# Welcome CA IORG Financial Training Forms RRF-1 and CT-TR-1 CA FTB 199N e-Postcard





Thank you for Attending!



Please keep yourself muted

?

Please post your question(s) in the chat

#### **Presented by**

Vickie Garcia, Area Grand Deputy, GAO South Branch, Financials, and Mother Advisor for Grand Assembly 2023

#### **Co-Host:**

Lorrie Kern
Area Grand Deputy and
Member of the Financial Team

# What you need to complete Forms RRF-1 and CT-TR-1 and the CA FTB Form 199N e-Postcard

- 1. 2022 Annual IRS Financial Report Exempt from Income Tax
- 2. State Charity Registration Number CT186+3 numbers.
- 3. Corporation or Organization Number (this number is for the CA Franchise Tax Board) This number starts with an 8 or 9.
- 4. Federal Tax Identification Number (aka Federal Employer ID Number). This number is on the Annual IRS Financial Report Exempt from Income Tax.

**NOTE:** The sample forms have the year 2021. Please ensure your forms have the 2022 date.

#### **REMINDER:**

The Assembly MUST keep ALL financial records for 10 years.

# **OVERVIEW OF TRAINING**

CA Attorney General's Office

Form RRF-1, Annual Registration Renewal Fee Report DUE 3/15/2023

CA Attorney General's Office

Form CT-TR-1, Annual
Treasurer's Report
DUE 3/15/2023

California Franchise
Tax Board
199N e-Postcard
DUE 3/15/2023

### Where do I locate the Forms RRF-1 and CT-TR-1?

- ALWAYS ensure you are on the CA Attorney General's website.
- The CA Attorney General's website is : oag.ca.gov/charities.
- To locate these forms, go to your browser and type in: oag.ca.gov/charities/renewals.
- click on updated Form RRF-1 and complete the form.
- click on Form CT-TR-1 and complete the form.

# Form RRF-1 (Revision 02/2021) Annual Registration Renewal Fee Report

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#### Form CT-TR-1 09/2017 Annual Treasurer's Report

ANNUAL TREASURER'S	
Section 12586, California Govern 11 Cal. Code Regs., Sectio	n 301
(FORM CT-TR-1)	
	State Charity Registration Number
	Corporation or Organization No.
	Federal Employer I.D. No.
ounting period ( beginning//	ending/)
BALANCE SHEE	т
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#### Form RRF-1, Annual Registration Renewal Fee Report:

This Report is required to be filed by all non-profit organizations operating in the State of California, no matter the amount of income. FYI- California Grand Assembly also annually files this report and pays the renewal fee.

The renewal fee is based on Total Revenue. Assemblies with Total Revenue less than \$50,000 is now required to pay a \$25.00 Renewal Fee. Assemblies with Total Revenue \$50,000 or more are required to pay a \$50.00 Renewal Fee and must file a IRS Form 990EZ and a CA Franchise Tax Board 199EZ. Should the Assembly have \$50,000 or more Total Income, contact the GAO- South Branch, Financials at <a href="mailto:vickie.garcia@gocarainbow.org">vickie.garcia@gocarainbow.org</a>.

#### Form CT-TR-1, Annual Treasurer's Report:

This Report is required for all non-profit organizations with Total Revenue less than \$50,000. An Assembly with Total Revenue of \$50,000 or more must file FTB Form 199EZ. DO NOT file a Form CT-TR-1.

# STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: WWW.oag.ca.gov/charities

#### MAIL TO:

Registry of Charitable Trusts P. O. Box 903447 Sacramento, CA 94203-4470

# PAGE 1 of 5 (For Registry Use Only)

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

I. O. R. G.  Name of Organization  Assembly Name and number (no # or No. No commas)	Check if:  Change of address  When address change,  MUST check this box		
List all DBAs and names the organization uses or has used	- Amended report		
Mother Advisor street address Address (Number and Street)	State Charity Registration Number CT0186+3 numbers		
Mother Advisor City, State and Zip Code City or Town, State, and ZIP Code	Corporation or Organization No. Starts with an 8 or 9		
MA telephone number Telephone Number  MA email address E-mail Address	Federal Employer ID No. IRS No. from Annaul IRS Financial Report		

When change of address for Mother Advisor, MUST CHECK – Change of Address as shown above.

