1			_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Seneschal				
Exchequer				
1				
	+			
	+			



Branch:	Period:	to	
Diancii.	i ciioa.	i o	•

DEDICATED FUND LIST

Use this form only if you manage multiple funds within your group's accounts. This is a list of all funds and their current balances as of the end date on this report.

		End-of-Period
Name of Fund	Purpose of Fund	Balance
General Fund	All Non-Dedicated Funds	
	TOTAL:	
Total of	lines I.a (End) and I.b (End) on the Comparative Balance Sheet:	\$



Branch:	Period:	to	
Dianch.	renou.	w	•

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	(A)	(B)	(C)	(A) x (B) x (C)
Subscription	# of Issues	# of Subscriptions	Price per Issue	Balance of
Expires	Remaining	Expiring this Issue		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 2	24 ISSUES	Calculate Separately		
			Tota	1: \$



Branch:		Period:	to .	_
	COMMENT	ΓS		
				_
				_
				_
				_
				_



SCA FUNDS TRANSFERRED WORKSHEET - IN - OVERFLOW

Funds transferred from another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Date Received	Amount
	•	TOTAL \$	5

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

OUTSIDE THE KINGDOM Kingdom and Branch or Account	Check #	Date Received	Amount
	I	TOTAL	\$



Branch:	Period:	to	
Dianch.	renou.	ιο	•

SCA FUNDS TRANSFERRED WORKSHEET - OUT - OVERFLOW

Funds transferred to another SCA account within the Kingdom and in the same country:

WITHIN THE KINGDOM	Check #	Date Sent	Amount
		TOTAL	\$

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

t the stansience to another our account outside of the imageon and in the same country.					
(A) THE CORPORATE OFFICE OR OFFICER Office and Reason	Check #	Date Sent	Amount		
		TOTAL (A)	\$		
(B) OUTSIDE THE KINGDOM, SAME COUNTRY Kingdom and Branch or Account	Check #	Date Sent	Amount		
	•	TOTAL (B)	\$		