

4-H Club Report for the year July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

**\*\*The 4-H club charter will be revoked if this annual report is not filed by due date August 15\*\***

Name of Club: \_\_\_\_\_  
 Primary Leader: \_\_\_\_\_ Assistant Leader: \_\_\_\_\_  
 Number of club meetings held: \_\_\_\_\_ Number of business meetings held: \_\_\_\_\_  
 Project(s): \_\_\_\_\_  
 Officers: President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
           Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_  
 How many of your members did Visual Presentations? Club: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
 How many of your members submitted 4-H Records? \_\_\_\_\_  
 How many of your members did at least 6 hours of community service? \_\_\_\_\_  
 Curricula and/or resources used (indicate if these are from 4-H or another source): \_\_\_\_\_  
 \_\_\_\_\_

Activity	Number of Times	Brief Description
Community Service Activities		
Fundraisers		
4-H Promotional Activities		

Lifeskill/Workskill Development: Check the ones you worked on with your club this year.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Communication Skills  | <input type="checkbox"/> Teamwork              | <input type="checkbox"/> Leadership         |
| <input type="checkbox"/> Cooperation           | <input type="checkbox"/> Recordkeeping         | <input type="checkbox"/> Goal Setting       |
| <input type="checkbox"/> Problem Solving       | <input type="checkbox"/> Decision Making       | <input type="checkbox"/> Healthy Lifestyles |
| <input type="checkbox"/> Planning & Organizing | <input type="checkbox"/> Wise Use of Resources | <input type="checkbox"/> Safety             |

Planned club goals for the year: please state your club goals and briefly describe how your club worked toward its goals this year and any results (please attach separate sheet).



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## Annual 4-H Club Financial Report

Circle statement below and initial if it applies to your club; skip this page and go to page 3 (signatures required).

This 4-H club has no income, does not collect dues, does not fundraise and has no bank account. Initials \_\_\_\_\_

If this statement does not apply, complete the financial report below.

\*\*\*\*\*

Starting balance from previous year: \_\_\_\_\_

**Sales Revenue**


**Grants, Fundraising and Club Dues Revenue**


Total Revenue for the Year: \_\_\_\_\_

**Expenditures**


An Excel spreadsheet of this report form is available at:

<https://mass4h.org/volunteers/financial-management-insurance-and-report-forms>

Total Expenses for the Year: \_\_\_\_\_

Account Balance at end of year (previous balance, plus revenue minus expenses): \_\_\_\_\_

Checks that have not shown up on bank statement: \_\_\_\_\_

Deposits that have not shown up on bank statement: \_\_\_\_\_

Adjusted Balance (should agree with bank statement): \_\_\_\_\_

**\*\*\*You must attach a copy of the final bank statement dated for June of this year.**

**\*\*\*Any club with over \$1500 in annual income and/or expenses must turn in a detailed financial report and include copies of all 12 months of bank statements.**

**990-N**

**Every club must attach a copy of proof of successful filing of the 990-N, regardless of whether they have any funds or not.**

**Names of Authorized Signatories:**

If your club/council has a bank account list names of those authorized on this club/council bank account. It is strongly recommended that each club account have two or three people authorized to sign. The authorized people cannot be related to one another.

- 1.
- 2.
- 3.

**Required Signatures:**

We have reviewed the financial records and believe, to the best of our knowledge, that the information presented in this report is accurate. We authorize the University of Massachusetts to include this 4-H club (or Council) as a subordinate to be included in its group tax exemption.

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_  
(Generally the club leader or treasurer)

Audited (reviewed) and approved by: \_\_\_\_\_ Date \_\_\_\_\_  
(This person cannot be related to the preparer)

***Send this completed report with required documentation (bank statement(s) and proof of 990-N filing) and signatures to your local 4-H Educator by August 15***

**OFFICE USE ONLY:**

I certify that I have reviewed this statement and supporting documents and find it accurate, to the best of my knowledge.

Approved by local Educator/PA: \_\_\_\_\_ Date \_\_\_\_\_