

# Welcome

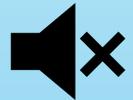
## CA IORG Financial Training

### 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](https://oag.ca.gov/charities).
- To locate these forms, go to your browser and type in:  
[oag.ca.gov/charities/renewals](https://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

STATE OF CALIFORNIA  
REGISTRY OF CHARITABLE TRUSTS  
DEPARTMENT OF JUSTICE  
PAGE 1 of 4

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.org.ca.gov/charitas

**ANNUAL TREASURER'S REPORT  
ATTORNEY GENERAL OF CALIFORNIA**  
Section 12586, California Government Code  
11 Cal. Code Regs., Section 301

(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 301-304, 306, 311, and 312

Make Charitable Report Annually Include This Fee Report and Thereby Meet the End of the Reporting Period. This Report is the Report for the Reporting Period and the Reporting Period is the Reporting Period. This Report is the Report for the Reporting Period and the Reporting Period is the Reporting Period. This Report is the Report for the Reporting Period and the Reporting Period is the Reporting Period.

DEPARTMENT OF JUSTICE  
PAGE 1 of 4

(For Registry Use Only)

NAME OF ORGANIZATION \_\_\_\_\_  
 TYPE OF ORGANIZATION \_\_\_\_\_  
 ADDRESS (Number and Street) \_\_\_\_\_  
 CITY OR TOWN, STATE, AND ZIP CODE \_\_\_\_\_  
 FEDERAL EMPLOYER I.D. NO. \_\_\_\_\_

State Charity Registration Number \_\_\_\_\_  
 Corporation or Organization No. \_\_\_\_\_  
 Federal Employer I.D. No. \_\_\_\_\_

For annual accounting period (beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ ending \_\_\_\_/\_\_\_\_/\_\_\_\_)

**BALANCE SHEET**

**ASSETS**

Cash	\$
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**LIABILITIES**

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>

**FUND BALANCE**

Total Assets less Total Liabilities	\$
-------------------------------------	----

**REVENUE STATEMENT**

**REVENUE**

Cash Contributions	\$
Noncash Contributions	\$
Program Revenue	\$
Investments	\$
Special Events	\$
Other Revenue	\$
<b>TOTAL REVENUE</b>	<b>\$</b>

**EXPENSES**

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$
Insurance	\$
Other Expenses	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**NET REVENUE**

Total Revenue less Total Expenses	\$
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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.

Signature of Authorized Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

STATE OF CALIFORNIA  
CT-TR-1  
(Orig. 06/2017)

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.org.ca.gov/charitas

DEPARTMENT OF JUSTICE  
PAGE 1 of 4

(For Registry Use Only)

**ANNUAL TREASURER'S REPORT  
ATTORNEY GENERAL OF CALIFORNIA**  
Section 12586, California Government Code  
11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

NAME OF ORGANIZATION \_\_\_\_\_  
 ADDRESS (Number and Street) \_\_\_\_\_  
 CITY OR TOWN, STATE AND ZIP CODE \_\_\_\_\_

State Charity Registration Number \_\_\_\_\_  
 Corporation or Organization No. \_\_\_\_\_  
 Federal Employer I.D. No. \_\_\_\_\_

For annual accounting period (beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ ending \_\_\_\_/\_\_\_\_/\_\_\_\_)

**BALANCE SHEET**

**ASSETS**

Cash	\$
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**LIABILITIES**

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>

**FUND BALANCE**

Total Assets less Total Liabilities	\$
-------------------------------------	----

**REVENUE STATEMENT**

**REVENUE**

Cash Contributions	\$
Noncash Contributions	\$
Program Revenue	\$
Investments	\$
Special Events	\$
Other Revenue	\$
<b>TOTAL REVENUE</b>	<b>\$</b>

**EXPENSES**

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$
Insurance	\$
Other Expenses	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**NET REVENUE**

Total Revenue less Total Expenses	\$
-----------------------------------	----

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.

Signature of Authorized Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## **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 [vickie.garcia@gocarainbow.org](mailto:vickie.garcia@gocarainbow.org).

## **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](http://www.oag.ca.gov/charities)

**MAIL TO:**

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

DEPARTMENT OF JUSTICE  
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)

List all DBAs and names the organization uses or has used

Mother Advisor street address

Address (Number and Street)

Mother Advisor City, State and Zip Code

City or Town, State, and ZIP Code

MA telephone number

MA email address

Telephone Number

E-mail Address

Check if:

Change of address

Amended report

**When address change,  
MUST check this box**

State Charity Registration Number CT0186+3 numbers

Corporation or Organization No. Starts with an 8 or 9

Federal Employer ID No. IRS No. from Annual 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 **CT0number** 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			
<u>Total Revenue</u>	<u>Fee</u>	<u>Total Revenue</u>	<u>Fee</u>	<u>Total Revenue</u>	<u>Fee</u>
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200



# 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.					
		<table border="1"><thead><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	Yes	No		
Yes	No					

	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.

## Part B – Statements Regarding Organization During the Period of this Report (continued)

	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.

## Part B – Statements Regarding Organization During the Period of this Report (continued)

	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

**Part B – Statements Regarding Organization During the Period of this Report**  
**(continued)**

	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.

**Part B – Statements Regarding Organization During the Period of this Report**  
**(continued)**

	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.

