

# 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):

## Cash on Hand

Total Cash on Hand (+) \$ \_\_\_\_\_  
 Cash in possession of \_\_\_\_\_  
 Role of Person \_\_\_\_\_  
 Checkbook 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, capital funds and livestock winnings. New grants are subject to a one-time 1% fee; all others are exempt. Provide details below.

<b>Grant Received?</b>	_____
<b>Grant Name</b>	_____
<b>Grant Total</b>	_____
<b>Date Received</b>	_____
<b>Capital Project Funds</b>	\$ _____
<b>Expected Completion Date</b>	_____
<b>Project Name/Description</b>	
<b>Other Adjustments (-)</b>	\$ _____
<b>Total Adjustments (-)</b>	\$ _____

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

<b>Annual 1% Fee</b>	\$ _____
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## 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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