



# Illinois 4-H Club Annual Financial Statement

In order to re-enroll, a completed financial statement and fiscal review must be submitted to the county Extension Office and approved by the County Extension Director.

**\*\*PLEASE COMPLETE ALL SECTIONS\*\***

This financial statement is for the period September 1, \_\_\_\_\_ through August 31, \_\_\_\_\_

4-H Club Name \_\_\_\_\_

County \_\_\_\_\_ Employer Identification Number (EIN) \_\_\_\_\_

Checking account balance at \_\_\_\_\_  
(Name of Financial Institution)

Checking account number \_\_\_\_\_

1. Beginning Account Balance as of September 1, \_\_\_\_\_ \$ \_\_\_\_\_

2. Income Source:	Income:	*Itemization of Miscellaneous Income
A. Donations	\$ _____	
B. Fundraisers	\$ _____	
C. Other / miscellaneous - itemize*	\$ _____	
D. Total Income (add line A + B + C)	\$ _____	Required if Income listed in Other

3. Beginning Account Balance plus Total Income (add line 1 + 2D) \$ \_\_\_\_\_

4. Expense Categories:	Expenses:	Itemization of Miscellaneous expenses (Required):
A. Meeting expenses / speaker fees	\$ _____	
B. Food / refreshments	\$ _____	
C. Project manuals / workshops	\$ _____	
D. 4-H Program fees	\$ _____	
E. Trips	\$ _____	
F. Awards / scholarships	\$ _____	
G. Community service activities	\$ _____	
H. Rental fees**	\$ _____	
I. Other / miscellaneous*	\$ _____	
J. Total Expenses (add lines A-I)	\$ _____	

5. Balance as of August 31, \_\_\_\_\_ (subtract Total Expenses line 4(J) from line 3) \$ \_\_\_\_\_

6. Outstanding deposits  
(Subtract total of deposit amounts that have not appeared on bank statements) \$ \_\_\_\_\_

7. Outstanding checks  
(Add total of check amounts that have not appeared on bank statements) \$ \_\_\_\_\_

8. Adjusted Balance (should agree with end of year bank statement) \$ \_\_\_\_\_

\*\*If a contract or agreement is required, the Extension Business Office will obtain the signature for the document on behalf of the 4-H club.



# Illinois 4-H Club Annual Financial Statement

In order to re-enroll, a completed financial statement and fiscal review must be submitted to the county Extension Office and approved by the County Extension Director.

Savings account balance at \_\_\_\_\_  
(Name of Financial Institution)

Savings account number \_\_\_\_\_

1. Beginning Account Balance as of **September 1** \_\_\_\_\_ \$ \_\_\_\_\_
2. Income Source:
 

	<b>Income:</b>	<b>Other/Misc. Income</b>
A. Donations	\$ _____	
B. Fundraisers	\$ _____	
C. <b>Other / miscellaneous - itemize*</b>	\$ _____	
D. Total Income (add line A+ B + C)	\$ _____	
3. Beginning Account Balance plus Total Income (add line 1 + 2D) \$ \_\_\_\_\_
4. Expense Categories:
 

	<b>Expenses:</b>
A. Transfer to checking account	\$ _____
B. Other: _____	\$ _____
C. Other: _____	\$ _____
D. Other: _____	\$ _____
E. Total Expenses (add lines A - D)	\$ _____
5. Balance as of **August 31**, \_\_\_\_\_ (subtract Total Expenses line 4E from line 3) \$ \_\_\_\_\_

**This certifies the above information is a correct statement of financial activity for this 4-H Club.**

\_\_\_\_\_  
(4-H Club Treasurer's signature) (Date)

\_\_\_\_\_  
(4-H Club Leader's signature) (Date)

**Fiscal Review:** ( **REQUIRED:** Fiscal Review Committee should include a combination of youth and adults without signatory rights on the account.)

We have examined the financial records including bank statements, checks written, copies of bills paid, itemized deposit slips, and receipts of this 4-H Club and find them in good order.

\_\_\_\_\_  
(Fiscal Review Committee signature) (Date)

\_\_\_\_\_  
(Fiscal Review Committee signature) (Date)

\_\_\_\_\_  
(Fiscal Review Committee signature) (Date)

