034

• ATE OF CALIFORNIA F-1				DI	EPARTMENT	
v. 09/2017)						PAGE 1 o
AIL TO:		L REGISTRATION RENEV	VAL FE	E REPORT (For Re	egistry Use	Only)
egistry of Charitable Trusts						
D. Box 903447	10	ATTORNEY GENERAL OF				
cramento, CA 94203-4470		Sections 12586 and 12587, California G	overnmen	t Code		
REET ADDRESS:		11 Cal. Code Regs. sections 301-306, 3				
00 Street		t this report annually no later than four months				
cramento, CA 95814 6) 210-6400		accounting period may result in the loss of tax e				
EBSITE ADDRESS:		800, plus interest, and/or fines or filing penaltie				
w.oag.ca.gov/charities		3; Government Code section 12586.1. IRS ext				
THE PINOLE HI	STORICAL	SOCIETY		Check if:		
Name of Organization Change of address						
List all DBAs and names the organization uses or has used						
P O BOX 285 Address (Number and Street)				-		
PINOLE		CA 94564		- State Charity Registration Number	ст0216	62
City or Town, State, and ZIP (510-724-9507	Code					
Telephone Number				Corporation or Organization No. 07	23879	
INFO@PINOLEHIST E-mail Address	ORYMUSEUM.	ORG		Federal Employer ID No. 23	3-7441	316
	REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. C	ode Reas.			
		Make Check Payable to Department	-		_,	
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue		<u>Fee</u>
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$	10 million	\$150
	-		-			
Between \$25,000 and \$1	00,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and	\$50 millioi	
				Greater than \$50 million		\$300
PART A - ACTIVITIES						
For your most recent	full accounting pe	riod (beginning 01/01/20 ending	12/31	/20) list		
Tor your most recent	iun accounting pe		12/31	<u>/ 20</u>) list:		
Gross Annual Revenue \$	11,	849 Noncash Contributions \$		O Total Assets \$	7	,746
						<i>.</i>
	Program Expense	es \$ 7,693 Total Exp	enses \$	8,726		
		GANIZATION DURING THE PERIOD OF				
lote: All questions must be	e answered. If you	answer "yes" to any of the questions below	v, you must	attach a separate page	r	
providing an explana	tion and details for	· each "yes" response. Please review RRF-	1 instructior	ns for information required.	Yes	No
				•		
	-	 loans, leases or other financial transactions between h an entity in which any such officer, director or trustee 	-			Х
					1	
2. During this reporting period, w	as there any theft, emb	ezzlement, diversion or misuse of the organization's ch	naritable proper	'ty or funds?		X
3. During this reporting period, w	vere any organization fu	nds used to pay any penalty, fine or judgment?				x
4. During this reporting period, w	vere the services of a co	ommercial fundraiser, fundraising counsel for charitable	e purposes, or o	commercial		x
coventurer used?						~
5. During this reporting period, d	id the organization rece	ive any governmental funding?				х
6. During this reporting period, d	id the organization hold	a raffle for charitable purposes?				х
7. Does the organization conduc	t a vehicle donation pro	gram?			1	x
-		-				
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						
		n hold restricted net assets, while reporting negative u	nrestricted net	assets?	1	x
	· •				t of my les	
		ave examined this report, including ac mplete, and I am authorized to sign.	companyli	ing documents, and to the bes	ы от тту кп	iowiedg
0		JEFF RUBIN		PRESIDENT		
Signature of Author	ized Agent	Printed Name		Title	Dat	te

ETY 03/08/2021 4:00 PM 4						
ATE OF CALIFORNIA				DEPARTME	NT OF JUSTICE PAGE 1	
IR-1 g. 09/2017) ANNUAL TREASURER'S REPORT						
MAIL TO:					try Use Only)	
Registry of Charitable Trusts P.O. Box 903447	gistry of Charitable Trusts					
Sacramento, CA 94203-4470						
STREET ADDRESS: 1300 I Street						
Sacramento, CA 95814 (916) 210-6400						
WEBSITE ADDRESS:	(FORM CT-TR-1)					
www.oag.ca.gov/charities						
THE PINOLE HISTO	RTCAL	SOCIETY				
Name of Organization		5001111	State Charity Regi	stration Number CT	021662	
P O BOX 285				0.70	~~~~	
Address (Number and Street)	Corporation or Organization			ganization No. 072	1 No. 0723879	
PINOLE City or Town, State and ZIP Code	CA 94564 Federal Employer I.D. No.			I.D. No. 23-744:	1316	
			01/01/00 10			
For ann	ual account	ting period (beginning_	01/01/20 ending 12	2/31/20		
		BALANC	E SHEET			
ASSETS			LIABILITIES			
Cash	\$	7,746	Accounts Payable	\$		
Savings	\$	11,272	Salary Payable	\$		
Investment	\$	0	Other Liabilities	\$		
Land/Buildings	\$	0				
Other Assets	\$	0	TOTAL LIABILITIES	\$		
			FUND BALANCE			
TOTAL ASSETS	\$	19,018				
			Total Assets less Total Liabi	lities \$	19,01	
		REVENUE \$	STATEMENT			
REVENUE			EXPENSES SEE	STATEMENT	1	
Cash Contributions	\$	3,925	Compensation of Officers/Di	rectors \$		
Noncash Contributions	\$	0	Compensation of Staff	\$		
Program Revenue	\$	7,919	Fundraising Expenses	\$		
Investments	\$	5	Rent	\$	-	
Special Events	\$	0	Utilities	\$		
Other Revenue	\$	0	Supplies/Postage	\$	82	
			Insurance	\$	98	
TOTAL REVENUE	\$	11,849	Other Expenses	\$	6,8	
NET REVENUE					0,01	
	¢	2 100	TOTAL EXPENSES	\$	8,72	
Total Revenue less Total Expenses	\$	3,123				
I hereby declare under penalty of perju and belief, the content is true, correct				and, to the best of my k	nowledge	
and belief, the content is true, correct	anu complete	e anu i ani authorized to sig	μ.			
Signature of Authorized Agent	JEFF	RUBIN Printed Name	PRESIDEN	rt Title	Date	
Signature of Authonzed Agent		FILLEU Maille		TILLE	Dale	

PHSOCIETY The Pinole Historical Society 23-7441316 California Statements FYE: 12/31/2020

Statement 1 - Form CT-TR-1 - Other Expenses

Description	Amount
Business license	\$ 31
Consultant fees	820
Grant Museum	575
Miscellaneous	31
Newsletter	4,390
Photocopies	32
Safety deposit box	310
Sales Taxes	50
Scholarship	250
Speaker honorarium	100
State & Federal Tax	225
Total	\$6,814