# BLINDED VETERANS ASSOCIATION
## REGIONAL GROUP ANNUAL FINANCE REPORT
### FISCAL YEAR JULY 1 - JUNE 30

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

## INCOME DURING THE FISCAL YEAR

2. **LMF Apportionment of Dues**  
   $ [ ]

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)  
   $ [ ]

8. **Supplies & Printing Expenses**  

9. **Donation Expenses**
10. Other Expenses (Specify)


11. Total Expenses
   (Lines 7 thru 10) $ 

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) $ 

TOTAL, OTHER ASSETS $ 

Bank Name

Address

Account Number  Routing Number

AUTHORIZED SIGNATURE
(Regional Group President or Treasurer)

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

Regional Group Tax Exempt Number: 