APPENDIX I

FINANCIAL STATEMENT
TO: NATIONAL JUNIOR BASKETBALL LEAGUE

CHAPTER NAME: _____

DATES REPORT COVERS: FROM: _____ THROUGH: _____

E.I.N. _____

REPORT PREPARED BY: _____

DATE REPORT PREPARED: _____ (report due to NJB Headquarters by May 31st)

Because NJB is a Non-Profit, Tax-Exempt Organization, the National Headquarters is required to secure a Financial Statement from each of the chapters. Please review all pages of this report before you begin filling it out. Send the original to National Junior Basketball League and keep a copy for your files.

Your financial records must be retained to substantiate your report. All revenue received must be deposited in a timely manner. Your bank deposits must equal the revenue reported on this form.

Please call the National Headquarters if you should have any questions.

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REVENUE RECEIVED:

Registration/Entry Fees	$ _____
Fundraisers	$ _____
Sponsor Donations	$ _____
Contributions	$ _____
Concessions Stands (Gross Income)	$ _____
Interest Earned (From Bank Accounts)	$ _____
Sale of Equipment	$ _____
Sale of event Tickets	$ _____
Other: (List)	
_____	$ _____
_____	$ _____
_____	$ _____

TOTAL REVENUE RECEIVED.....$ _____

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EXPENSES PAID:

Gymnasium Fee	$_____
Telephone	$ _____
Chapter Insurance	$ _____
Contract Services (Referees/Misc. Labor)	$ _____
Supplies (Paper, etc.)	$ _____
Postage/Freight	$ _____
Photography Expense	$ _____
Athletic Publications (Rule/Guide Books)	$ _____
Legal & Professional Fees	$ _____
Licenses/Fees/Bonds	$ _____
Bank Charges	$ _____
Uniforms	$ _____
Athletic Equipment	$ _____
Advertising (Posters, etc.)	$ _____
Fund Raising Expenses	$ _____
Printing Expenses	$ _____
Auto Expense ($.20/mile)	$ _____
Meals/Food	$ _____
Concession Stands Expenses (Do NOT include labor)	$ _____
Awards (Trophies/Ribbons, etc.)	$ _____
Registration/Team Fees	$ _____
Refunds	$ _____
Other: (List)	
_____	$ _____
_____	$ _____
_____	$ _____

TOTAL EXPENSES PAID.....$ _____

NOTE: You shall retain receipts and/or invoices for ALL expenses paid. If you reimburse someone for their out-of-pocket expenses, they will give you their receipts. If you pay mileage, you shall secure a list of places the person went and the number of miles for each trip. For any CONTRACT SERVICES/LABOR - At the end of the calendar year, 1099 Forms shall be filled out for ANYONE receiving MORE than $600.00.

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SUMMARY:

Beginning Bank Balance $ _____
(Beginning Date of Report)

Ending Bank Balance $ _____
(Ending Date of Report)

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TOTAL REVENUE RECEIVED: (Page 1) $ _____
TOTAL EXPENSES PAID: (Page 2)(*Minus*) - $ _____

TOTAL NET INCOME: (*Equal*) **$** _____

Reconciliation of Report and your Records:

Your beginning bank balance *Plus* the above "Net Income" figure should *Equal* your ending bank balance *Plus* any petty cash on hand. If they do not balance, you have made a mistake on this report within your records.