

Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 15

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)

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

Club/Affiliate Expenses

| 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 _____