# All registered charities in the State of California are now required to pay an **ANNUAL RENEWAL FEE**.

Please see chart below for amount of the Annual Renewal Fee due based on the Assembly's Total Revenue.

Checks are made payable to Department of Justice.

On memo Line of the Assembly check:

write- the Assembly's CTOnumber and year 2022.

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice						
Total Revenue	Fee	Total Revenue	<u>Fee</u>	Total Re	venue	<u>Fee</u>
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million	\$100 \$200 \$400	Between	n \$20,000,001 and \$100 million n \$100,000,001 and \$500 millior than \$500 million	\$800 \$1,000 \$1,200

#### Part A - Activities

PART A - ACTIVITIES			
For your most recei	nt full accounting period	(beginning	ng <sub>01</sub> / <sub>01</sub> / <sub>2021</sub> ending <sub>12</sub> / <sub>31</sub> / <sub>2021</sub> ) list:
Total Revenue \$ (including noncash contributions)	number required	Noncash	sh Contributions \$ number required Total Assets \$ number required
Prog	ram Expenses \$Lea	ve Blank	Total Expenses \$ number required

#### The amount for Part A – Activities are from the **Annual IRS Financial Report**

- Total Revenue: Enter amount from Line 12
- Noncash Contributions: Enter amount from the Donation Summary Report (report the Value of the noncash items received such as food, beverages, grocery gift cards, gift cards, etc.)
- Total Assets: Enter amount from Line 32 (Reminder, Lines 32 and 37, Column B MUST match.
- Program Expenses: Leave Blank. This is for Assemblies with \$50,000 or more Total Revenue.
- Total Expenses: Enter amount from Line 26.
- Each Activity MUST have a number or 0. Do not add n/a or none.
- For each amount, report only whole dollars without rounding (e.g., \$100.99 should be reported as \$100.00)

#### Part B — Statements Regarding Organization During the Period of this Report

# PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes No 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?

There **SHOULD NOT** be any loans.

California IORG's policy is- **ALL** payments are due in full and deposited into the Assembly's checking account BEFORE anyone can attend an upcoming event (Grand Assembly, Fun Events, Travel, etc.)

If anyone attends an event and has not paid in full their portion of the expense, this will be considered a loan. The answer to this question is YES. An attachment is required to list the person's name, amount owed, any actions taken to recover the money and **expected date** for payment in full.

This is to also be reported to the Grand Assembly Office.

		Yes	No	
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			

Should there be a theft, embezzlement, or misuse of the Assembly's charitable funds, the answer to this question is YES.

An attachment is required explaining what type of loss is being reported. Describe actions taken:

- Write the number of the question and the description of the question.
- How did the loss happen? Checks stolen, money stolen, etc.
- Date reported to Police Department.
- Date reported to the Bank.
- What actions have been taken to recover the loss money.

		Yes	No
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		

If there are any penalties, fines or judgements assessed against the Assembly, the answer is YES.

It is the responsibility of the Adult Advisors to ensure all required payments are paid timely so that any penalty, fine or judgement is not assessed against the Assembly.

If an assessment of a penalty, fine or judgement is made against the Assembly, it is the financial obligation of the Adult Advisors to pay the assessed amount

An attachment is required.

- write the number of the question and the description of the question.
- state the type of assessment made.
- explain why the assessment was made.
- explain which adult or if all, who paid the assessment and date paid

		Yes	No
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		~
5.	During this reporting period, did the organization receive any governmental funding?		~

- 4. We do not use commercial fundraiser companies.
- 5. We do not have government funding.

		Yes	No	
6	During this reporting period, did the organization hold a raffle for charitable purposes?			]

If the Assembly held a Raffle during the year, the instructions for Raffles must have been followed (see Advisory Board Training Aids, Chapter 2). Per Grand Lodge, Assemblies can have a raffle to raise money for Grand Service or for the girls to attend Grand Assembly only.

