



# ROA Financial Report

## Departments, Chapters, and Other Structural Entities

Name of Entity: \_\_\_\_\_

\*Subordinate organizations should include parent Department (Example: Arizona - Sig R Young 009)

Employer Identification Number (EIN): \_\_\_\_\_

Financial Statements for Fiscal Year Ended (month/year): \_\_\_\_\_

(Note: ExCom Policy E-16, Section 7: (a) The fiscal year of the Association shall begin each year on the first day of January. (b) The fiscal year for all ROA subordinates, including departments and chapters, shall be in alignment with National.

### Income & Expense Statement

Income \_\_\_\_\_

Expenses \_\_\_\_\_

Income Examples: rebates, interest/dividends, fundraising, contributions, sponsorships, event registrations, etc.)

Expense examples: supplies, printing/postage, travel, fundraising, etc.)

### Balance Sheet at End of Fiscal Year

Cash/Bank Account Balance \_\_\_\_\_

Investments \_\_\_\_\_

Liabilities (attach explanation) \_\_\_\_\_

Net Assets \_\_\_\_\_

1) Do you have any subordinate entities?  Yes  No

If yes, list name and Employer Identification Numbers (EINs).

1) Name: \_\_\_\_\_ EIN: \_\_\_\_\_

2) Name: \_\_\_\_\_ EIN: \_\_\_\_\_

\*Use a separate sheet to list any additional subordinate entities.

2) Please list all accounts, including investments, and their authorized signatories. Use a separate sheet to list any additional accounts. Account numbers are optional.

1) Bank/Institution: \_\_\_\_\_ Acct #: \_\_\_\_\_

Primary Authorized Signer \_\_\_\_\_

Secondary Authorized Signer \_\_\_\_\_

2) Bank/Institution: \_\_\_\_\_ Acct #: \_\_\_\_\_

Primary Authorized Signer \_\_\_\_\_

Secondary Authorized Signer \_\_\_\_\_

3) Bank/Institution: \_\_\_\_\_ Acct #: \_\_\_\_\_

Primary Authorized Signer \_\_\_\_\_

Secondary Authorized Signer \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Reserve Organization of America  
Attention: Tracey Ware  
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