

Year-End Financial Summary Report

This report is used for the internal financial review of Montana 4-H subordinate organizations. Clubs, Committees, Councils, and Foundations chartered with Montana 4-H must submit it annually for the 4-H fiscal year (Oct. 1–Sept. 30) to their county or reservation Extension Office. Requirements may vary by office, and the State 4-H Office may review any chartered organization's financial records.

Charter Information

4-H Charter Name _____ 4-H Year 10/1– 9/30/ _____
 Treasurer Name _____ County/Reservation _____
 Charter Leader _____ EIN _____

Bank Accounts

Account 1

Type:

Bank Name: _____

Zip Code: _____

Start Balance (10/1): \$ _____

Income/Deposits (+): \$ _____

Expenses (-): \$ _____

Ending Balance (9/30): \$ _____

Account 2

Type:

Bank Name: _____

Zip Code: _____

Start Balance (10/1): \$ _____

Income/Deposits (+): \$ _____

Expenses (-): \$ _____

Ending Balance (9/30): \$ _____

Cash on Hand

Total Cash on Hand (+) \$ _____

Cash in possession of _____

Role of Person _____

Checkbook/debit card in possession of _____

Role of Person _____

Ending Balance Calculation: Starting Balance + Income/Deposits + Cash – Expenses

Total Ending Balance: \$ _____

Adjustments, Grants, & Capital

Use the Adjustments section to identify funds to be excluded from the annual 1% fee calculation. Eligible adjustments include scholarships, endowments, grants, capital funds, and livestock sales.

Grant Name	_____
Total Grant Amount	\$_____
Grant Funds Remaining (unused this year)	\$_____
Date Received	_____
Capital Project Name	_____
Capital Project Funds Total	\$_____
Capital Funds Remaining (unused this year)	\$_____
Expected Completion Date	_____
Other Excluded Funds (-) (Livestock sales, endowments, scholarships)	\$_____
Total Adjustments (-)	\$_____

Total Adjustments= Unused Grants Funds + Unused Capital Funds + Other Excluded Funds

Annual 1% Fee \$_____

The Annual 1% Fee is calculated as: (Total Ending Balance – Adjustments) × 0.01. Please submit payment to your Extension Office.

Signatures

Please enter the full name and email address for each required signer. Each signer will receive an email to complete their digital signature. If someone does not have an email, they may use a trusted email.

Account Signatory

Name: _____ Email: _____

Treasurer/Adult Supervisor

Name: _____ Email: _____

Financial Reviewer

Name: _____ Email: _____

Extension Agent/Administrator

Name: _____ Email: _____

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