

Required to be filed along with Form RRF-1 for organizations that filed an IRS 990N, whose annual gross receipts are normally \$50,000 or less.



MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

**ANNUAL TREASURER'S REPORT**  
**ATTORNEY GENERAL OF CALIFORNIA**  
Section 12586, California Government Code  
11 Cal. Code Regs., Section 301

(For Registry Use Only)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

(FORM CT-TR-1)

John J. Smith Elementary PTA	← Enter PTA name as shown on your bylaws	Enter Charitable Trust Number
Name of Organization		State Charity Registration Number <u>CT0123456</u>
1234 Any Street	← Enter school's physical address	
Address (Number and Street)		Corporation or Organization No. <u>1234567</u> ← Enter FTB number
My Town, CA 90000	← Enter school's city, state & zip	
City or Town, State and ZIP Code		Federal Employer I.D. No. <u>12-3456789</u>

For annual accounting period ( beginning 7 / 1 / 2021 ending 6 / 30 / 2022 )

Enter Federal Employer Identification Number, also known as FEIN or EIN

**BALANCE SHEET**

ASSETS		LIABILITIES	
Cash	\$ 8,452.00	Accounts Payable	\$ 0.00
Savings	\$ 0.00	Salary Payable	\$ 0.00
Investment	\$ 0.00	Other Liabilities	\$ 0.00
Land/Buildings	\$ 0.00		
Other Assets	\$ 0.00	TOTAL LIABILITIES	\$ 0.00
TOTAL ASSETS	\$ 8,452.00	<b>FUND BALANCE</b>	
		Total Assets less Total Liabilities \$ 8,452.00	

Examples include: membership dues (do not include portion forwarded), donations, gift cards.

**REVENUE STATEMENT**

REVENUE		EXPENSES	
Cash Contributions	\$ 15,200.00	Compensation of Officers/Directors	\$ 0.00
Noncash Contributions	\$ 0.00	Compensation of Staff	\$ 0.00
Program Revenue	\$ 6,200.00	Fundraising Expenses	\$ 9,800.00
Investments	\$ 0.00	Rent	\$ 0.00
Special Events	\$ 5,005.00	Utilities	\$ 0.00
Other Revenue	\$ 0.00	Supplies/Postage	\$ 100.00
TOTAL REVENUE	\$ 26,405.00	Insurance	\$ 232.00
		Other Expenses	\$ 14,190.00
<b>NET REVENUE</b>		TOTAL EXPENSES	\$ 24,322.00
Total Revenue less Total Expenses	\$ 2,083.00		

I hereby declare under penalty of perjury that I have examined this report, including all schedules, and believe, the content is true, correct and complete and I am authorized to sign.

Signature of Authorized Agent	First Last Printed Name	Treasurer Title	1/10/2022 Date
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Treasurer or authorized officer should complete this section: sign, print name, title, date

1/10/2022