

## **ANNUAL 4-H CLUB SUMMARY**



EXTENSION

Local 4-H Clubs are non-profit organizations whose financial records must be available upon request. The Club Organizational Leader in cooperation with the Club Treasurer should complete this form at the end of each 4-H year - October 1 to September 30. Please complete this form and return to your respective county 4-H office by **October 15.** 

Club Name	Town				
Organizational Leader	Phone				
Assistant/Co-Leader(s)		<u> </u>			
Number of members	Male	Female			
Number of meetings held: Regular	Special/Project	Outings			
Club is affiliated with the Connecticut 4-H Fou	undationYes	_No			
Club will be continuing into next 4-H year. Ye	es No (If n	ot, why?)			
Community Service: What project(s) did you	r club complete this year?				
Number of youth participants	Total number of hours	·			
Please estimate the number of hours you, yo capacity (club work, county committees, fair,		ts contributed to 4-H this past year in a	ny		
Number of people	Total number of hours				
Do club members complete record books? Y	es No If yes, how	many members?			
Please indicate how many members are com STEM (examples include animal pro Leadership (examples include public Health (examples include foods and	pjects, robotics, gardening, photo speaking, community service, p	ography/video) ersonal development)	(k		
What was your club's most successful educat	ional program?				
What was your club's most important 4-H acc	complishment this year?				
What did you do this year to promote 4-H? (I	f you have any news clippings, p	lease attach a copy)			
Goals for the upcoming 4-H year.					
(Please use separate sheet of paper to complete o	ןuestions as necessary)				
Person(s) completing this report					
Name	Email				
Address		<u>-</u>			
Phone:					



## **ANNUAL 4-H CLUB FINANCIAL SUMMARY**



EXTENSION

Club	Report for 20_	to 20year	
Number of Club Members Does your g	roup charge dues?	If so, how much_	
Do you have donations or grants of \$5,000 or more?	YESN	NO If yes, attach list of	each donor/grantor,
address and amount given.			
Bank Name: Ban Balance at beginning of the year: Checking: \$	k Acct. #:		
Balance at beginning of the year: Checking: \$	Savings: \$	Petty Cash: \$	Paypal: \$
INCOME		AMOUNT	
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Contributions, grants received (please provide the name, address and amount of any individual			
and/or organization donating \$5,000 or more to			
your club.)			
Program Revenue (e.g. entry fees)			
Club Dues			
Investment Income (e.g. interest)			
Fundraising event income			
Gross income from sales (e.g. candy, bake sale)			
Other revenue (attach detailed list/amounts)			
TOTALINCOME			
EXPENSES		AMOUNT	
Contributions, donations made (please provide the			
name, address and amount of any donations made			
to other organizations.)			
Cost of items sold (e.g. candy, t-shirts)			
Postage, printing, office supplies			
Project supplies			
Club t-shirts			
Refreshments			
Event Registration			
Student Travel			
Insurance			
Other (attach detailed list/amounts)			
TOTAL EXPENSES			
Total Income \$			
(minus) Total Expense - \$			
Total Profit or Loss \$			
Year End Balance Checking: \$Sav	vings: \$I	Petty Cash: \$	Paypal: \$
Does the treasurer maintain the books and make rep	ports to the group o	n a regular basis?	
Signed	Date		
Organizational Leader			-
Signed	Date		
Treasurer			-