

# 4-H Association Financial Health Report Form



Association Name \_\_\_\_\_

Fiscal Year \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

Revenue \_\_\_\_\_ deposits

Expenses \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_cheques/withdrawals

Net Profit/Loss \_\_\_\_\_

## RECONCILIATION

Opening Bank Statement Balance \_\_\_\_\_

*plus revenue (from above)* \_\_\_\_\_

*minus expenses (from above)* \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_

Equals True Year End Bank Balance \_\_\_\_\_

Ending Bank Statement Balance \_\_\_\_\_

*minus outstanding cheques* \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_

Equals True Year End Bank Balance \_\_\_\_\_

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

As financial reviewer for \_\_\_\_\_ 4-H Association, I believe that the \_\_\_\_\_  
(*name of 4-H Association*)

Information provided is true and accurate and based on proper accounting principles and methods.

\_\_\_\_\_  
Financial Reviewer

\_\_\_\_\_  
Date

Please send completed form to 4-H Ontario within 10 days of your Association AGM

**Attention: Manager, Finance**

111 Main Street N, P.O. Box 212, Rockwood, ON, N0B 2K0

*Email:* [finance@4-hontario.ca](mailto:finance@4-hontario.ca) / *Fax:* 518-856-0515

*Please Note: This form will be keep confidential*

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