

Year-End Financial Summary Report

4-H Clubs, Committees, and Councils must submit this report to their county or tribal area Extension Office at the end of each 4-H year (Oct. 1–Sept. 30). Requirements may vary by office.

The state may review any charter’s financials annually. **Charter Information**

4-H Charter Name _____ 4-H Year 10/1– _____
 Treasurer Name _____ County/Reservation _____
 Charter Leader _____ EIN _____

Bank Accounts

Account 1

Type: _____
 Bank Name: _____
 Zip Code: _____

Start Balance (10/1): \$ _____
 Income/Deposits (+): \$ _____
 Expenses (-): \$ _____
Ending Balance (9/30): \$ _____

Account 2

Type: _____
 Bank Name: _____
 Zip Code: _____

Start Balance (10/1): \$ _____
 Income/Deposits (+): \$ _____
 Expenses (-): \$ _____
Ending Balance (9/30): \$ _____

Account Signatories (must be 2):

Name: _____ Signature: _____ Date: _____

 Name: _____ Signature: _____ Date: _____

Cash on Hand

Total Cash on Hand (+) \$ _____
 Cash in possession of _____
 Role of Person _____
 Checkbook/debit card in possession of _____
 Role of Person _____

Ending Balance Calculation: Starting Balance + Income/Deposits + Cash – Expenses

Total Ending Balance: \$ _____

Adjustments, Grants, & Capital

Use the Adjustments section to update total balances for the annual 1% fee. Exclude scholarships, endowments, grants, capital funds, and livestock sales. Provide the details below.

Grant Name	_____
Total Grant Amount	\$_____
Grant Funds Remaining (unused this year)	\$_____
Date Received	_____
Capital Project Funds Total	\$_____
Capital Funds Remaining (unused this year)	\$_____
Expected Completion Date	_____
Project Name/Description	_____
Other Excluded Funds (-) (Livestock sales, endowments, scholarships)	\$_____
Total Adjustments (-)	\$_____

Total Adjustments= Unspent Grants Funds + Unspent Capital Funds+ Other Excluded Funds

Annual 1% Fee \$_____

The Annual 1% Fee is calculated as: (Total Ending Balance – Adjustments) × 0.01. Please submit payment to your Extension Office.

Signatures

Please enter the full name and email for each required signer. Each signer will receive an email to complete their digital signature. If someone does not have an email, they may use a trusted email.

Account Signatory 1

Name: _____ Email: _____

Account Signatory 2

Name: _____ Email: _____

Treasurer

Name: _____ Email: _____

Financial Reviewer 1

Name: _____ Email: _____

Financial Reviewer 2

Name: _____ Email: _____

Extension Agent/Administrator

Name: _____ Email: _____

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