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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Inter	nal Rever	nue Service		The organization may have	e to use a copy of t	his return to satisfy state rep	orting requir	ements		1 to Public Inspection
•	For the	e 2008 calend	lar year,	or tax year beginning	7/01	, 2008, and end	ing 6	/30	,	2009
В	Check if	applicable						D Employ	er Identif	fication Number
	Add	tress change	Please use IRS label	RETIRED PUBLIC	EMPLOYEES	OF SAN JOAQUII	N	77-	05028	358
	\vdash	ne change	or print or type	COUNTY				E Telepho	ne numb	er
	\vdash	ial return	See specific	P.O. BOX 8556				(20	9) 93	31-5430
	\vdash	mination	Instruc- tions	STOCKTON, CA 9	5208-0556			\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	-,	
	\vdash		(10115					G Gross r	accinta ¢	44,831.
	\vdash	ended return	E Nome	Iand address of principal officer	JERRY ARI	VET T	H(a) is the	is a group retur		
	App	olication pending			JEKKI AKI	NELL	1	all affiliates inc		Yes No
				AS C ABOVE		47()(1)	1 ' '	o,' attach a list		
<u></u>		exempt statu			no) [49	47(a)(1) or 527	-			
<u>J</u>	Web	site: ► WW		JC.ORG		T		ip exemption ni		
K		of organization	X Corpora	ation Trust Associa	tion Other ►	L Year of Form	nation 19	99 M	State of le	gal domicile CA
Pa	rt I	Summa	_							
				ganization's mission or i						
ě				<u>AN JOAQUIN COU</u>						
aŭ				PUBLIC_EMPLOYE						
E.				INFORMATION_EQ						SERS(3)
Governance	4	Check this bo		if the organization disco			nore than	25% of its	1 _)	10
ळ				nbers of the governing b					3	
es	1		•	nt voting members of the eyees (Part V, line 2a)	e governing bod	y (Part VI, line 10)			5	0
Activities &			•	leers (estimate if necess	:anv)				6	25
Act	1			ousiness revenue from F		column (C)			7a	0.
	l .	-		s taxable income from F	•	• •			7b	0.
_		tet unrelated	Dusines	taxable intollic intilli	<u> </u>	<u> </u>		Dulas Vaas		
		Cantributions	and aran	sta (Part VIII. luna 1h)				Prior Year	398.	Current Year 343.
ē	1			nts (Part VIII, line 1h)		40,6		43,001.		
Revenue	1	9 Program service revenue (Part VIII, line 2g)10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							10.	1,487.
æ	1			art viii, column (A), iine III, column (A), lines 5, i		and 11a)		1,3	,10.	1,407.
	1			nes 8 through 11 (must				42,9	184	44,831.
									00.	500.
	I			ounts paid (Part IX, colu		-5)			,00.	300.
	I	· ·		members (Part IX, colu	_					
တ	15 5		•	nsation, employee bene						
Expenses	16a F	Professional t	fundraisir	ng fees (Part IX, column	(A), line 11e)					
×	b 7	Total fundrais	ing expe	nses (Part IX, column (I	D), line 25) 🟲 _		_	λ		
Ш	17 (Other expens	es (Part	IX, column (A), lines 11.	a-11d, 11f-24f)			45,6	512.	45,493.
	1	-		nes 13-17 (must equal F		(A), line 25)		46,1	12.	45,993.
				s Subtract line 18 from				-3,1		-1,162.
ъ 8					HEUE	VED	Rec	inning of Y		End of Year
Net Assets or Fund Balances	20 7	Total assets (Part Y I	ne 16)		0	Dec	77,2		76,185.
Ass	21	Total liabilitie		· · · · · · · · · · · · · · · · · · ·	MAY 18	2010			264.	315.
Ne S	20		•	l W	1	2010 80-52		77,0		75,870.
	22 1 art	Signati			fom line 20			11,0	132.	15,610.
F	art II	7 🙃			OGDER					
		Under penaltie true, correct a	s of perjury nd complete	I declare that I have examined be largition of preparer other	than officer) is based	on all information of which pre	tatements, a eparer has ar	nd to the best only knowledge	of my know	wleatge and belief, it is
c:			ואוני	Z (INNI)X	_		i	-/1	11	
Sig He	gn	Suzzak		100000	1 .				7/	<i>70</i>
пе	i C	Signature	T	7	DRAL	11 100		DEA	•	
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		rypergraph	int name an	u tite					In:-	anaror's identifican number
-	•		_		. 1	Date		Check if self-	(se	eparer's identifying number e instructions)
Pa		Preparer's	_ 1	- 2//////	'	5/14/		employed P	Ш	
Pro	e- rer's	signature	<u> </u>	une law			,,,		N/	<u>/A</u>
Us	15(2)	Firm's name (c				æ.				
Or		yours if self- employed),	► POS	T OFFICE BOX 16	07				I/A	
		address, and ZIP + 4	STO	CKTON, CA 95201	-1607			Phone no	(209) 943-2222
Ma	v tha IE	25 discuss th	ic roturn	with the preparer shows		etructione)				X Yes No