**Part B – Statements Regarding Organization During the Period of this Report**  
**(continued)**

	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

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Print signer's name

Printed Name

\_\_\_\_\_  
MA or AB Chairperson or Treas

Title

\_\_\_\_\_  
date signed

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](mailto:vickie.garcia@gocarainbow.org)

[rct.doj.ca.gov/Verification](http://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.

<b>Registrant Details</b>		
Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.		
Organization Name:	INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS, DBA FIRST ASSEMBLY, NC	
Entity Type:	Unincorporated Association	
<b>Registry Status:</b>	Delinquent	<b>Renewal Due/Exp.</b>
RCT Registration Number:	CT0186000	Issue Date:
Record Type:	Charity Registration	Effective Date:
Date of Last Renewal:	5/5/2020	DBA:
<b>Mailing Address</b>		
Street:	1111 SYCAMORE AVENUE	
Street Line 2:	Update address on Form RRF-1	
City, State Zip:	City, CA 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](mailto:vickie.garcia@gocarainbow.org).

Filings & Correspondence	
<a href="#">Incomplete RRF-1 Letter</a>	Incomplete RRF-1 Letter <b>Check 2020 – this is incomplete year</b>
<a href="#">RRF-1 2010</a>	2010 RRF-1
<a href="#">RRF-1 2009</a>	2009 RRF-1
<a href="#">RRF-1 2008</a>	2008 RRF-1
<a href="#">IRS Form 990-EZ 2008</a>	2008 IRS Form 990-EZ
<a href="#">Founding Documents</a>	Founding Documents
<a href="#">Confirmation of Registration Letter</a>	Confirmation of Registration Letter
<a href="#">RCT-451-S Delinquency Notice - 1st</a>	Click on Document Type at the left to open PDF
<a href="#">Form RRF-1</a>	2019
<a href="#">Form CT-TR-1</a>	2020
<a href="#">CT-550 Form RRF-1 Incomplete</a>	2020
<a href="#">RRF-1 2012</a>	2012 RRF-1
<a href="#">IRS Form 990-N 2012</a>	2012 IRS Form 990-N
<a href="#">RRF-1 2013</a>	2013 RRF-1
<a href="#">RRF-1 2014</a>	2014 RRF-1
<a href="#">Founding Documents</a>	Founding Documents
<a href="#">2015 RRF-1</a>	2015 RRF-1
<a href="#">2016 Form RRF-1</a>	2016 Form RRF-1
<a href="#">Form RRF-1</a>	2017
<a href="#">Renewal Filing</a>	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](https://oag.ca.gov/charities)

Click on:

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

**2-minute BREAK**





# Balance Sheet

## ASSETS

Cash	\$
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**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

## LIABILITIES

Accounts Payable	\$ 0
Salary Payable	\$ 0
Other Liabilities	\$ 0
<b>TOTAL LIABILITIES</b>	<b>\$</b>

## FUND BALANCE

Total Assets less Total Liabilities	\$
-------------------------------------	----

# Revenue Statement

## REVENUE

Cash Contributions	\$
Noncash Contributions	\$
Program Revenue	\$
Investments	\$
Special Events	\$
Other Revenue	\$
<b>TOTAL REVENUE</b>	<b>\$</b>

## NET REVENUE

Total Revenue less Total Expenses	\$
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- **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	\$ _____	
<b>TOTAL OTHER REVENUE</b>		<b>\$ _____</b>

# 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*)

## EXPENSES

Compensation of Officers/Directors	\$	0
Compensation of Staff	\$	0
Fundraising Expenses	\$	
Rent	\$	
Utilities	\$	
Supplies/Postage	\$	
Insurance	\$	
Other Expenses	\$	
<b>TOTAL EXPENSES</b>	<b>\$</b>	

**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 (Lines 24 and 25)	\$_____	
<b>TOTAL OTHER EXPENSES</b>		<b>\$_____</b>

# 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](#)

Signature of Authorized Agent	Print Name of Signer Printed Name	MA, AB Chairperson or Treasurer Title	Date Signed Date
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- 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](mailto: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.
- [Basic information](#) 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](mailto:vickie.garcia@gocarainbow.org).

**SAMPLE of the Confirmation from Franchise Tax Board**

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 2021 e-Postcard.

We received your 2021 e-Postcard on 1/22/2022 1:05:46 PM.

Confirmation Number 00483483201

Entity ID: 8004026  
Entity Name: INTERNATIONAL ORDER OF THE RAINBOW GIRLS, STOCKTON ASSEMBLY NO 1

Account Period Information  
Account Period Beginning: 01/01/2021  
Account Period Ending: 12/31/2021

This is not your entity's first year in business.  
Your entity has not terminated or gone out of business.  
Your entity has not changed the account period.

Gross Receipts (G)  
This is not an amended return.  
An IRS Form 30251024 is not pending.

Entity Information  
FEIN: 25790828  
Doing Business As: Stockton Assembly No 1  
Website Address: gocarainbow.org  
Entity's Mailing Address  
328 Robin Ln  
Galt CA 95621

Principal Officer's Information  
Lisa Devedy  
328 Robin Ln  
Galt CA 95621

Contact Information  
Name: Lisa Devedy  
Phone: 503454040

After we process your 2021 e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 2021 e-Postcard.

Print Log Out

Email questions to [vickie.garcia@gocarainbow.org](mailto:vickie.garcia@gocarainbow.org)

# Q & A

[oag.ca.gov/charities](https://oag.ca.gov/charities)

Click on:

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

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