



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: College of Svaty Sebesta

Period: 10/1/05

to 12/31/05

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)	\$ 254.15	\$ 35.35
b) Cash Earning Interest		(3)	\$	\$
c) Receivables		(5)	\$	\$
d) Inventory For Sale		(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		\$ 254.15	\$ 35.35

II. LIABILITIES				
a) Newsletter Subscriptions Due		(11b)	\$	\$
b) Payables		(5)	\$	\$
c) Other Liabilities		(5)	\$	\$
d) TOTAL LIABILITIES	Add a through c		\$	\$

III. NET WORTH		Line I.i minus Line II.d	\$ 254.15	\$ 35.35
Proof:	Change in Net Worth	III(End) - III(Start) (A)	\$ (218.80)	(A = B) ? If NO, the report is incomplete.
	Net Income	Income Statement Line 31 (B)	\$ (218.80)	

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

Legal Names:

Print

Sign

Exchequer:	Thomas G. Graff		Date:
Seneschal:	Samantha Brown		Date:



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: College of Svaty Sebesta

Period: 10/1/05 to 12/31/05

INCOME STATEMENT

INCOME		(from page)	Amount
1a	Fundraising: Non-medieval activities to earn income (raffles, car washes, bake sales, etc.)	INTERNAL	(11a) \$
1b		EXTERNAL	(11a) \$
2	Direct Contributions: No activity to generate income (donations, etc.)	(11a)	\$ 400.00
3a	Activity Related: Medieval activities to earn income (events, demos, heraldry fees)	Adjusted Gross Event Related Income	(11a) \$
3b		Income from Demos and Activity Fees	(11b) \$
4a	Funds Transferred In from Another SCA Account	WITHIN KINGDOM	(9) \$
4b		OUTSIDE KINGDOM	(9) \$
5	Interest Earned		
6	Net Inventory Sales Income	(6)	\$
7	Non-Inventory Asset Sales Income	(7)	\$
8	Adjusted Gross Newsletter Income	(15)	\$
9	Other Income	(11b)	\$
10	TOTAL GROSS INCOME (Sum of Lines 1 through 9)		\$ 400.00

EXPENSES		(from page)	Office & Admin.	Activity Related	Fund Raising	Total
11	Advertising (NON-SCA)	(12a)	\$	\$	\$	\$
12	Bad Debts	(12a)	\$	\$	\$	\$
13	Bank Service Charges					\$
14	Depreciation	(8)	\$	\$	\$	\$
15	Equipment Rental & Maintenance			\$ 618.80		\$ 618.80
16	Fees & Honoraria	(12a)	\$	\$	\$	\$
17	Food					\$
18	General Supplies					\$
19	Insurance (NON-SCA)	(12b)	\$	\$	\$	\$
20	Occupancy & Site Charges					\$
21	Postage & Shipping, PO Box Rental		\$			\$
22	Printing & Publications					\$
23	Released Property	(7)	\$	\$	\$	\$
24	Telephone					\$
25	Travel (Gas, Tolls, Airfare)					\$
26	SUB-TOTAL (Lines 11 -25)		\$	\$ 618.80	\$	\$ 618.80
27	Other Expenses				(12b)	\$
28	Donations to Other 501(c)(3) [Nonprofit] Organizations				(12b)	\$
29a	Funds Transferred Out to Another SCA Account			WITHIN KINGDOM	(10)	\$
29b				OUTSIDE KINGDOM	(10)	\$
30	TOTAL EXPENSES			(Line 26 TOTAL + Lines 27 to 29b)		\$ 618.80
31	NET INCOME (MUST MATCH Change in Net Worth)			(Line 10 Minus Line 30)		\$ (218.80)

Legal Names:

Print

Sign

Exchequer:	Thomas G. Graff		Date:
Seneschal:	Samantha Brown		Date:



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: College of Svaty Sebesta **Period:** 10/1/05 to 12/31/05

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.

Bank Name:	Vermillion Federal Credit Union		
Bank Account Title:	SCA Svaty Sebesta		
Bank Officer Name and Phone Number (if known):	Janet Mount, Mgr (605) 677-5449		
Bank Account Type :	Share Drafts (Checking)	Required number of Signatures:	2
Bank Account Number :	32850	Statement Ending Date:	12/31/2005

1. Balance from bank statement at end of period **\$170.35**

2. Deposits not credited on statement		3. Checks not cleared on statement	
Date(s)	Amount of Deposit	Check Number(s)	Check Amount
		1080	\$ 150.00
TOTAL	\$	TOTAL	\$ 150.00

4. Adjusted Bank Balance (Line 1 + Line 2 Total - Line 3 Total) **\$ 20.35**

5. Ending Balance in account register or ledger **\$ 20.35**

6. Does this account earn interest (YES or NO)? YES NO *Line 4 Must Equal Line 5 to be correctly reconciled.*

For YES, add Line 4 to Page 1 Line I.b.(End). For NO, add Line 4 to Page 1 Line I.a.(End).

All Persons on signature card as of (date):

Title	Legal Name (Print)	Address	Member # / Exp mm/yyyy
Exchequer	Thomas G. Graff	518 Cottage Ave	101280
		Vermillion, SD 57069-2121	09/2006
	Joshu H. Mock	609 W Broadway	96842
		Vermillion SD 57069	04/2006
	Arnold W. Nelson, Jr	47118 316th ST	127245
		Burbank SD 57010	
Kingdom Exchequer	Gayle Bitker	PO Box 306	
		Walnut Grove MN 56180	

Branch accounts must include the exchequer and the Kingdom exchequer as signatories.

Sign:			
Seneschal:	Exchequer:	Date:	



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: College of Svaty Sebasta

Period: 10/1/05 to 12/31/05

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	Vermillion Federal Credit Union					
Account Number	32850					
Account Type						
Interest Bearing?	NO					**
Statement End Date	12/31/2005					**
A: Statement Ending Balance	\$ 15.00					A
B: Total Deposits not credited	\$					B
C: Total Withdrawals not cleared	\$					C
Non-Interest Bearing Adjusted Bank Balance (A + B - C)	\$ 15.00	\$	\$	\$		Pg. 1 I.a \$ 15.00
Interest Bearing Adjusted Bank Balance (A + B - C)	\$	\$	\$	\$		Pg. 1 I.b \$
ENDING BALANCES						
Account Balance on Register/Ledger	\$ 15.00					
SIGNATORIES						
Legal Name	Thomas G. Graff					1
Member #	101280					
Expiration mm/yyyy	09/2006					
Legal Name	Joshua H. Mock					2
Member #	96842					
Expiration mm/yyyy	04/2006					
Legal Name	Arnold W. Nelson, Jr.					3
Member #	127245					
Expiration mm/yyyy						
Legal Name	Gayle Bitker					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: College of Svaty Sebesta Period: 10/1/05 to 12/31/05

CHANCELLOR OF THE EXCHEQUER CONTACT INFORMATION

Warrant End Date:					
Legal Name:	Thomas G. Graff				
Street Address:	518 Cottage Ave				
City:	Vermillion	State or Province:	SD	Zip or Postal Code:	57069-2121
Home Telephone:	(605) 624-6663	Alternate Phone:	(605) 638-0641		
Internet or E-mail Address (Required if available):	tomgraff@hotmail.com			Membership #:	101280
SCA Name:	Thomas Mac Paul the Younger			Exp. Date:	09/2006
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:	