

Ohio 4-H Club / Affiliate Yearly Financial Summary

Due December 1st

Program Year _____ Club/Affiliate Name _____

Bank Name _____ EIN _____ Account Number _____

Bank Address _____

Bank City/ST/Zip _____

Type of Account (select one): ___ Checking ___ Savings ___ Other (please list) - _____

Who is authorized to sign your checks? (must have at least one name, preferably two names)

Beginning Account Balance as of Jan. 1 (should match bank statement) _____

Club/Affiliate Income (please list – or attach appropriate documentation)

| Description (fundraiser, dues, etc.) | Amount | | Description (fundraiser, dues, etc.) | Amount |
|--------------------------------------|--------|--|--------------------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Income | | | | |

Club/Affiliate Expenses (please list – or attach appropriate documentation)

| Description (books, program fees, etc.) | Amount | | Description (books, program fees, etc.) | Amount |
|---|--------|--|---|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Expenses | | | | |

Ending Account Balance as of Dec. 31 (should match bank statement) _____

Name of person completing form _____