

Phone:

ANNUAL 4-H CLUB SUMMARY



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)				
Number of members Male Female	Non-BinaryOther			
Number of meetings held: Regular Special/Project	ct Outings			
Club is affiliated with the Connecticut 4-H FoundationYes	No			
Club will be continuing into next 4-H year. Yes No	(If not, why?)			
Community Service: What project(s) did your club complete this ye	ear?			
Number of youth participants Total number of hours				
How many youth served in a leadership role in your club?				
Please estimate the number of hours you, your assistant/co-leaders or parents contributed to 4-H this past year in any capacity (club work, county committees, fair, etc.)				
Number of people Total number of hours	3			
Do club members complete record books? Yes No If	yes, how many members?			
Please indicate how many members are completing record books in the following project areas: (duplicates are allowed) STEM (examples include animal projects, robotics, gardening, photography/video) Leadership (examples include public speaking, community service, personal development) Health (examples include foods and nutrition, fitness, healthy lifestyles)				
What was your club's most successful educational program?				
What was your club's most important 4-H accomplishment this year?				
What did you do this year to promote 4-H? (If you have any news clippings, please attach a copy)				
Goals for the upcoming 4-H year.				
(Please use separate sheet of paper to complete questions as necessary)				
Person(s) completing this report				
Name Email				
Address				



ANNUAL 4-H CLUB FINANCIAL SUMMARY

All amounts need to be exact and are subject to audit



Club	Report for 20	to 20	_year		
Does your group charge dues? If so, how muc	:h				
Do you have donations or grants?YES	NO If yes, attach lis	t of all grants a	nd individual donations of		
\$5,000 or more. Please include address and amount given.					
Bank Name: Ban	k Acct. #:				
Balance at beginning of the year: Checking: \$	Savings: \$	Petty Cash:	\$ Paypal: \$		
Venmo: \$	Other: \$ pl	ease specify ty	pe of account		
INCOME		AMOUNT			
Contributions, grants received					
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)					
TOTAL INCOME					

E	XPENSES		AMOUNT	
	ons made (please provide the nount of any donations made			
to other organizations	5.)			
Cost of items sold (e.g	g. candy, t-shirts)			
Postage, printing, offi	ce supplies			
Project supplies				
Club t-shirts				
Refreshments				
Event Registration				
Student Travel				
Insurance				
Other (attach detailed	l list/amounts)			
TOT	AL EXPENSES			
Total Income	\$			
(minus) Total Expense	e -\$			
	\$			
Year End Balance	Checking: \$Sa	avings: \$	Petty Cash: \$	Paypal: \$
	Venmo: \$ Other	r: \$ pl	ease specify type of accourt	nt

*Please attach to this report documentation that shows proof of year-end balance for all active accounts. This can be a screen shot or copy of bank statement.

Signed	Date	
Organizational Leader		
Signed	Date	
Treasurer		