



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 4, 2023

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

Greetings:

We need your help! Once again, we need this information in order to complete the Internal Revenue Service (IRS) and California taxing authority Franchise Tax Board (FTB) filing of Form 990 and to complete the RPEA Audit from 11/01/22 to 10/31/23.

Along with the financial reporting forms attached, we also need from each chapter the following:

- A copy of all bank (checking, savings, CD, etc.) account statements for October 31, 2023.
- The names of each authorized signer on your chapter bank accounts.
- Chapter Financial Report - Attachment
- Chapter Information (even if no changes) - Attachment
- **Please add RPEA HQ as a recipient of the monthly bank statements.**

The statements and attachments should be sent to:

RPEA Headquarters
300 T Street,
Sacramento, CA 95811

Please note there are withholding dues penalties for the chapter if the due dates are not met. We need this information to provide a timely filing with the IRS and FTB and to keep our non-profit status for RPEA so the chapters don't have to pay taxes on the dues they receive from RPEA Headquarters.

Important Dates for Chapter Treasurers			
Critical Items	Date Due	Delinquent and Dues Withheld	Delinquent/Dues Reverts
2022/2023 Chapter Financial Report	12/15/2023	3/1/2024	7/1/2024
October 2023 Bank Statement(s)	12/15/2023	3/1/2024	7/1/2024
2023/2024 Chapter Information (Required even if no changes)	12/15/2023	3/1/2024	7/1/2024
April 2024 Bank Statements(s)	5/31/2024	8/1/2024	12/1/2024

Please note that chapters are NOT allowed to send a separate filing to the IRS or FTB. Any separate filing with the IRS or FTB would result in a Chapter's severance from RPEA.

The Delegates General Assembly 2018 passed RESOLUTION #4 – ARTICLE XIII, SECTION 9 AND NEW SECTION10 – CHAPTER FINANCIAL REPORTING REQUIREMENTS to add language to the RPEA Bylaws to allow these requirements and penalties.

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, **Cathy Jeppson**, Secretary/Treasurer (818) 512-1737, **please leave a message so that I may return your call or you can contact me** at cjeppson@gmail.com. **Please put RPEA and your chapter name and number in the subject line.**

Corey Saeteurn, Office Manager, (916) 441-7732 or Toll Free (800) 443-7732, corey@rpea.com

Attachments: *Financial Form, Chapter Information Form, Chapter Officer Form*

CHAPTER FINANCIAL REPORT
CHAPTER #
FISCAL YEAR: 11-01-2022 THROUGH 10-31-2023

1. Ending Balance 10/31/2022 – All Funds (From last year's report end balance) \$ _____

2. TOTAL BEGINNING BALANCE 11/1/2022 – ALL FUNDS \$ _____

3. Income for the 2022/2023 Fiscal Year by Separate Sources for:

a. Dues Income \$ _____

b. Savings Interest \$ _____

c. Gifts, Trades, Sponsorships \$ _____

d. Other \$ _____

4. TOTAL INCOME 2022/2023 FISCAL YEAR – ALL SOURCES \$ _____
(Total of 3a, 3b, 3c, 3d)

5. Expenditures for the 2022/2023 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 2022/2023 EXPENDITURES FISCAL YEAR \$ _____
(Total of 5a, 5b, 5c, 5d, 5e)

7. 10/31/2023 CALCULATE BALANCE \$ _____
(Add Lines 2 and 4 then Subtract Line 6)

8. 10/31/2023 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 2024 statement when you receive it.)

9. Outstanding Funds for the 2022/2023 Fiscal Year:

a. Outstanding deposit/petty cash \$ _____

b. Outstanding check(s) \$ _____

c. Loss due to fraud \$ _____

10. TOTAL 2022/2023 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.

2023-2024 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 E-Mail

Name: _____

Mailing Address City Zip E-Mail

Name: _____

Mailing Address City Zip E-Mail

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, 2023.

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 would like to receive them.

Chapter #:

Name: _____

Mailing Address	City	Zip
-----------------	------	-----

2024 "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 from and return it to RPEA Headquarters by December 15, 2023 to ensure there will be no interruption in your label distribution.

ChpInfo/10/23

Chapter #:

2023-2024 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

Chapter #:

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, 2023**.

ROS/10/23

Chapter #: