

CCCA

Instructions for completion of the Section Financial Report Form

CCCA's Fiscal year is from October 1st-September 30th

Income Statement

Income should include all funds earned by your section for October 1, 2020 to September 30, 2021. Provide an accurate break-down of income by type. Income earned but not received should be recorded as an account receivable.

Expenses should include all items that the section has either paid or is legally obligated to pay for the 12 months ended September 30, 2021. Goods and services received prior to September 30, 2021, but not paid, should be included in accounts payable.

Balance Sheet

Cash should include any bank or investment accounts under the control of your section. Prepare a bank reconciliation and send a copy of the reconciliation along with your financial report to CCCA. If you have more than one bank account (or have investments), prepare a summary of the balances, which should agree to the cash line of the report.

Accounts receivable would include balances due your section, such as for unpaid dues or for sales. If applicable, prepare a listing as described in the cover letter and send a copy along with your financial report to CCCA.

Other assets: please provide a detailed description and amount of what these are.

Accounts payable includes amounts the section is legally obligated to pay at September 30 resulting from a purchase or some other agreement. An example: office supplies ordered and received in September, but not paid until October should be included in accounts payable. If applicable, prepare a listing as described in the cover letter and send a copy along with your financial report to CCCA.

Other liabilities: please provide a detailed description and amount of what these are.

If you use a software program to keep track of the section's income and expenses, please do not just send a copy of the financial statement from this program unless the categories match the ones on the provided financial forms.

SECTION FINANCIAL REPORT FORM

Please complete and return to the national office to be received no later than October 15, 2021. To be filled out by Section President with Treasurer.

Section: _____ Region: _____

Section President: _____

Section treasurer: _____

Email: _____

Phone: _____

CURRENT SECTION ACCOUNT INFORMATION:

Account type: _____ Account number: _____

Bank name: _____

Bank address: _____

Section officers authorized to sign checks: _____

CCCA National Staff person authorized to sign checks: _____

If you have additional accounts, please fill out the section below. If you have more than 2 accounts, please contact ebarnes@ccca.org for additional instructions.

Account type: _____ Account number: _____

Bank name: _____

Bank address: _____

Section officers authorized to sign checks: _____

CCCA National Staff person authorized on account: _____

GENERAL INCOME STATEMENT FOR THE FISCAL YEAR ENDING SEPTEMBER 30:

Income:

	<u>Budget</u>	<u>Actual</u>
Sectional program fees	_____	_____
Resource sales	_____	_____
Exhibitor income	_____	_____
Other programs	_____	_____
Future Sectionals/programs	_____	_____
General donations	_____	_____
Designated funds	_____	_____

Miscellaneous	_____	_____
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TOTAL INCOME	_____	_____
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Expenses:

	<u>Budget</u>	<u>Actual</u>
Direct Sectional expenses	_____	_____
Resource purchases	_____	_____
Direct other programs	_____	_____
Future Sectionals/programs	_____	_____
Section Presidents Conference	_____	_____
Administrative and office	_____	_____
General	_____	_____
Travel	_____	_____
General donations	_____	_____
Designated funds	_____	_____
Lobbying Expense	_____	_____
Attorney Fees paid	_____	_____
Miscellaneous	_____	_____
TOTAL EXPENSES	_____	_____

TOTAL INCOME OVER EXPENSES	_____	_____
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Section Donations Made to CCCA National Office	_____	_____
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GENERAL ASSETS STATEMENT FOR THE FISCAL YEAR ENDING September 30

Assets:

	Balance
Cash	_____
Accounts receivable	_____
Inventories	_____
Other: _____	_____
TOTAL ASSETS	_____

Liabilities:

Balance

Accounts payable _____

Other: _____

TOTAL LIABILITIES _____

**TOTAL ASSETS
OVER LIABILITIES** _____

Signature of person preparing this form:

Name Section Position Date: _____

RETURN TO:

Christian Camp and Conference Association
Emily Barnes
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Colorado Springs, CO 80962-2189
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Fax: 719/260-6398
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