

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

**FISCAL YEAR JULY 1,                      - JUNE 30, \_\_\_\_\_**

**REGIONAL GROUP**

**DATE \_\_\_\_\_**

1. BEGINNING BALANCE AS OF JULY 1, \_\_\_\_\_: \_\_\_\_\_  
(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, and Meetings)

MM/DD	CASH/CARD CHECK #	DESCRIPTION	AMOUNT



11. Total Expenses:

(Lines 7 thru 10)

ENDING BALANCE, JUNE 30, :  
LINE 6

MINUS  
LINE 11

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

NAME AND ADDRESS OF BANK(S):

AUTHORIZED SIGNATURE: \_\_\_\_\_  
(Regional Group President or Treasurer)



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

Regional Group Tax Exempt Number