|  |  |
| --- | --- |
| **ANNUAL GROUP FINANCIAL REPORT** |  |
|  |  |
| Master Gardener [ ]  4-H [ ]  |  |
|  |  |
| County |       | [ ]  | Jan 1 |       | - | Dec 31 |       |  |
|  |  |  |  |  |  |  |  |  |
|  |  | [ ]  | Jul 1 |       | - | Jun 30 |       |  |
|  |  |  |  |  |  |  |  |  |
|  |  | [ ]  | Oct 1 |       | - | Sep 30 |       |  |
|  |  |  |  |  |  |  |  |  |
| **Statement of Income and Expenses** |  |
|  |  |
|  | **Income** |  |  |  |
|  |  | Summarize by source and amount: |  |  |  |  |  |
|  |  | Example: |  |  |  |  |  |
|  |  |  | Plant Sales | $ |       |  |  |  |
|  |  |  | Training Fees | $ |       |  |  |  |
|  |  |  | Member Contributions | $ |       |  |  |  |
|  |  |  |       | $ |       |  |  |  |
|  |  |  |       | $ |       |  |  |  |
|  |  |  |       | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | **Total Income (A)** |  |  | **$** |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Expenses** |  |  |  |
|  |  | Summarize by source and amount: |  |  |  |  |  |
|  |  | Example: |  |  |  |  |  |
|  |  |  | Plant Sales | $ |       |  |  |  |
|  |  |  | Training Fees | $ |       |  |  |  |
|  |  |  | Member Contributions | $ |       |  |  |  |
|  |  |  |       | $ |       |  |  |  |
|  |  |  |       | $ |       |  |  |  |
|  |  |  |       | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | **Total Expenses (B)** |  |  | **$** |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Net Income (Loss)(C) [(A) – (B) = (C) ]** |  |  | **$** |  |  |
|  |  |  |  |  |  |  |  |
| We hereby certify that this is a correct Annual Financial Report which includes the Statement of Income and Expenses and the Statement of Assets, Liabilities and Equity. |  |
|  |  |
|  |  |  |  |  |
|            |  |       |  |
| Treasurer |  | President |  |
|  |  |  |  |
|  |  |       |  |
|  |  | Date Submitted |  |

|  |  |
| --- | --- |
| **ANNUAL FINANCIAL REPORT(cont.)** |  |
|  |  |
| **Statement of Assets, Liabilities and Equity** |  |
|  |  |
|  | **Year End as of** |       |  |
|  |  |
|  | **Assests:** |  |  |
|  |  | Cash or Checking Account | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Inventory/Equipment | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Other | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Total Assets (A)** |  |  | $ |       |  |
|  |  |  |  |  |  |  |  |
|  | **Liabilities:** |  |  |
|  |  | Accounts Payable | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Other | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Total Liabilities (B)** |  |  | $ |       |  |
|  |  |  |  |  |  |  |  |
|  | **Equity:** |  |  |  |  |  |
|  |  | Beginning Fund Balance | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Current year’s Net Income (Loss) | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Total Equity (C)**  |  |  | $ |       |  |
|  |  |  |  |  |  |  |  |
|  | **Total Liabilities and Equity [(B) + (C) = (A)]** |  | $ |       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Send to: | Office of CFO | Complete within 60 days after financial year end and provide copy to County Extension Office. |
|  |  | UACES |  |
|  |  | 2301 South University Ave |  |
|  |  | Little Rock, AR 72204 |  |