- **BEFORE** a Raffle can be held, a Raffle Application Form CT-NRP-1 must be completed, submitted for approval. Before the Assembly can hold the Raffle, the Assembly must have a returned, approved Raffle Application. The Application is to be completed by September 1<sup>st</sup> of each year.
- **AFTER** a Raffle has been held a Nonprofit Raffle Report MUST BE completed and filed no later than August 31st.

_		Yes	No
7.	Does the organization conduct a vehicle donation program?		~
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		~
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		~

- 7. We DO NOT participate in a vehicle donation program.
- 8. Our internal audits DO NOT follow the Generally Accepted Accounting Principles (GAAP).
- 9. We DO NOT have restricted net assets.

#### **Attachment to 2022 RRF-1 – List of Advisory Board Members**

I.O.R.G. dba Assembly Name and Number
Complete address as reported on this form
State Charity Registration No. (CT0#) State Organization No. Federal Tax ID No.

List each Advisory Board Member's Name, office, mailing address, email

If 2021 and 2022 Advisory Member are different, please add a column for each separate year and list the Advisory Board Members for each year.

#### Attachment to 2022 RRF-1 - Part B

I.O.R.G. dba Assembly Name and Number
Complete address as reported on this form
State Charity Registration No. (CT0#) State Organization No. Federal Tax ID No.

For each **YES** answer in Part B, write the number of the question, then write explanation and attach a copy of any additional paperwork as needed

#### Signing Form RRF-1, Annual Registration Renewal Fee Report:

- 1. Print and sign form. or
- 2. Create an electronic signature to sign form.

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.					
Sign Here	Print signer's name	MA or AB Chairperson or Treas	date signed		
Signature of Authorized Agent	Printed Name	Title	Date		

**BEFORE** signing Form RRF-1, read the **declaration under penalty of perjury**.

**NOTE**: Signer on Form RRF-1 must be the same signer on Form CT-TR-1

These forms are to be mailed to the Registry of Charitable Trusts (for address, see top of this Form).

- *Mail* Forms RRF-1 and CT-TR-1 and check to the Registry of Charitable Trusts
- Send **Registered Mail.** Write "mailing 2022 Forms RRF-1 and CT-TR-1) Keep the receipt copy with the Form RRF-1.

#### Make copies for:

- 1. the Assembly's 501(c)(3) Financial Binder (must keep 10 years)
- 2. Send copies to Grand Deputy, Area Grand Deputy, and **EMAIL** GAO South Branch, Financials to vickie.garcia@gocarainbow.org

rct.doj.ca.gov/Verification — To research Registrant Details for Assembly NOTE: the "V" for Verification must be an upper-case letter.

If the Assembly's Registrant Details are not Delinquent, then Forms RRF-1 and CT-TR-1 can be filed electronically. Remember to pay Renewal Fee.

Registrant Details  Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.					
Organization Name: INTERNATIONAL		GIRLS, <mark>DBA</mark> FIRST ASSEMBLY, NO			
Entity Type: Unincorporated Asso	ciation				
Registry Status:	Delinquent	Renewal Due/Exp.			
RCT Registration Number:	CT0186000	Issue Date:			
Record Type:	Charity Registration	Effective Date:			
Date of Last Renewal:	5/5/2020	DBA:			
Mailing Address					
Street: Street Line 2: Update address on City, State Zip:		MORE AVENUE  ZIP Code			

Research the Assembly's data base with the CA Attorney General's Office to ensure the Assembly is not delinquent for any years. Need additional help, email your questions to vickie.garcia@gocarainbow.org.

