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: _____