

REPORT OF "4-H" AFFILIATED ORGANIZATIONS

Name of organization / group / committee: _____

Does your group have a tax id number? ___ yes ___ no

Does your club use the 4-H Treasurers account book? ___ yes ___ no

What is your groups tax id number: _____

Section I: Checking Accounts

Does your group have a checking account? ___ yes ___ no (If no skip to section II)

Name of institution where checking account is held: _____

Account Number: _____

Name(s) authorized to sign checks: _____

Name of person responsible for balancing checkbook: _____

How often is the checkbook balanced: ___ monthly ___ quarterly ___ occasionally ___ never

Beginning balance in checking account as of 1/1/ __: _____

Total receipts (for the year): _____

Total expenditures (for the year): _____

Total bank charges paid (for the year): _____

Interest earned (for the year if applicable) _____

Balance on hand, December 31, 20__ _____

Section II: Savings Accounts

Does your group have a savings account? ___ yes ___ no (If no skip to section III)

Name of institution where saving account is located: _____

Name on the account: _____ Account No.: _____

Name(s) of person(s) authorized to withdraw from this account: _____

Beginning balance in savings account as of 1/1/ __: _____

Total deposits (for the year): _____

Total withdrawals (for the year): _____

Total bank charges paid (for the year): _____

Total interest earned (for the year) _____

Balance on hand, December 31, 20__ _____

Section III: Other investments/funds

Does your club have any of the following: If yes please list value as of Dec. 31, 20__.

Money Market: ___ yes ___ no _____ value

Certificates of Deposit: ___ yes ___ no _____ value

Other: (please list) _____

Section IV: Sources of Income

Please check all that apply.

- Individual donations
- Club / membership dues _____ / member ___ per month ___ per year
- Local Business donations
- Fund Raising Activities

List Fund Raising Activities for 20__ and the amount raised:

Event	Amount Raised
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section V: Expenditures

Please check all that apply and list the amount financed.

Event	Amount Financed
<input type="checkbox"/> Camp Scholarships	_____
<input type="checkbox"/> Vermont Teen Congress Scholarships	_____
<input type="checkbox"/> Leader Training	_____
<input type="checkbox"/> Project Curriculum	_____
<input type="checkbox"/> Project materials	_____
<input type="checkbox"/> Field Trips	_____
<input type="checkbox"/> Quest speakers	_____
<input type="checkbox"/> Community service projects	_____
<input type="checkbox"/> Member scholarships (please list individually)	_____

<input type="checkbox"/> Prizes / member recognition	_____
<input type="checkbox"/> Other (Please explain)	_____

The information provided on this form is accurate.

_____ signature _____ date