

## River Valley Extension District 4-H Club or Affiliated Group Annual Financial Review

Each year, a committee must complete a Financial Review of the records for your club or affiliated group. The financial review committee must:

- Be comprised of two (2) adult volunteers and two (2) 4-H members (4-H age 10-18)
- Not be signatories on financial accounts
- Not have familial or financial relationships to signatories on financial accounts

**Club/Unit Name:** \_\_\_\_\_

**Bank Statement Year:** \_\_\_\_\_, 2017 to \_\_\_\_\_, 2018.  
(These dates should be the bank statement cycles closest to the 4-H year – October 1<sup>st</sup>, 2017 – September 30<sup>th</sup>, 2018.)

**Bank Account Number:** \_\_\_\_\_ **Type of Account:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

Beginning Bank Statement Balance: \_\_\_\_\_ Ending Bank Statement Balance: \_\_\_\_\_

Outstanding Debts/Checks Total: \_\_\_\_\_

Beginning Register Balance: \_\_\_\_\_ Ending Register Balance: \_\_\_\_\_

Does the Ending Bank Statement Balance minus Outstanding Debts equal Ending Register Balance? \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_ **Type of Account:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

Beginning Bank Statement Balance: \_\_\_\_\_ Ending Bank Statement Balance: \_\_\_\_\_

Outstanding Debts/Checks Total: \_\_\_\_\_

Beginning Register Balance: \_\_\_\_\_ Ending Register Balance: \_\_\_\_\_

Does the Ending Bank Statement Balance minus Outstanding Debts equal Ending Register Balance? \_\_\_\_\_

Please list your organization's employer identification number (IRS Tax ID or FEIN): \_\_\_\_\_

Our 2017-2018 4-H Year bank records were in possession of: \_\_\_\_\_

Our 2018-2019 4-H Year bank records are in possession of: \_\_\_\_\_

Persons authorized to sign on your club or affiliated group financial account(s) for 2017-2018: \_\_\_\_\_

List at least five major financial events or activities of your club or group during the 2017-2018 4-H Year. Please include the income and expense from each of these events. NOTE: There may only be income or expense. List \$0 as it applies.

Event/Activity	Income	Expense
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Financial Review Committee Checklist:** Please look over the following to ensure accuracy of accounting practices. Check mark all items that are present and in order.

- \_\_\_ Club/Unit budget and any addendum
- \_\_\_ Canceled checks and deposit slips
- \_\_\_ Treasurer's ledger reports (check register)
- \_\_\_ Receipts for all income
- \_\_\_ Financial Institution Statements (Bank Statement)
- \_\_\_ Bills and/or approval in minutes for all expenses
- \_\_\_ Year-end financial report and/or Yearly Summary of Club Finances

**List any recommendations for improvement** (do not include issues that need addressed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Review Committee Findings:**

This certifies that the financial review committee has reviewed all of the above and finds that the financial records:  
(Check One)

- \_\_\_ Are in Order
- \_\_\_ Require further review and action of the following, which must be completed within 30 days of the original financial review with a written report submitted to your local Extension Office of actions taken:  
\_\_\_\_\_  
\_\_\_\_\_

By signing, I verify that I participated in the financial review committee process and agree with the above finding, am not a family member of any signatories of the account(s), am not personally a signatory on the account(s), and have adhered to all of the guidelines established for a Financial Review Committee member.

Name (Please Print)	Signature	Date
Adult: _____	_____	_____
Adult: _____	_____	_____
Youth: _____	_____	_____
Youth: _____	_____	_____

<b>EXTENSION OFFICE USE ONLY</b>	
Date Received in Office: _____	Reviewed By: _____
The River Valley Extension District #4 Executive Board has reviewed the report of the Financial Review Committee and approved the report on: Date: _____	
Signature of Extension Board Representative: _____	