		//-050285	8		⊃age 2
Par	t ill Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
•	CEE COUEDINE O				
	PET SCHEDULE O				
			- - -		
				- - -	
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		_	
	Form 990 or 990-EZ?	1 1	Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
_		.a 🗆	V	কৌ	A1 -
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s' []	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses Se	ction 5	01(c)	(3)
•	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	ocations to ot	ners, t	he tot	àľ
	expenses, and revenue, if any, for each program service reported				
4:	(Code (Expenses \$ 500. including grants of \$ 500.) (Reve	enue \$)
	CHARITABLE CONTRIBUTIONS TO LOCAL ORGANIZATIONS				
	CHUNTIANTE CONTATIONS TO FOCUE ORGANIZATIONS				
	0 17 121				
41	(Code k) (Expenses \$ 17,131. including grants of \$) (Reverse)				
	BIMONTHLY NEWSLETTER AND NOTICES TO MEMBERS; MONTHLY LUNCHEON WITH S	SPEAKERS	<u>FOR</u>		
	MEMBERS; EDUCATIONAL SEMINARS				
					
40	(Code (Expenses \$ 9,705. including grants of \$) (Reverse)	enue \$)
	SUMMER PICNIC FOR MEMBERS; MEMBER CHRISTMAS PARTY; MEMBER CASINO TRI		R CR	UISI	<u> </u>
	OTHER MEMBER ACTIVITIES	- 4		===	
	OTHER MEMBER ACTIVITIES				
					
		_			
			_		_
		- -			
40	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	• Total program service expenses ► \$ 27,336. (Must equal Part IX, Line 25, column (B))				
	21, 3301 (must equal that the Est, column (b))				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	X_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		Х
ł	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
BAA		Form	990	(2008)

organization 'if 'Yes,' complete Schedule R, Part V, line 2

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete 28b Х Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Χ contributions? If 'Yes,' complete Schedule M Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

5. **TOTAL COORS!**

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

BAA

Part V, line 2

Form 990 (2008)

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35

36

1 41	Statements regarding other into rinings and rax compliants		Yes	No			
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		162	NO			
	Information Returns Enter -0- if not applicable 1a 0						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			· '			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			-			
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		X			
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If 'Yes,' enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts						
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		}			
6 a	Did the organization solicit any contributions that were not tax deductible?	6a		Χ			
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь					
7	Organizations that may receive deductible contributions under section 170(c).		***************************************				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a					
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b					
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?						
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f					
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a	-				
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12			1			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1			
	Section 501(c)(12) organizations. Enter			1			
	Gross income from other members or shareholders			1			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L			
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	Fe:::	000	(2000)			
BAA		Form	990 ((2008)			