Filings & Correspondence					
Incomplete RRF-1 Letter	Incomplete RRF-1 Letter Check 2020 - this is incomplete year				
RRF-1 2010	2010 RRF-1				
RRF-1 2009	2009 RRF-1				
RRF-1 2008	2008 RRF-1				
IRS Form 990-EZ 2008	2008 IRS Form 990-EZ				
Founding Documents	Founding Documents				
Confirmation of Registration Letter	Confirmation of Registration Letter				
RCT-451-S Delinquency Notice - 1st	Click on Document Type at the left to open PDF				
Form RRF-1	2019				
Form CT-TR-1	2020				
CT-550 Form RRF-1 Incomplete	2020				
RRF-1 2012	2012 RRF-1				
IRS Form 990-N 2012	2012 IRS Form 990-N				
RRF-1 2013	2013 RRF-1				
RRF-1 2014	2014 RRF-1				
Founding Documents	Founding Documents				
2015 RRF-1	2015 RRF-1				
2016 Form RRF-1	2016 Form RRF-1				
Form RRF-1	2017				
Renewal Filing	2018				

This example shows the 2020 year is incomplete. When I clicked on the CT-550 for 2020, the letter state the incorrect Form RRF-1 was filed. Correction Action will be to file the correct From RR-1.

Annual Renewal Data			
Status of Filing:	Accepted		
Accounting Period Begin Date:	1/1/2010		
Accounting Period End Date:	12/31/2010		
Filing Received Date:	12/18/2012		
Form RRF-1 Reject/Incomplete Reason:	 		
Form CT-TR-1 Reject/Incomplete Reason:			
IRS Form 990 Reject/Incomplete Reason:			
Status of Filing:	Rejected		
Accounting Period Begin Date:	1/1/2020		
Accounting Period End Date:	12/31/2020		
Filing Received Date: Last year we asked Assemblies to file before end of January	2/18/2021		
Form RRF-1 Reject/Incomplete Reason:	Form RRF-1 Invalid		
Form CT-TR-1 Reject/Incomplete Reason:			
IRS Form 990 Reject/Incomplete Reason:	 		

**EXAMPLE:** Tax period 01/01/2010-12/31/2010 show this year was ACCEPTED. Everything was correct. Tax period 01/01/2020-12/31/2020 shows status as REJECTED. Reason- Form RRF-1 Invalid. A corrected Form RRF-1 is filed. Once accepted, then the status should change to ACCEPTED.

## oag.ca.gov/charities Click on:

- Form RRF-1 (Rev. 02/2021)
- Form CT-TR-1 09/2017

2-minute BREAK

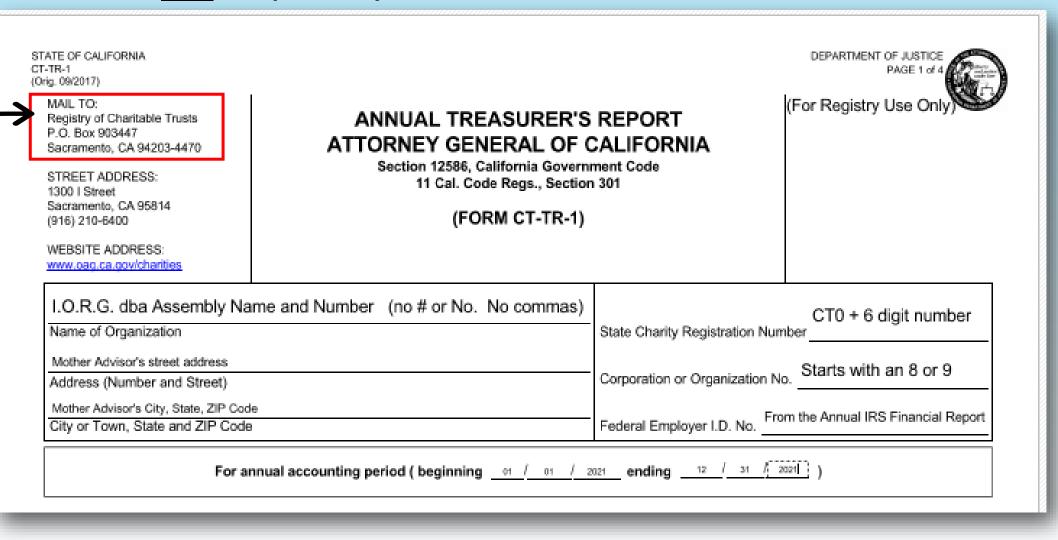


LEADERSHIP SERVICE SISTERHOOD

#### oag.ca.gov/charities, click on Form CT-TR-1.

Remember to mail the Form CT-TR-1 with Form RRF-1 and a check for Renewal Fee.

