## BLINDED VETERANS ASSOCIATION
### REGIONAL GROUP ANNUAL FINANCIAL REPORT

**FISCAL YEAR JULY 1, 2020 - JUNE 30, 2021**

<table>
<thead>
<tr>
<th>REGIONAL GROUP NAME</th>
<th>DATE: ______</th>
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1. **BEGINNING BALANCE AS OF JULY 1, 2020:** $______________  
   (Ending balance from last year’s report)

### INCOME DURING THE FISCAL YEAR:

2. **Apportionment of Dues (Annual & Life)**  
   $______________

3. **Interest & Dividends (Checking & Savings)**  
   __________________

4. **Other Income (Specify):**  
   __________________
   __________________
   __________________

5. **Total Income:**  
   $______________  
   (Lines 2 thru 4)

6. **Total Funds Available During Fiscal Year:**  
   $______________  
   (Lines 1 and 5)

### EXPENSES DURING FISCAL YEAR:

7. **Travel Expenses**  
   (Conventions, Conferences & Meetings)  
   $______________  
   __________________

OVER
8. Stationary, Supplies & Printing
   ____________________________

9. Donation Expenses
   ____________________________

10. Other Expenses (Specify):
    ____________________________
    ____________________________
    ____________________________

11. Total Expenses: $__________
    (Lines 7 thru 10)

ENDING BALANCE, JUNE 30, 2021: $__________
PLUS LINE 6 (Total Funds Available),
MINUS LINE 11 (Total Expenses) = Ending Balance

OTHER ASSETS (CD’s, Investments, Special Accounts, etc., not included above.)
    ____________________________ $__________
    ____________________________ $__________

TOTAL, OTHER ASSETS: $__________

NAME AND ADDRESS OF BANK(S):
________________________________________________________
________________________________________________________

AUTHORIZED SIGNATURE: _________________________________
(Regional Group President or Treasurer)

If possible, please provide a copy of your bank statement with annual financial report for record.

Regional Group Tax Exempt Number: __________________________