

USE ONLY THE FORM PROVIDED ON THE CA WEBSITE

**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, 2017 TO May 31, 2017**

DATE PREVIOUS REPORT SUBMITTED: _____

REVENUES:	
(1) Dues and Initiation Fees	\$ _____
(2) Donations Received	_____
(3) Coin or Birthday March	_____
(4) Fundraising Events	_____
(5) Grand Service Fundraiser/Donation	_____
(6) Interest Checking	_____
Savings/Time Certificates	_____
(7) Grand Assembly/Fun Trip Deposits	_____
(8) Pledge	_____
(9) Other (please list all over \$100)	_____
_____	_____
_____	_____
(10) Misc. Revenues (no more than \$250)	_____
(11) TOTAL REVENUES	\$ _____

EXPENSES:	
(12) Rent	\$ _____
(13) OV/Reception/Installations	_____
(14) Annual Grand Assembly/Fun Trips	_____
(15) Grand Service Project Donation	_____
(16) Gifts/Donations	_____
(17) General Operation Expenses	_____
(18) Fundraising Expenses	_____
(19) G.A./S.A. Per Capita/Insurance	_____
(20) Pledge	_____
(21) Other (please list all over \$100)	_____
_____	_____
_____	_____
(22) Misc. Expenses (no more than \$250)	_____
(23) TOTAL EXPENSES	\$ _____

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

Membership at date of audit _____
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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

PROOF [Attach copies of 5/31/17 bank statement]	
Checkbook Balance as of 5/31/17	_____
Savings Acct Balance as of 5/31/17	_____
Other Acct Balances - Qtlly Reports	_____
Proof Total	_____
(Same as Assets Held at End of Report)	_____

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

MAIL Original Term Audit Report (pg. 1-2) with original 501(c)(3) forms to:	ONLY copies of the Term Audit Report (pg. 1-2) to AGD, GD and mailed to:
Mrs. JoAnn Stern Treasurer G.E.C. 1663 Sequoia Street Napa, CA 94558-2319	Mrs. Dana Regier Supreme Deputy 4745 North Palm Ave Fresno, CA 93704-3002
Copy to Area Grand Deputy <input type="checkbox"/>	Grand Deputy <input type="checkbox"/>

Revised: 05/22/17 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 changes in MA, Recorder or Treasurer
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**GRAND ASSEMBLY OF CALIFORNIA
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
TERM AUDIT FOR JANUARY 1 - MAY 31, 2017 - Page 2.**

NAME OF ASSEMBLY _____ NO: _____

STEP #1:

CHECKING ACCOUNT RECONCILIATION

List of Outstanding Checks

Total _____

Bank Checking Account Balance on 5/31/2017 _____

Plus - Deposits not on Bank Statement _____

Sub-Total _____

Less - Total Outstanding Checks _____

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

Total should match your checkbook balance

STEP #2:

ALL BANK ACCOUNT INFORMATION MUST BE INCLUDED IN THIS REPORT

CHECKING ACCOUNTS: Attach copies of 5/31/17 checking account statement

**Reconciled
Balance as of
5/31/17**

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 5/31/17 checking account statement

**Account Balance
as of 5/31/17**

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 5/31/17**

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