

**GRAND ASSEMBLY OF CALIFORNIA
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
TERM AUDIT REPORT - Page 1**

NAME OF ASSEMBLY _____ NO. _____ FEDERAL I.D. NO. _____

TERM COVERED FOR THIS REPORT: **June 1, 2019 TO September 30, 2019**

DATE PREVIOUS REPORT SUBMITTED: _____

REVENUES:	
(1) Dues and Initiation Fees	\$ _____
(2) Donations to Assembly	_____
(3) Grand Service Fundraiser/Donation	_____
(4) Fundraising Income	_____
(5) Coin or Birthday March	_____
(6) Interest Earned	_____
(7) Annual Grand Assembly Deposits	_____
(8) Fun Trip Deposits	_____
(9) Pledge	_____
(10) Total Income for Projects	_____
(11) Other (please list all over \$100)	_____
_____	_____
_____	_____
(12) Misc. Revenues (no more than \$50)	_____
(13) TOTAL REVENUES	\$ _____

EXPENSES:	
(14) Rent	\$ _____
(15) OV/Reception/Installations	_____
(16) Annual Grand Assembly Expenses	_____
(17) Fun Trip Expenses	_____
(18) Grand Service Fundraiser Expenses	_____
(19) Gifts/Donations	_____
(20) General Operation Expenses	_____
(21) Budget Fundraising Expenses	_____
(22) Per Capita (GA & SA)	_____
(23) Pledge	_____
(24) Total Expenses for Projects	_____
(25) Grand Service Donations	_____
(26) Other (please list all over \$100)	_____
_____	_____
_____	_____
(27) Misc. Expenses (no more than \$50)	_____
(28) TOTAL EXPENSES	\$ _____

BALANCE SHEET:	
Asset Balance from Previous Term Report	_____
Total Revenues (Add)	_____
Sub-Total	_____
Total Expenses (Subtract)	_____
Assets Held at End of Report	\$ _____

Number of Members at end of Term	_____
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PROOF [Attach copies of 9/30/19 bank statement]	
Checkbook Balance as of 9/30/19	_____
Savings Acct Balance as of 9/30/19	_____
Other Acct Balances - Qtlly Reports	_____
Proof Total	_____
(Same as Assets Held at End of Report)	_____

We, the undersigned, have examined the Treasurer's and Recorder's books, and attest to the reported figures as of this date:

Date _____

AUDIT COMMITTEE:	
Assembly Member	Title
_____	_____
Assembly Member	Title
_____	_____
Advisory Board Member	Title
_____	_____
Mother Advisor	Title
_____	_____

REASON FOR AUDIT (Please Check):	
Four Month Term Requirement	_____
New Mother Advisor Elected	_____
New Treasurer Elected	_____
New Recorder Elected	_____

MAIL Original Term Audit Report, Bank Statement & original 501(c)(3) forms to:

Mrs. JoAnn Stern
Treasurer G.E.C.
1663 Sequoia Street
Napa, CA 94558-2319

ONLY copies of the Term Audit Report (pg. 1-2) to AGD, GD and to:

Mrs. Dana Regier
Supreme Deputy
4745 North Palm Ave
Fresno, CA 93704-3002

Copy to Area Grand Deputy Grand Deputy

05/15/19 vg	REPORTS DUE: 20 days after term ending May 31st & September 30th. And 15 days after the term ending Dec. 31st. Or when there are mid-term changes in MA, Recorder or Treasurer
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**GRAND ASSEMBLY OF CALIFORNIA
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS**
TERM AUDIT FOR JUNE 1, 2019 - SEPTEMBER 30, 2019 - Page 2.

NAME OF ASSEMBLY _____ NO: _____

STEP #1:

CHECKING ACCOUNT RECONCILIATION

List of Outstanding Checks

Total _____

Checking Account Balance on 9/30/2019 _____

Plus - Deposits not on Bank Statement _____

Sub-Total _____

Less - Total Outstanding Checks _____

Total (Carry Over to Step 2 - Reconciled Balance) _____

Total should match ending checkbook balance on 9/30/19

STEP #2:

ALL BANK ACCOUNT INFORMATION MUST BE INCLUDED IN THIS REPORT

CHECKING ACCOUNTS: Attach copies of 9/30/19 checking account statement

**Reconciled
Balance as of
9/30/19**

NAME OF BANK	ADDRESS OF BANK	CITY/ZIP	ACCOUNT #	

TOTAL FOR CHECKING ACCOUNTS [Must agree with Checkbook balance on Page 1] _____

SAVINGS ACCOUNTS: Attach copies of 9/30/19 savings account statement

**Account Balance
as of 9/30/19**

NAME OF BANK	ADDRESS OF BANK	CITY/ZIP	ACCOUNT #	

TOTAL FOR SAVINGS ACCOUNTS [Must agree with Savings balance on Page 1] _____

OTHER ACCOUNTS: (CD's etc.) Attach latest Quarterly Report for each account

**Account Balance
as of 9/30/19**

NAME OF BANK	ADDRESS OF BANK	CITY/ZIP	ACCOUNT #	

TOTAL FOR OTHER ACCOUNTS [Must agree with Other Account balances on Page 1] _____

TOTAL ASSETS AT REPORT TIME