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2.7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processor, or changes or Schedule O See instructions 1a Enter the number of voting members that are independent 2 Did any officer, director, fusities or key employee have a family relationship or a business relationship with any other officer, director, fusities or key employee." 2 Did the organization delegate control over management dulles customarily performed by or under the direct supervision of officers, director, fusities or key employee. 3 Dot the organization make any significant changes to its organizational documents surce the prior Form 990 was field? 5 Dot the organization have members, stockholders or other persons of the organization have members or stockholders? 5 Dots the organization have members, stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Det the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Describe the organization have members, stockholders, or other persons? 6 Does the organization have members, stockholders, or other persons? 8 Det the organization have members, stockholders, or other persons? 9 Describe the organization have members, stockholders, or other persons? 9 Describe the organization have be collected to approval by members, stockholders, or other persons? 9 Describe the organization have members, stockholders, or other persons? 10 Describe the organization have written places and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Is shere any officer, director in beve written places and procedures governing body before at was fileg? All organizations must except the interest policy? If you go to limit 13 Describes the process, or any, the organization uses to review the Fo	Sec	tion A.	Governing Bo	dy and Man	agemen	t			_					
b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees. 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, forefoot, froeters, or key employees to a management company or other person. 4 Did the organization make any significant changes to its organization and documents since the prior Form 990 was filed? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization have members, stockholders, or other persons? 10 Was a copy of the form 900 perioded to the organization of the governing body? 10 Was a copy of the Form 900 provided to the organization of specific soft organization. 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have a written conflict of interest policy? If No. 'go to line 13 12 Does the organization have a written conflict of interest policy? If No. 'go to line 13 13 Does the organization have a written conflict of interest policy? If No. 'go to line 13 14 Destine organization have a written conflict of interest policy? If No. 'go to line 13 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparishty data, and commensponents organization or the deliberation and decision a Theory organization have a written decinie	•	For each processe	'Yes' response to a s, or changes in So	ines 2-7b belo hedule O See	w, and for instructio	a 'No' respo ons	nse to lines 8	or 9b below,	describ	be the circ			Yes	No
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees or key employees. 3			•		-	-					10			
2 Dut any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employees. 3 Dut the organization delegate control over management duties outcomarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Dut the organization make any significant changes to its organization of others, directors or trustees, or key employees to a management company or other person? 5 Dut the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization become aware during the year of a material diversion of the organization's assets? 7 Diposes the organization become aware during the year of a material diversion of the organization's assets? 8 Define organization become aware during the year of a material diversion of the organization's assets? 8 Define organization become aware during the year of a material diversion of the organization's assets? 8 Define organization of the governing body subject to approval by members, stockholders, or other persons? 8 Define organization contemporaneously document the meetings held or written actions undertaken during the year by the following at The governing body? 9 a Does the organization have written policies and procedures overning the activities of such chapters, affiliates, and branches to ensure their organizations are consistent with those of the organization's mainting address? If Yes, provide the names and addresses in Schedule Office organization's mainting address? 9 Described the organization have a written conflict of interest policy? If No. 'go to lime 13 12 A Cobes the organization have a written organization's destruction policy? 13 A Cobes the organization have a written organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the delib	b		•		•									
of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Does the organization have local chapters, branches, or affiliates? 9 Did be a proper that authority to act on behalf of the governing body? 9 Does the organization have local chapters, branches, or affiliates? 9 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O 10 Was a copy of the Form 990 provided to the organizations uses to review the Form 990 SEE SCHEDULE O 11 Is there any officer, director or trustee, or key employee isted in Part VIII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule O 12 Does the organization have a written whistleblower policy? 12 Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 16 Did the organization have a written whistleblower policy? 15 Did the process for	2	Did any o officer, d	fficer, director, trus rector, trustee or k	stee, or key em ey employee?	nployee ha	ave a family r	elationship or	a business re	elations	ship with a	any other	2		X
