BLINDED VETERANS ASSOCIATION

REGIONAL GROUP ANNUAL FINANCE REPORT

 FISCAL YEAR JULY 1 - JUNE 30

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 REGIONAL GROUP NAME DATE

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1. BEGINNING BALANCE AS OF JULY 1 $

 (Ending balance from last year’s report)

 INCOME DURING THE FISCAL YEAR

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2. LMF Apportionment of Dues $

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3. Interest & Dividends (Checking & Savings) $

4. Other Income (Specify)

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5. Total Income $

 (Lines 2 thru 4)

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6. Total Funds Available During Fiscal Year $

 (Lines 1 and 5)

EXPENSES DURING FISCAL YEAR

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7. Travel Expenses $

 (Conventions, Conferences & Meetings)

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8. Supplies & Printing Expenses

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9. Donation Expenses

10. Other Expenses (Specify)

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11. Total Expenses $

 (Lines 7 thru 10)

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ENDING BALANCE ON JUNE 30 $

PLUS LINE 6 (Total Funds Available)

MINUS LINE 11 (Total Expenses) = Ending Balance

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

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TOTAL, OTHER ASSETS $

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Bank Name

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Address

Account Number Routing Number

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AUTHORIZED SIGNATURE

(Regional Group President or Treasurer)

Please provide a copy of your bank statement with annual report.

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Regional Group Tax Exempt Number:

2