



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 _____ Phone _____

Assistant/Co-Leader(s) _____

Number of members _____ Male _____ Female _____ non-binary _____ Other _____

Number of meetings held: Regular _____ Special/Project _____ Outings _____

Club is affiliated with the Connecticut 4-H Foundation Yes No

EIN (Employer ID Number) used to open club bank account _____

The club will be continuing into the next 4-H year. Yes No _____ (If not, why?)

Community Service: What project(s) did your club complete this year?

Number of youth participants _____ Total number of hours _____

How many youths 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 _____

Do club members complete record books? Yes No If yes, how many members? _____

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.

Number of youths who completed a certificate program on the club level: _____

What Certificate Program(s) were offered: _____

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

Club _____ Report for 20____ to 20____ year

Does your group charge dues? ____ If so, how much _____

Do you have donations or grants? YES NO

Bank Name: _____ Bank Acct. # (Checking): _____

Bank Name: _____ Bank Acct. # (Savings): _____

Add any additional accounts if needed.

Names of 4-H Registered Volunteers on all accounts (i.e. PayPal Venmo etc.)

Account Holder Name	Accounts on (Circle/Check all that Apply)				
	Checking	Savings	Venmo	PayPal	Other
	Checking	Savings	Venmo	PayPal	Other
	Checking	Savings	Venmo	PayPal	Other
	Checking	Savings	Venmo	PayPal	Other

Balance at beginning of the year: Checking: \$_____ Savings: \$_____ Petty Cash: \$_____ PayPal: \$_____

Venmo: \$_____ Other: \$_____ please specify type of account

INCOME	AMOUNT
Contributions, grants received*	
Program Revenue (e.g. entry fees)	
Club Dues	
Investment Income (e.g. interest)	
Fundraising event income – contributions received during event**	
Fundraising event income – Other Income received from event**	
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.)	
Fund raising event expenses	
Cost of items sold (e.g. candy, t-shirts)	
Postage, printing, office supplies	
Project supplies	
Club t-shirts	
Refreshments	
Event Registration	
Youth Travel	
Insurance	
Other (attach detailed list/amounts)	
TOTAL EXPENSES	
*For any contributions, grants, etc. from a single source totaling \$5,000 or more complete 'Attachment A'	
**For any fundraising event with gross receipts contributions, or other income totaling \$5,000 or more complete 'Attachment B'	

Total Income \$ _____

Total Expense \$ _____

Total Profit / Loss \$ _____

Year End Balance Checking: \$ _____ Savings: \$ _____ Petty Cash: \$ _____ PayPal: \$ _____ Venmo: \$ _____ Other: \$ _____ please specify type of account _____ Please attach to this report documentation that shows proof of year-end balance for all accounts. This can be a screenshot or copy of a bank statement.

Signed (Organizational Leader) _____ Date _____

Signed (Treasurer) _____ Date _____

Attachment B

Fundraising Event with Gross Receipts totaling \$5,000 or more (add additional events as needed)

Event Description

Line 1: Contributions received during event	
Line 2: Other Revenue from event	
Line 3: Total Revenue (line 1 + line 2)	
Line 4: Event Expenses	
Net Income (line 3 – line 4)	

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