



RETIRED PUBLIC EMPLOYEES' ASSOCIATION OF CALIFORNIA
300 T Street, Sacramento, California, 95811-6912
(916) 441-7732 • Fax: (916) 441-7413 • (800) 443-7732
www.rpea.com • rpeahq@rpea.com

October 20, 2017

TO: Chapter Presidents & Treasurers
FROM: Marie Reed, Secretary/Treasurer
SUBJECT: Annual Required Chapter Financial, Information, and Officer Forms.

Greetings:

We are at the conclusion of our RPEA fiscal year (FY), which runs from November 1 through October 31 of each calendar year. On the reverse side you will find a financial reporting form that gives the information necessary for Headquarters to prepare the Form 990. **Along with the financial reporting form we need each chapter to provide us with a copy of all bank (checking, savings, CD, etc.) account statements for October 31st, 2017. We also need the names of each authorized signer on your chapter bank account.** The Chapter Information and Chapter Officer reporting forms are included as attachments.

RPEA Headquarters needs to receive your completed Chapter Financial Report form, Bank Statements, Chapter Information and Chapter Officer reporting forms **NO LATER THAN FRIDAY, DECEMBER 15, 2017**. This timing is required in order for Headquarters to, in good faith, make a complete and accurate filing with the IRS and the California tax authorities. The IRS continually needs to be convinced that we (RPEA) are a single 501(c)(5) Non-Profit Mutual Benefit entity. **Any information you may have received in the past that a Chapter could or should file its own return with the IRS and is not required to complete its Chapter Financial Report is inaccurate.** Any separate filing with the IRS would result in a Chapter's severance from RPEA.

Please remember that chapter funds are to be expended only on chapter-oriented expenses related to the representation of our members. **If you wish to make donations to some entity other than RPEA, you cannot use member dues money or the interest earnings on those funds.** You may use any funds you have accumulated from separate fund drives or activities, but those monies **MUST** be maintained in a separate account or clearly separated from Chapter members' dues and interest earnings.

Please contact either the Secretary/Treasurer or the Office Manager with any questions or suggestions you may have. E-mail addresses and phone numbers are provided below. Thank you.

Marie Reed, Secretary/Treasurer (916) 428-2090, marie.reed@comcast.net

Tanya Rakestraw, Office Manager, (916) 441-7732 or Toll Free (800) 443-7732, tanya@rpea.com

Attachments: *Financial Form (On back of letter), Chapter Information Form, Chapter Officer Form*

CHAPTER FINANCIAL REPORT
CHAPTER #
FISCAL YEAR: 11-01-2016 THROUGH 10-31-2017

1. Ending Balance 10/31/2016 – All Funds (From last year's report end balance) \$ _____

2. TOTAL BEGINNING BALANCE 11/1/2016 – ALL FUNDS \$ _____

3. Income for the 2016/2017 Fiscal Year by Separate Sources for:

a. Dues Income \$ _____

b. Savings Interest \$ _____

c. Gifts, Trades, Sponsorships \$ _____

d. Other \$ _____

4. TOTAL INCOME 2016/2017 FISCAL YEAR – ALL SOURCES \$ _____
 (Total of 3a, 3b, 3c, 3d)

5. Expenditures for the 2016/2017 Fiscal Year for:

a. Newsletter \$ _____

b. Luncheons/Hospitality \$ _____
 (Only net costs if you collect all money and pay one bill. Include Speakers in "Other")

c. Meeting Space \$ _____

d. Sunshine \$ _____

e. Other or Extraordinary (speaker, travel, equipment, supplies) \$ _____

6. TOTAL 2016/2017 EXPENDITURES FISCAL YEAR \$ _____
 (Total of 5a, 5b, 5c, 5d, 5e)

7. 10/31/2017 CALCULATE BALANCE \$ _____
 (Add Lines 2 and 4 then Subtract Line 6)

8. 10/31/2017 BALANCE FROM BANK STATEMENTS \$ _____*

(Include a copy of the bank statement showing the account balance as of Oct. 31. Please also forward a copy of your April 2018 statement when you receive it.)

9. Outstanding Funds for the 2016/2017 Fiscal Year:

a. Outstanding deposit/petty cash \$ _____

b. Outstanding check(s) \$ _____

c. Loss due to fraud \$ _____

10. TOTAL 2016/2017 OUTSTANDING BALANCE \$ _____
 (Total of Line 9a less Lines 9b and 9c)

11. DIFFERENCE \$ _____
If line 11 equals anything other than zero please attach explanation of difference. (Total of Line 7 less Lines 8 and 10)

Prepared by: _____, Treasurer Date _____

Reviewed and approved by: _____, President Date _____

Names of Authorized Signers on your bank account:

(1) _____

(2) _____

(3) _____

NOTE: Chapters are prohibited from using member dues income for any uses other than those which benefit the members in the form of representation. Appropriate uses include newsletter expenses; subsidizing member lunches; supplies and necessary equipment for chapter events; speaker honorariums; sunshine activities; meeting space rentals, etc. We should always strive to use the resources at our disposal to encourage membership in the organization so we can continue our mission of securing and maintaining our pensions and benefits.

