

**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: **July 1, 2025 TO December 31, 2025**

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) Other (please list all over \$100) | _____    |
| _____                                   | _____    |
| (11) Misc. Revenues (no more than \$50) | _____    |
| (12) <b><u>TOTAL REVENUES</u></b>       | \$ _____ |

**EXPENSES:**

- |   |          |
|---|----------|
| (13) Rent                               | \$ _____ |
| (14) OV/Reception/Installations         | _____    |
| (15) Annual Grand Assembly Expenses     | _____    |
| (16) Fun Trip Expenses                  | _____    |
| (17) Grand Service Fundraiser Expenses  | _____    |
| (18) Gifts/Donations                    | _____    |
| (19) General Operation Expenses         | _____    |
| (20) Budget Fundraising Expenses        | _____    |
| (21) Per Capita                         | _____    |
| (22) Pledge                             | _____    |
| (23) Grand Service Donations            | _____    |
| (24) Other (please list all over \$100) | _____    |
| _____                                   | _____    |
| (25) Misc. Expenses (no more than \$50) | _____    |
| (26) <b><u>TOTAL EXPENSES</u></b>       | \$ _____ |

**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** \_\_\_\_\_

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

**AUDIT COMMITTEE:**

Assembly Member	Title
_____	_____
Assembly Member	Title
_____	_____
Advisory Board Member	Title
_____	_____
Mother Advisor	
_____	

**PROOF [Attach copies of all TERM bank statements]**

Checkbook Balance as of 12/31/2025 \_\_\_\_\_

Savings Acct Balance as of 12/31/2025 \_\_\_\_\_

Other Acct Balances - Qtlly Reports \_\_\_\_\_

Proof Total \_\_\_\_\_

(Same as Assets Held at End of Report)

**REASON FOR AUDIT (Please Check):**

Six 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 Inspector  
4745 North Palm Ave  
Fresno, CA 93704-3002

Copy to Area Grand Deputy ☐ Grand Deputy ☐

**06/22/2025**

**REPORTS DUE:** 15 days after term ending June 30th, and 15 days after the term 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 July 1, 2025 - December 31, 2025 - Page 2.

NAME OF ASSEMBLY \_\_\_\_\_ NO: \_\_\_\_\_

**STEP #1:**

**CHECKING ACCOUNT RECONCILIATION**

**List of Outstanding Checks**


**Total** \_\_\_\_\_

**Checking Account Balance on 12/31/2025** \_\_\_\_\_

**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 12/31/2025**

**STEP #2:**

**ALL BANK ACCOUNT INFORMATION MUST BE INCLUDED IN THIS REPORT**

**CHECKING ACCOUNTS:** Attach copies of 12/31/2025 checking account statement

**Reconciled  
Balance as of  
12/31/2025**

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 12/31/2025 savings account statement

**Account Balance  
as of 12/31/2025**

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 12/31/2025**

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**