Form CT-TR-1 is only completed by Assemblies with Total Revenue of less than \$50,000.



# **Balance Sheet**

#### ASSETS

TOTAL ASSETS

Cash	\$
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$

**Cash** = Money in checking account 12/31/YYYY

Savings 12/31/YYYY, CDs and/or other investments that can be converted to cash

**Stocks and Bonds** 

**0** = zero. We do not own land or buildings.

Not included above. Attach list and FMV of each item.

**Total of ALL Assets** 

### **Balance Sheet**

#### We are a CASH BASIS organization.

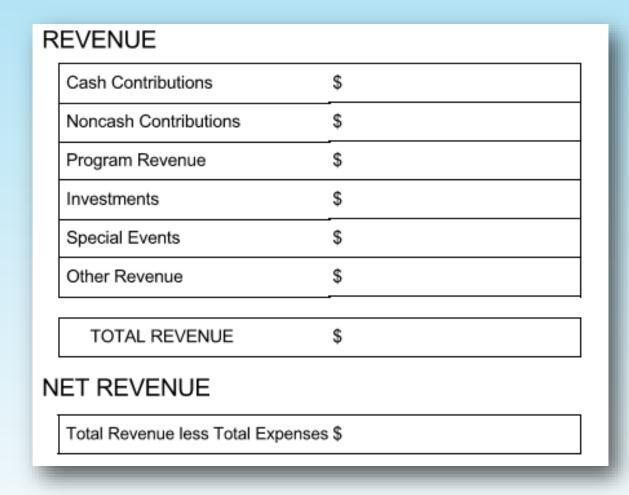
#### We DO NOT have:

- 1. Accounts Payable
- 2. Pay salaries or compensate anyone for their service.
- 3. We should not have any other liabilities.

TOTAL LIABILITES = 0

# Accounts Payable \$ 0 Salary Payable \$ 0 Other Liabilities \$ 0 TOTAL LIABILITIES \$ FUND BALANCE Total Assets less Total Liabilities \$

#### Revenue Statement



- Cash Contributions-Use total amount from the Donation Summary Report.
- Noncash Contributions- donation of food, beverages, grocery gift cards, gift cards, etc.
- **Program Revenue** Leave Blank.
- Investments- Total Interest, dividends and any realized Gain/(Loss) from sale of stock.
- **Special Events** (Once a year event) Garlic Festival, Fireworks Booth, Funnel Cakes, Raffle, large fundraising dinner, etc.
- Other Revenue- GA Event / Fun Trip,
   Pledge, Supreme Assembly Per Capita

Complete Attachment REVENUE STATEMENT - list each source of income and amount of income. (see next page.)

#### **REVENUE STATEMENT**

Use amounts from the Annual IRS Financial Report, Donation Summary Report, Project/Fundraiser Event Form for Special Events

Cash Contributions-Line 2: Donations to Assembly.

**Line 3**: Grand Service Donations (this money is only be used for Grand Service. It cannot be used for another fund).

Line 5: Coin March

**Noncash Contributions**- *Line 2*: Separate from cash contributions the values for donation of food, beverages, grocery gift cards, gift cards, etc.