2017-2018 Chapter Information

Chapter

We need each of our chapters to complete and return this information packet each year even if the information has not changed from previous years. To ensure receipt by the Chapter, the packet is being sent to **CHAPTER PRESIDENTS & TREASURERS** whenever possible; however, only one copy should be returned to RPEA.

Chapter Reports: List your chapter's monthly membership report recipients. These reports are sent from Headquarters and provide updated chapter membership information for the month.

NOTE: *Individuals named as report recipients at the last update, but not identified as such on this update, will no longer receive reports.*

(Please Type or Print Clearly)

Name: _____

Mailing Address

City

Zip

Name: _____

Mailing Address

City

Zip

Name: _____

Mailing Address

City

Zip

Chapter Meetings: Please list the location, date, time and schedule of your chapter meetings. This schedule will be listed in the RPEA Roster.

Where: _____

Address: _____

City: _____

State: _____

Zip: _____

Meeting Dates: _____

Time: _____

Return completed packet to RPEA Headquarters by December 15, 2017.

Chapter Labels: Headquarters supplies free sets of labels to chapters for mailings. Please list the person to receive these labels, your preferred sort order (**alpha** or **zip**) and the dates your chapter

Chapter #:

1

would like to receive them.

Name: _____

Mailing Address

City

Zip

2018 "NEED BY" DATES:

Set 1: _____ Alpha Zip Set 7: _____ Alpha Zip

Set 2: _____ Alpha Zip Set 8: _____ Alpha Zip

Set 3: _____ Alpha Zip Set 9: _____ Alpha Zip

Set 4: _____ Alpha Zip Set 10: _____ Alpha Zip

Set 5: _____ Alpha Zip Set 11: _____ Alpha Zip

Set 6: _____ Alpha Zip Set 12: _____ Alpha Zip

How do you want to receive the label information? (*choose as many as apply*)

Printed Labels to be sent to addressee above

Excel Spreadsheet e-mailed to: _____

If you choose Excel Spreadsheet, **specify file format:** *Comma separated text file*
Excel spreadsheet

Comments: Headquarters would like to hear from you! Please feel free to send any comments you have back with this form.

Complete this form and return it to RPEA Headquarters by December 15, 2017 to ensure there will be no interruption in your label distribution.

ChpInfo/10/17

2017-2018 Chapter Officers
(Please print or type information requested)

Chapter #

We need each of our chapters to complete and return this information packet every year even if the information has not changed from previous years. To ensure receipt by the Chapter, the packet is being sent to **CHAPTER PRESIDENTS & SECRETARIES whenever possible; however, only one copy should be returned to RPEA.**

RPEA will purchase a name badge for all new officers holding one of the standard, tracked RPEA offices as listed on this form or for those officers that have changed to a new listed officer position. If you hold more than one title, indicate the title you would like on your name badge. Only one name badge with one title will be distributed.

STANDARD RPEA CHAPTER OFFICES

President: _____

Street City Zip

(____) _____ - _____ (____) _____ - _____

Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
- Magnetic Pocket Style Slip-On Pin On Swivel Clip

Vice President: _____

Street City Zip

(____) _____ - _____ (____) _____ - _____

Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
- Magnetic Pocket Style Slip-On Pin On Swivel Clip

Chapter #:

Secretary: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Treasurer: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Newsletter Editor: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Health Benefits Chairperson: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Legislative Chairperson: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Membership Chairperson: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Sunshine Chairperson: _____

Street City Zip

(____) _____ - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Telephone Tree Chairperson: _____

Street City Zip

(____) _____ - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

NON-STANDARD RPEA CHAPTER OFFICES

RPEA will purchase a name badge and/or business cards for all non-standard office holders at the chapter's expense. Contact the Headquarters office for current badge and business card pricing.

Title: _____

Street City Zip

(____) _____ - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Title: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

Title: _____

Street City Zip

(_____) - _____ (_____) - _____
Day Number Fax Number

E-mail Address

- Badge needed NO Badge needed I have multiple titles. Use this one for my badge.
 Magnetic Pocket Style Slip-On Pin On Swivel Clip

How often do your officer elections take place?

How long are your officers' terms of service?

When did your most recently completed elections take place?

Headquarters will use this information to prepare an RPEA Roster of Officers. Each officer listed above will receive a roster. Although some of the chapters have more positions within the chapter, only the above listed titles will be included in the RPEA Roster of Officers. Thank you for your assistance in getting this information to Headquarters by **December 15, 2017**.

ROS/10/17

Chapter #:

7