

**ANNUAL TREASURER'S REPORT
ATTORNEY GENERAL OF CALIFORNIA**

(For Registry Use Only)

Section 12586, California Government Code
11 Cal. Code Regs., Section 301MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400WEBSITE ADDRESS:
www.oag.ca.gov/charities

(FORM CT-TR-1)

| | |
|--------------------------------------|---|
| THE PINOLE HISTORICAL SOCIETY | State Charity Registration Number CT021662 |
| Name of Organization | |
| P O BOX 285 | Corporation or Organization No. 0723879 |
| Address (Number and Street) | |
| PINOLE CA 94564 | Federal Employer I.D. No. 23-7441316 |
| City or Town, State and ZIP Code | |

For annual accounting period (beginning 01/01/20 ending 12/31/20)**BALANCE SHEET****ASSETS**

| | | |
|---------------------|----|---------------|
| Cash | \$ | 7,746 |
| Savings | \$ | 11,272 |
| Investment | \$ | 0 |
| Land/Buildings | \$ | 0 |
| Other Assets | \$ | 0 |
| TOTAL ASSETS | \$ | 19,018 |

LIABILITIES

| | | |
|--------------------------|----|----------|
| Accounts Payable | \$ | 0 |
| Salary Payable | \$ | 0 |
| Other Liabilities | \$ | 0 |
| TOTAL LIABILITIES | \$ | 0 |

FUND BALANCE

| | | |
|-------------------------------------|----|---------------|
| Total Assets less Total Liabilities | \$ | 19,018 |
|-------------------------------------|----|---------------|

REVENUE STATEMENT**REVENUE**

| | | |
|-----------------------|----|---------------|
| Cash Contributions | \$ | 3,925 |
| Noncash Contributions | \$ | 0 |
| Program Revenue | \$ | 7,919 |
| Investments | \$ | 5 |
| Special Events | \$ | 0 |
| Other Revenue | \$ | 0 |
| TOTAL REVENUE | \$ | 11,849 |

EXPENSES SEE STATEMENT 1

| | | |
|------------------------------------|----|--------------|
| Compensation of Officers/Directors | \$ | 0 |
| Compensation of Staff | \$ | 0 |
| Fundraising Expenses | \$ | 0 |
| Rent | \$ | 13 |
| Utilities | \$ | 84 |
| Supplies/Postage | \$ | 829 |
| Insurance | \$ | 986 |
| Other Expenses | \$ | 6,814 |

NET REVENUE

| | | |
|-----------------------------------|----|--------------|
| Total Revenue less Total Expenses | \$ | 3,123 |
|-----------------------------------|----|--------------|

| | | |
|-----------------------|----|--------------|
| TOTAL EXPENSES | \$ | 8,726 |
|-----------------------|----|--------------|

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 | <u>JEFF RUBIN</u> | Printed Name | <u>PRESIDENT</u> | Title | _____ | Date | _____ |
|-------------------------------|-------------------|--------------|------------------|-------|-------|------|-------|

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

| <u>Description</u> | <u>Amount</u> |
|---------------------|-----------------|
| 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 | \$ <u>6,814</u> |