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: January 1, 20	720 TO May 31, 2020			
DATE PREVIOUS REPORT SUBMITTED:				
REVENUES:	EXPENSES:			
(1) Dues and Initiation Fees \$ (2) Donations to Assembly	(13) Rent \$			
(0) 0 10 : 5 1 : (5 ::	(14) OV/Reception/Installations			
(3) Grand Service Fundraiser/Donation	(15) Annual Grand Assembly Expenses			
(5) Coin or Birthday March	(16) Fun Trip Expenses			
(6) Interest Earned	(17) Grand Service Fundraiser Expenses			
(7) Annual Grand Assembly Deposits	(18) Gifts/Donations			
(8) Fun Trip Deposits	(19) General Operation Expenses			
(9) Pledge	(20) Budget Fundraising Expenses			
(10) Other (please list all over \$100)	(21) Per Capita			
(10) Other (please list all over \$100)	(22) Pledge			
	(23) Grand Service Donations			
	(24) Other (please list all over \$100)			
(11) Misc. Revenues (no more than \$50)	_			
(12) TOTAL REVENUES \$				
	(25) Misc. Expenses (no more than \$50)			
	(26) TOTAL EXPENSES \$			
BALANCE SHEET:				
Asset Balance from Previous Term Report	Number of Members at end of Term			
Total Revenues (Line 13) <i>plus</i>	Number of Members at ella of Ferm			
Sub-Total	We, the undersigned, have examined the T			
	and Recorder's books, and attest to the rep figures as of this date:	ortea		
Total Expenses (Line 26) minus	Number of Members at end of Term			
Assets Held at End of Report \$				
Assets Held at End of Report \$	AUDIT COMMITTEE:			
PROOF [Attach copies of 5/31/2020 bank statement]	Assembly Member	Title		
Checkbook Balance as of 5/31/2020	Assembly Member	Title		
Savings Acct Balance as of 5/31/2020	-			
	Advisory Board Member	Title		
Other Acct Balances - Qtly Reports	-			
	Mother Advisor	Title		
	-	of the Term		
Proof Total (Same as Assets Held at End of Report)	Mother Advisor MAIL Original Term Audit Report, ONLY copies of Audit Report (501(c)(3) forms to: AGD, GD and the AGD, GD and	of the Term pg. 1-2) to to:		
Proof Total (Same as Assets Held at End of Report)	Mother Advisor MAIL Original Term Audit Report, Bank Statement & original 501(c)(3) forms to: Mrs. JoAnn Stern Mother Advisor ONLY copies of Audit Report (AGD, GD and of Mrs. Dana R	of the Term pg. 1-2) to to: egier		
Proof Total (Same as Assets Held at End of Report) REASON FOR AUDIT (Please Check):	Mother Advisor MAIL Original Term Audit Report, Bank Statement & original 501(c)(3) forms to: Mrs. JoAnn Stern Treasurer G.E.C. 1663 Sequoia Street Mother Advisor ONLY copies of Audit Report (AGD, GD and of AGD,	of the Term pg. 1-2) to to: egier puty		
Proof Total (Same as Assets Held at End of Report) REASON FOR AUDIT (Please Check): Four Month Term Requirement	Mother Advisor MAIL Original Term Audit Report, Bank Statement & original 501(c)(3) forms to: Mrs. JoAnn Stern Treasurer G.E.C. Mother Advisor ONLY copies of Audit Report (AGD, GD and Stern) Mrs. Dana R Supreme De	of the Term pg. 1-2) to to: egier puty		
REASON FOR AUDIT (Please Check): Four Month Term Requirement New Mother Advisor Elected	Mother Advisor MAIL Original Term Audit Report, Bank Statement & original 501(c)(3) forms to: Mrs. JoAnn Stern Treasurer G.E.C. 1663 Sequoia Street Mother Advisor ONLY copies of Audit Report (AGD, GD and of Mrs. Dana R Supreme De 4745 North F	of the Term pg. 1-2) to to: egier puty Palm Ave 93704-300		

ending Dec. 31st. Or when there are mid-term changes in MA, Recorder or Treasurer

GRAND ASSEMBLY OF CALIFORNIA INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS

TERM AUDIT FOR JANUARY 1, 2020 - MAY 31, 2020 - Page 2.

NAME OF ASSEMBI	LY NO:						
STEP #1:							
_	CHECKING ACCO	OUNT RECONCILIATI	ON				
List of Outstand	ing Checks						
	Checking	Checking Account Balance on 5/31/2020					
	Plus - D	Plus - Deposits not on Bank Statement					
		Sub-Total					
		Less - Total Outsta					
Total							
ı otal	Total Total (Carry Over to Step 2 - Reconciled Balance)						
STEP #2:		hould match ending cl		n 5/31/ <mark>2020</mark>			
ALL BANK ACCOUNT INFORMATION MUST BE INCLUDED IN THIS REPORT							
CHECKING ACCOU	Reconciled Balance as of						
NAME OF BANK	ADDRESS OF BANK	CITY/ZIP	ACCOUNT #	5/31/2020			
TOTAL FOR CHECKI	ı I NG ACCOUNTS [Must agree w	ith Checkbook balance	on Page 1]	1			
SAVINGS ACCOUNT	SAVINGS ACCOUNTS: Attach copies of 5/31/2020 savings account statement						
NAME OF BANK	ADDRESS OF BANK	CITY/ZIP	ACCOUNT #	as of 5/31/2020			
TOTAL FOR SAV	 NGS ACCOUNTS Must agre	e with Sovings belones	on Page 11	<u> </u>			
TOTAL FOR SAVI	INGS ACCOUNTS [INUST agre	e with Savings balance	on rage ij				
OTHER ACCOUNTS	OTHER ACCOUNTS: (CD's etc.) Attach latest Quarterly Report for each account						
NAME OF BANK	ADDRESS OF BANK	CITY/ZIP	ACCOUNT #	as of 5/31/2020			
				-			
TOTAL FOR OTH	I ER ACCOUNTS [Must agree	I with Other Account bala	<u> I </u>				
	-						
	IUIAL	ASSETS AT REPO	₹1				