

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)

## 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.

(For Registry Use Only)

<p><b>THE PINOLE HISTORICAL SOCIETY</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used <b>P O BOX 285</b></p> <p>Address (Number and Street) <b>PINOLE CA 94564</b></p> <p>City or Town, State, and ZIP Code</p> <p><b>510-724-9507</b> Telephone Number</p> <p><b>INFO@PINOLEHISTORYMUSEUM.ORG</b></p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT021662</b></p> <p>Corporation or Organization No. <b>0723879</b></p> <p>Federal Employer ID No. <b>23-7441316</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
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 A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/21 ending 12/31/21) list:

**Total Revenue \$** 11,832 **Noncash Contributions \$** 0 **Total Assets \$** 8,119  
(including noncash contributions)

**Program Expenses \$** 10,573 **Total Expenses \$** 11,458

**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.

	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?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding?		<b>X</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**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.**

<b>JEFF RUBIN</b>	<b>PRESIDENT</b>		
Signature of Authorized Agent	Printed Name	Title	Date

# ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code  
11 Cal. Code Regs., Section 301

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(FORM CT-TR-1)

<b>THE PINOLE HISTORICAL SOCIETY</b> Name of Organization <hr/> <b>P O BOX 285</b> Address (Number and Street) <hr/> <b>PINOLE CA 94564</b> City or Town, State and ZIP Code	State Charity Registration Number <b>CT021662</b> <hr/> Corporation or Organization No. <b>0723879</b> <hr/> Federal Employer I.D. No. <b>23-7441316</b> <hr/>
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For annual accounting period ( beginning 01/01/21 ending 12/31/21 )

## BALANCE SHEET

### ASSETS

Cash	\$	<b>8,119</b>
Savings	\$	<b>0</b>
Investment	\$	<b>0</b>
Land/Buildings	\$	<b>0</b>
Other Assets	\$	<b>0</b>

TOTAL ASSETS                      \$                      **8,119**

### LIABILITIES

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

TOTAL LIABILITIES                      \$                      **0**

### FUND BALANCE

Total Assets less Total Liabilities                      \$                      **8,119**

## REVENUE STATEMENT

### REVENUE

Cash Contributions	\$	<b>2,524</b>
Noncash Contributions	\$	<b>0</b>
Program Revenue	\$	<b>9,222</b>
Investments	\$	<b>86</b>
Special Events	\$	<b>0</b>
Other Revenue	\$	<b>0</b>

TOTAL REVENUE                      \$                      **11,832**

### EXPENSES SEE STATEMENT 1

Compensation of Officers/Directors	\$	<b>0</b>
Compensation of Staff	\$	<b>0</b>
Fundraising Expenses	\$	<b>0</b>
Rent	\$	<b>0</b>
Utilities	\$	<b>126</b>
Supplies/Postage	\$	<b>576</b>
Insurance	\$	<b>352</b>
Other Expenses	\$	<b>10,404</b>

TOTAL EXPENSES                      \$                      **11,458**

### NET REVENUE

Total Revenue less Total Expenses                      \$                      **374**

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.

\_\_\_\_\_ **JEFF RUBIN** \_\_\_\_\_ **PRESIDENT** \_\_\_\_\_  
 Signature of Authorized Agent                      Printed Name                      Title                      Date

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

<u>Description</u>	<u>Amount</u>
Ad Refund	\$ 90
Book Purchases	99
Business license	33
Internships	610
Newsletter	8,506
Photocopies	13
Reimbursements - Other	480
Safety deposit box	130
Sales tax	68
State & Federal tax filings	125
Total Consultant fees	250
Total	<u>\$ 10,404</u>