**Program Revenue**- *Leave Blank*. This is completed by Assemblies with \$50,000 or more in Total Revenue.

**Investments**- *Line 6*: Total Interest, dividends and any realized Gain/(Loss) from sale of stock.

**Special Events**- (*Once a year event*) Garlic Festival, Fireworks Booth, Funnel Cakes, Raffle, large fundraising dinner, etc. *Use amount from event's Project/Fundraiser Report* **Other Revenue**- GA Event / Fun Trip, Pledge, Supreme Assembly Per Capita. (*See next page*)

#### **REVENUE STATEMENT**

Prepare an Attachment to Form CT-TR-1 Include same information as for Form RRF-1

#### **OTHER REVENUE** From Annual IRS Financial Report:

Line 1- Dues and Initiation Fees	\$
Line 3- Grand Service Fundraiser Income	\$
Line 4- Fundraising Income	\$
Line 7- Annual Grand Assembly Deposits	\$
Line 8- Fun Trip Deposits	\$
Line 9- Pledge	\$
Line 10- Other	\$
Line 11- Miscellaneous	\$
TOTAL OTHER REVENUE	\$

### Revenue Statement

We DO NOT compensate any of our Advisory Board Members or Officers of the Assembly.

No Compensation of staff.

- Fundraising Expenses- from the 501(c)(3) Project/Fundraiser Forms. Lines 17, 20, 22 from the Annual IRS Financial Report.
- Rent- any rent paid to S Masonic Lodge. Line 13.
- Utilities- Should be zero = 0
- Supplies/Postage- from Assembly financial records + SA Downloadable Fee
- Insurance- CA Grand Assembly per capita only.
   Do not include Supreme Assembly per capita.
- Other Expenses Attach a list of the expenses and the amount of expenses. (Sample Next Page)

E	XPENSES	
	Compensation of Officers/Directors	\$ 0
	Compensation of Staff	\$ 0
	Fundraising Expenses	\$
	Rent	\$
	Utilities	\$
	Supplies/Postage	\$
	Insurance	\$
	Other Expenses	\$
	TOTAL EXPENSES	\$

#### **Attachment to 2021 CT-TR-1 for Other Expenses**

I.O.R.G. dba Assembly Name and Number
Complete address as reported on this form
State Charity Registration No. (CT0#) State Organization No. Federal Tax ID No.

These expenses are expenses not reported on the other lines (Revenue Statement- Expenses)

Other Expenses Line from Revenue Statement- Expenses include the following expenses:

Line 14:	OV/Reception/Installations	\$
Line 15:	Annual Grand Assembly Expenses	\$
Line 16:	Fun Trip Expenses	\$
Line 18:	Gifts/Donations	\$
Line 19:	General Operating Expenses	\$
Line 21:	Supreme Assembly Per Capita (not GA Per Capita)	\$
Line 22:	Pledge	\$
Line 23:	Donations to Grand Service	\$
Other (Li	ines 24 and 25)	\$
	TOTAL OTHER EXPENSES	\$

# Signing Form CT-TR-1

I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

Sign Here

Print Name of Signer

Signature of Authorized Agent

Printed Name

Title

Date Signed

Date

- Before signing this form, please read the declaration under penalty of perjury.....
- The signer for forms RRF-1 and CT-TR-1 must be the same person.
- Print Form CT-TR-1 and make copies for:

Assembly's Financial Binder, Grand Deputy, Area Grand Deputy, and the GAO South Branch, Financial to vickie.garcia@gocarainbow.org

#### 199N California e-Postcard

https://www.ftb.ca.gov/file/business/types/charities-nonprofits/199N.asp

#### Before you begin

To submit an e-Postcard, you need:

- Your Entity ID number or California Corporation number.
- <u>Basic information</u> about your organization.
- You have 20 minutes to complete each page. If your session ends, you must start over
- We provide a confirmation number for your records and proof you successfully filed your e-Postcard.
- Log out and close your browser when you are done to ensure the highest level of security.

Start e-Postcard

The following examples are printed from the website describing what is to be input to complete the Form 199N e-Postcard:

#### FIELDS TO BE INPUT TO COMPLETE FTB Form 199N e-Postcard

\*Required Field- Enter your 7 or 12-digit Entity ID or California Corporation Number.

\*Required Field- Type the characters from the picture

#### **LOGIN**

This is the entity name we have on record for this Entity ID.

**Entity ID:** 

8010 CHECK, IS THE NUMBER CORRECT?

**Entity Name:** 

INT'L ORDER OF THE RAINBOW GIRLS, NAME OF ASSEMBLY NO 000 IS THE NAME CORRECT? If this is your entity, click "Continue".

