

**4-H CLUB/EXTENSION AFFILIATED GROUP ANNUAL FINANCIAL REPORT**

to be completed by the Financial Review Committee

Name of club or affiliated group (include county) \_\_\_\_\_

Financial Review Date \_\_\_\_\_

Each year a financial committee of at least two adult leaders and two 4-H members will need to prepare a Financial Review of the financial records of your club or affiliated group. Committee members should not be signatories on your group or club's financial accounts or have familial or financial relationships to the treasurer.

| Check or Savings Account Number | Bank Name and type of account Savings, checking, CD... | Beginning Balance October 1, 2023 | Ending Balance September 30, 2024 |
|---------------------------------|--|-----------------------------------|-----------------------------------|
| _____                           | _____  | _____                             | _____                             |
| _____                           | _____  | _____                             | _____                             |
| _____                           | _____  | _____                             | _____                             |

Please list the organization's employer identification number or IRS Tax ID# or FEIN \_\_\_\_\_

The bank records are in the possession of: \_\_\_\_\_

Persons authorized to sign on the club or affiliated group financial account(s) \_\_\_\_\_

List at least the five major financial events or activities of your club or group from the past year. Please include the income and expense from each of these events. NOTE: There may only be INCOME or EXPENSE, simply list a zero as it applies.

| EVENT or ACTIVITY | INCOME | EXPENSE |
|-------------------|--------|---------|
| 1. _____          | _____  | _____   |
| 2. _____          | _____  | _____   |
| 3. _____          | _____  | _____   |
| 4. _____          | _____  | _____   |
| 5. _____          | _____  | _____   |

List any expenses or income that looks unusual:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

This certifies that the financial review committee has reviewed the record keeping and financial balances and finds that they are (Please check one as it applies):

\_\_\_\_\_ Are in Order (Sign below and return to your local Extension Office)

\_\_\_\_\_ Will Be in Order upon implementation of the recommendations listed below. (List below, and return the form to your local Extension Office for further instructions or comments by the date due.)

\_\_\_\_\_ Require further review and action (Further review and actions should be done within 30 days of the original financial review if possible. Recommendations should be included on this form-use additional paper if needed. A written follow up must be submitted to your local Extension Office of any actions taken. Submit this form by the date due without signatures.)

The Club or Other Affiliated Financial Review Committee found the following conditions or concerns in the financial records:

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The Club or Other Affiliated Financial Review Committee makes the following recommendations:

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We have examined the treasury records of the club or affiliated group and believe all expenses and incomes to be accurate.

| * Name (Please Print) | Signature | Date  |
|-----------------------|-----------|-------|
| 1. _____              | _____     | _____ |
| 2. _____              | _____     | _____ |
| 3. _____              | _____     | _____ |
| 4. _____              | _____     | _____ |
| 5. _____              | _____     | _____ |

\*By signing I verify that I am not a family member of the treasurer of this account, am not personally a signatory on the account and have adhered to all the guidelines established for a Financial Review Committee member.

**PLEASE KEEP A COPY OF THIS REPORT FOR YOUR CLUB'S FINANCIAL RECORDS**

EXTENSION OFFICE USE BELOW

Date First Received In Office \_\_\_\_\_ Reviewed/Received By \_\_\_\_\_

\_\_\_ 1. All submitted information appears to be in order. No follow up information or actions are needed.

\_\_\_ 2. Corrections or additional information is needed as indicated: \_\_\_\_\_

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Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Board Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the Johnson County Extension Executive Board