FINANCIAL SUMMARY

Officia	l Group Name		Group Number	Meeting Date	1
LOCAL	INCOME (not receiptable):	-		Please List Al	l Deposits for
1	Excess funds from Tickets sold			this Financi	al Summary
	(from Ticket Report, page 4, line 8) 1 \$ -			Date	Amount
2	Decorations income 2				
3	Child care income 3				
4	Printing sponsor (if no receipt requested) 4				
5	Other (specify) 5				
6	Fundraising Financial Summary-From line 10 6				
7	Total Miscellaneous Income (add lines 1-6)	7 \$ -			
8	Local Designated Receiptable Contributions				
	COLUMN C (total of pages 2 and 3)	8 \$ -			
9	Total Local Funds (add lines 7 and 8)	9 \$ -			
LOCAL	EXPENSES:				
10	Guest speaker's expense				
	(Speaker's name) 10				
11	Decorations supplies 11				
12	Child care expense 12				
13	Printing invitations 13				
14	Postage 14			(Please use sp	pace at left for
15	Other (specify) 15 \$ -			any special	notations.)
16	Other (specify) 16				
17	Total Local Expenses (add lines 10 - 16)	17 \$ -			OFFICE USE
18	Balance after Local Expenses		18 \$ -		ONLY
	are Paid (line 9 minus 17)				
ΝΔΤΙΟ	NAL MINISTRY CONTRIBUTIONS				
19	Total receiptable in Columns A + B	19 \$ -			
	(Pages 2 and 3, includes checks and cash)	1 5			
20	Non-Receiptable loose cash contributions	20			
21	Total National Contributions (add lines 19 and 20)	20	21 \$ -		
	,				
22	Balance from Local Reserve (from last Financial Summary, line 30)		22		
23	Add lines 18, 21, 22		2	23 \$ -	
24	Total National Contributions (from line 21)		2	24 \$ -	
25	Available funds for Local Reserve (line 23 minus line 24)		25 \$ -		
26	If amount on line 25 is OVER \$ 1,000.00 , put difference h	ere.	2	26 \$ -	
27	Total to be sent to the national office (add lines 24 and 26)		2	27 \$ -	
28	Total amount of all credit cards to be sent for the national office		2	28	
29	Line 27 minus line 28 (Please write group check for this amount and	send to Stonecroft)	2	29 \$ -	
30	Total amount remaining in Local Reserve (line 23 minus line 27)				
	(MUST agree with checbook balance after Financial Summary's trans	actions are completed) 3	30 \$ -	
TWO S	IGNATURES REQUIRED:		FOR OFFICE USE ONL	Y	
	eport sent to national office				
Finanio	cal Coordinator	_			
Verific	d Signature				
Page 1		-			

RECEIPTABLE CONTRIBUTIONS			NATION	IAL Gifts	LOCAL	
			Column A	Column B	Column C	
					Gifts designated for	
Please include all receipt	table gifts given by ch	eck or cash.	National Ministry	other national	local group's use	
				purposes	(child care, printing,	
					/	For Office Use Only
For Office Use Only	Line 1 - First and Last	: Name			nns B & C	
<u>Sample</u>	Line 2 - Address			Indicate above	e each amount	
	Line 3 - City	State Zip		the specifi	ic purpose.	
This spread sheet will au	tomatically total the o	columns				
This spread sheet will automatically total the columns and transfer them to the appropriate tabs.			\$0.00	\$0.00		
and transfer them to the appropriate tabs.			\$0.00	70.00		
Total of each column is	done by formula.			\$0.00	\$0.00	
	otal of each column is done by formula.				7 5 . 5 6	l

Group Ministry

All Stonecroft groups and gatherings share the same vision - to see people introduced to the saving love of Jesus Christ. To that end, our focus is to see more guests and a variety of Stonecroft Bible Studies offered connected with each group. Each time you meet, complete the boxes below:

Total attendance	Meeting Type: (Please check one in each column)
Number of decisions for Christ	Regular Meeting Women's Outreach
Number of first-time attendees	Guest Night Couples' Outreach
Gospel shared? Yes	No meeting (explain in Comments box) Pilot
Number of SBS or small groups offered	Joint meeting (please indicate below) Other
	Official Group Name(s) of other participating groups(s)
Financial Coordinator:	
(or person preparing the Local Financial Summary	Official Group Number(s) of other participating groups(s)
in the absence of a Financial Coordinator)	PLEASE TYPE OR PRINT CLEARLY
Name	
Address	City
State Zip	Telephone
E-mail	Please check box if you are a new Financial Coordinator
	TICKET REPORT
ATTENDANCE:	
1 Total attendance at meeting	1
2 Number of program guests	2
3 Number of paying guests (line 1 minus line 2)	3 0
INCOME FROM SALE OF TICKETS:	
4 Ticket price paid by each paying guest	4
5 Total that should have been collected	5 \$ -
(multiply line 3 by line 4)	
6 Exact amount collected	6
(This does not include ticket change.)	
EXPENSES PAID:	
Number of meals for which groups is charge	d
(this may be different from your attendance	
7 Total expenses paid	
8 BALANCE REMAINING (line 6 minus line 7)	8 5 -
If line 8 shows excess funds from ticket income transfer	this amount to Financial Summary, page 1, line 1, as Local Income.
Excess funds will be deposited.	this amount to i mancial summary, page 1, line 1, as Local medice.
Excess failes will be deposited.	
If line 8 shows a minus figure, transfer this amount to Fi	nancial Summary, page 1, line 15 or 16, specifying as ticket shortage.
In case of a shortage, use Local Reserve funds for this ar	
EXPLANATION OF PAYMENT TO RESTAURANT/CATERE	रे: (List only items which apply on lines 10-12)
9 Total of personal checks payable to restaurant/ca	terer 9
10 Amount of cash paid to restaurant/caterer	10
11 Amount of group check paid to restaurant/catere	
12 Total amount paid (add lines 9-11) . This amount	hould agree with line 7 above. 12 \$ - Yes