If this is not your entity, click the "Back" button to enter another Entity ID. Double check the CA Organization number is correct.

\*Required Field- Account Period Beginning

Month January Day 1 Year 2022

\*Required Field- Account Period Ending

Month December Day 31 Year 2022

\*Required Field- Is this the first year your entity was in business?

Yes No

\*Required Field- Did your entity terminate or go out of business?

Yes No

\*Required Field- Have you changed your account period? Yes No

#### 1.

\*Required Field- Gross Receipts Round to the nearest whole dollar

\$

\*Required Field- Is this an amended return?

Yes No

\*Required Field- Do you have an IRS Form 1023/1024 pending? Yes No
If yes, date filed with IRS:

#### **CONTINUE**

#### 2.

FEIN enter Federal Identification Number

Doing Business As (DBA) Assembly Name and Number

Website Address gocarainbow.org

Entity's Mailing Address **DO NOT** Check- if foreign address

Required Field- Street Address Number, Street, PO Box, Ste., Apt. Use Mother Advisor's address

ATTENTION Use name of Mother Advisor

City, State and ZIP Code

#### 3.

Principal Officer's Information

\*Required Field- Name

Use Advisory Board Chairperson

Entity's Mailing Address **DO NOT** Check- if foreign address

Required Field- Address Number, Street, PO Box, Ste., Apt.

ATTENTION Use name of Advisory Board Chairperson

City, State and ZIP Code

Principal Officer's Name- Advisory Board Chairperson

Please provide information so we can contact you if we have questions about your e-Postcard

Mother Advisor or Advisory Board Chairperson Telephone for name provided. 10 digit number no dashes

#### **SUBMIT**

This screen shown allows all items to be reviewed for accuracy.

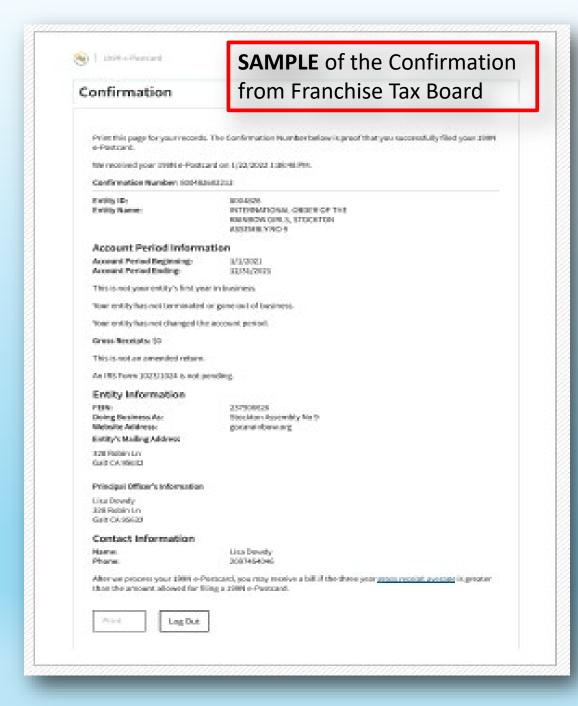
#### When accurate:

CLICK BOX\*Required Field Under penalties of perjury under the laws of the State of California, I declare that I am an employee or authorized representative of the entity listed above and legally have a right to access the data and transact business on behalf of the entity, and that I have examined this notice, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has my knowledge.

**SUBMIT** This is electronically sent to the FTB.

To right is a sample Confirmation from the FTB.

Print a copy for the Assembly's 501(c)(3)
Financial Binder. Send copies to Grand Deputy,
Area Grand Deputy, and GAO South Branch,
Financials to vickie.garcia@gocarainbow.org.



Email questions to vickie.garcia@gocarainbow.org

Q&A

# oag.ca.gov/charities Click on:

- Form RRF-1 (Rev. 02/2021)
- Form CT-TR-1 09/2017



https://www.ftb.ca.gov/file/business/types/charities-nonprofits/199N.asp