

Year-end Financial Summary Report

4-H Clubs, Committees and Councils need to complete and return this report to the County Extension Office at the end of the 4-H year for the year just completed. The 4-H fiscal year is from Oct. 1 to Sept. 30

Name of 4-H Group/Club: _____ 4-H Year: 10/ _____ 09/ _____

Treasurers Name: _____ County: _____

Club Leaders Name: _____ EIN #: _____

Bank Account is at (name of Bank) _____ Bank Address: _____

Bank Account is at (name of Bank) _____ Bank Address: _____

(A) *Checking Account

(B) **Savings Account

Starting Balance (on October 1) _____ Starting Balance on October 1 _____

Total Income/Deposits (+) _____ Total Income/Deposits (+) _____

Total Expenses/Withdrawal (-) _____ Total Expenses/Withdrawal (-) _____

Ending Balance (on September 30) _____ Ending Balance (on September 30) _____

Ending Balance (A) + Ending Balance (B) _____ X .01 (***) 1% _____

* Add the totals of all checking accounts under the EIN together for this section.
 **This section includes savings accounts, CD's or other investments under the EIN.

*****1% Assessment Fee for 4-H groups that are under the Montana 4-H GEN Make check payable your county office.**

The check book is in the possession of _____

Cash on Hand \$ _____ Cash is in the possession of _____

Signatories on the account are (must be 2)

Signatory 1 _____ Signatory 2 _____

I certify that the above balances are a correct summary of receipts and expenses of the club, committee or council that I am treasurer of:

Treasurer's Signature: _____ Date: _____

Yearly Financial Review Certificate

We the Financial Review Committee, are from different families and are not signatories on the accounts for this club, committee or council. We certify that we have reviewed the Treasurer's book and bank accounts of the above group and found them to be correct to the best of our knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

Date the 990 for this EIN was filed for the above 4-H year? (attach a copy of the confirmation from IRS) _____