Please send original Financial Summary, copy of last Bank Statement, and Group Check totaling line 29 on page 1 within one week following the meeting date to:



Stonecroft PO Box 8900 Kansas City, MO 64114

Telephone: 800.525.8627 913.766.9100 Email: connections@stonecroft.org

RECEIPTABLE CONTRIBUTIONS			NATION	IAL Gifts	LOCAL	
			Column A	Column B	Column C	
					Gifts designated for	
Please include all receipt	table gifts given by ch	eck or cash.	National Ministry	other national	local group's use	
				purposes	(child care, printing,	
					/	For Office Use Only
For Office Use Only	Line 1 - First and Last	: Name			nns B & C	
<u>Sample</u>	Line 2 - Address			Indicate above	e each amount	
	Line 3 - City	State Zip		the specifi	ic purpose.	
This spread sheet will au	tomatically total the o	columns				
This spread sheet will automatically total the columns and transfer them to the appropriate tabs.			\$0.00	\$0.00		
and transfer them to the appropriate tabs.			\$0.00	70.00		
Total of each column is	done by formula.			\$0.00	\$0.00	
	otal of each column is done by formula.				7 5 . 5 6	l

Please note, if you do not have an understanding of Excel software, please feel free to continue to use the hard copies of the Financial Summaries.

These are the instruction for using this spreadsheet:

- 1 The entire document has been formatted so the user can only enter data in certain open cells. They are all marked in light green.
- 2 All the areas marked in beige are formulas. All the areas marked in light blue are for office use.
- 3 The tabs are set up to match the pages on the Financial Summary.
- 4 Begin on tab "Pages 2-3" and enter the donor information. Begin in row 7, column B.

There are three rows in each box. Use the first row for the donor's complete name, then hit return.

On the second row, enter their street address, then hit return.

On the third row, enter their city, state and zip. Then hit return, you are ready for the next donor in the next box.

Enter the dollar amount donated in any of the three rows in the proper columns.

If you need more lines, go to tab "Additional Donors" and the additional information will automatically be added to tab "Pages 2-3." Do not carry over the totals from tab "Pages 2-3" to the top of tab "Additional Donors."

- 5 Next, complete tab "Page 4," this information will be brought forward to "Page 1" automatically.
- On tab "Page 4," in the boxes to mark Yes or No (row 6, columns F & H), simply insert an X in the formula bar in the space where it opens up.

 If you happen to delete the word "Yes" or "No", it is not a problem. Just have an X in the appropriate box.
- 7 Sometimes, Line 6 (row 27, column M) is more or less than line 5 (row 25, column K). Line 6 is what you actually collected for the meals.

 Line 5 is for information to see if the proper amount has been collected.
- 8 On tab "Page 4," at Row 46, Column N (line 12), there is a box with the word 'Yes' in beige. If Line 12 agrees exactly with Line 7 above, this box will automatically mark 'Yes.' If it does not, it will automatically mark 'No.'
- 9 On tab "Page 1," at Row 42, Column H (line 26), there is a box with a number in it. You need to type into this box your reserve allowance.
- On tab "Page 1," on occasion, you may need more "Other" lines in the expense area. The area D19 to H26 is not protected.

You may type in these boxes any information you need to communicate.

- 11 If you have opened this spreadsheet in "xlsm" format, you may print all the pages with a single stroke. Hold down the Ctrl button and hit the "W" button. This is a macro designed to print all the pages.
 - Note: One can always print each page separately without using the macro. If you need to print the tab "Additional Donors," print this page separately with a manual print command under "File/Print."
- 12 If you do not have a color printer or want to print this in black & white, that works as well.
- 13 If you have any questions about the Financial Summary, email the Group Finances Team at groupfinances@stonecroft.org.
- 14 If you have any questions about the format of the spreadsheet, formulas, or Excel-type questions, email the Group Finances Team at groupfinances@stonecroft.org.
- This spreadsheet is designed to use with the protected formulas. If you need a Financial Summary to fill out by hand, please use the printed forms supplied by the Home Office. Contact us at connections@stonecroft.org or call 800.525.8627

W Macro for printing.