

BLINDED VETERANS ASSOCIATION
REGIONAL GROUP ANNUAL FINANCE REPORT

FISCAL YEAR JULY 1 - JUNE 30

REGIONAL GROUP NAME

DATE

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: