



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 it to your respective county 4-H office by **October 15**.

Club Name	Town					
Organizational Leader						
Assistant/Co-Leader(s)						
Number of members	Male	_ Female	noi	n-binary	Other	
Number of meetings held: Re	gular	Speci	al/Proj	ect	Outings	
Club is affiliated with the Con	necticut 4-H Fo	oundation	Yes	No		
EIN (Employer ID Number) us	ed to open clu	b bank accoun	t			
The club will be continuing int	to the next 4-F	l year.	Yes	No		_ (If not, why?)
Community Service: What pro	oject(s) did you	ır club comple	te this	year?		
Number of youth participants		Total r	number	of hours		
How many youths served in a	leadership rol	e in your club?				
Please estimate the number of year in any capacity (club wor	• • •			ers or parents	contributed to	4-H this past
Number of people	To	tal number of	hours _			
Do club members complete re	ecord books?		Yes	No If yes, ho	ow many membe	ers?





Please indicate how many members are completing record books in the 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.
Person(s) completing this report
Name Email
Address
Phone:

The University of Connecticut complies with all applicable federal and state laws regarding non-discrimination, equal opportunity and affirmative action, including the provision of reasonable accommodations for persons with disabilities. Extension program participants with disabilities may request reasonable accommodations to address limitations resulting from a disability. For more information, please contact the UConn Extension Civil Rights

Liaison at extensioncivilrights@uconn.edu.





Annual 4-H Club Financial Summary

All amounts must be exact and are subject to audit

Club	Report for	20 to 20	year		
Does your group charge dues? _	If so, how much				
Did your club make any grants on address of recipient.	or donations to other organizat	cions or individua	ls? If YES, plea	se list the amo	unt, name
YES NO					
Did your club RECIEVE any dona please list the amount and nam YES NO		or more from ar	y one group or	individual? If	YES,
Names of 4-H Registered Volun	teers on all accounts (i.e. PayPa	al Venmo etc.)			
Account Holder Name	Accounts on (Circle/				
	Checking	Savings	Venmo	PayPal	Other
	Checking	Savings	Venmo	PayPal	Other
	Checking	Savings	Venmo	PayPal	Other
	Checking	Savings	Venmo	PayPal	Other
Bank Name:Balance at beginning of the yea				vPal·¢	
Venmo: \$ Other: \$	r: Checking: \$ Savings: \$ blease specify type of acco		sii. ఫ Pā	yrai. ఫ	





INCOME	AMOUNT			
Contributions, grants received				
Program Revenue (e.g. entry fees)				
Club Dues				
Investment Income (e.g. interest)				
Fundraising event income (For events with gross receipts of \$5,00	0			
or more see 4-H educator for separate sheet to be completed.)				
Gross income from sales (e.g. candy, bake sale)				
Other revenue (attach detailed list/amounts)				
TOTAL INCOME				
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 \$				
· · · · · · · · · · · · · · · · · · ·				
Total Expense \$				
Total Profit / Loss \$				
Year End Balance Checking: \$ Savings: \$	Petty Cash: \$ Paypal: \$			
Venmo: \$ Other: \$ please specify type of a				
Please attach to this report documentation that shows proof of a screenshot or copy of a bank statement.	or year-end balance for all accounts. This can be			
· •				
SignedDate				
Organizational Leader				
Signed Date				
Treasurer				