since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Deses the organization have members or stockholders? 7a Deses the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Did the organization to a stockholders, or affiliates? 9 a Does the organization have local chapters, branches, or affiliates? 9 a Does the organization have local chapters, branches, or affiliates? 9 b If 'Yes', loss the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body, before it was filed? All organizations must describe in Schedule O the process, if any, the organization best to review the Form 990 SEE SCHEDULE O 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining addies? 'If 'Yes, 'provide the names and addresses in Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No, 'go to line 13 12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Obes the organization have a written obcument retention and destruction policy? 13 Dese the organization and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O (one his is done. 15 Did the proparation have a written belower policy? 16 Did the proparation have a written document retention and destruction policy	3	Did the o	rganization delegat s, directors or trust	e control over ees, or key em	managem ployees to	ient duties cu o a managem	istomarily perf nent company	formed by or or other pers	under t	he direct	supervision	3		
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b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed \(^\circ CA\) 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization \(^\circ JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430		Describe	the process in Sch	edule O (see	instruction	ns)								ŧ
In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430	16 a			n, contribute a	ssets to, c	or participate	ın a joint ven	ture or simila	r arran	gement w	ith a taxable	16a		X
17 List the states with which a copy of this Form 990 is required to be filed ► CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website □ X Upon request. 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430.	t .	in joint v	enture arrängemen	ts under applic	able feder	y or procedu ral tax law, a	re requiring th nd taken step	e organizatio s to safeguar	n to ev d the o	aluate its rganizatio	participation n's exempt		_ <u></u>	
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430 														
Inspection Indicate how you make these available Check all that apply. ☐ Own website ☐ Another's website ☐ X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430	17	List the s	tates with which a	copy of this Fo	orm 990 is	required to b	oe filed 🕨 _ C	<u>A</u>						
 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430 	18	Section 6	5104 requires an or n Indicate how yo <u>i</u>	ı make these a	available (Check all tha	t apply.	cable), 990, a	and 990	D-T (501(c)(3)s only) a	vaılab	le for _l	oublic
statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430		∐ Own	website		ebsite	X U	pon request							
► JERRY ARNELL 8741 WALNUT ACRES STOCKTON CA 95212 209-931-5430	19	Describe statemer	in Schedule O whe ts available to the	ther (and if so public	, how) the	e organizatior	n makes its go	verning docu	ments,	conflict o	f interest pol	icy, a	nd fina	ncial
					-						ds of the org	anızat	ion	
												Form	990 /	2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- · 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did no	ot compen	sate a	any (offic	er, (directo	or, tr	ustee, or key employe	ee	
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Checi	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARCEL LEDUC										
VICE PRESIDENT	2	Х		Х				0.	0.	0.
SALLY TANAKA										
SECRETARY	2	Х		Х				0.	0.	0.
JERRY ARNELL										
TREASURER	2	X		Х		<u></u>		0.	0.	0.
LARRY MILLS										
PRESIDENT	2	X		Х				0.	0.	0.
LINDA BEGLEY										
DIRECTOR	1	X						0.	0.	0.
PAT LYNCH										
DIRECTOR	1	X						0.	0.	0.
JOSEPH MCKEE										
DIRECTOR	1	X						0.	0.	0.
MARGARET MILLER										
DIRECTOR	1	X						0.	0.	0.
ROBERT PALMER	1							_	_	
DIRECTOR	1	X				ļ		0.	0.	0.
MIKE SMITH									_	_
DIRECTOR	1	X				ļ	<u> </u>	0.	0.	0.
		ļ								
	-									
	 						\vdash			
	1									

(A)
Name and business address

(B)
Description of Services

(C)
Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization > 0

Pa	र्द्धVIII Statement of Revenue		,		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S, GIFTS, GRANTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events. 1c d Related organizations 1d e Government grants (contributions) 1e	Signature of the state of the s	A page de constante de la cons		
CONTRIBUTIONS AND OTHER SIN	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	343.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Business Code 2 a MEMBERSHIP DUES & ASSESSMENTS b	43,001.	43,001.	Aller America abotem and a min e :	
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	43,001.	:		
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	1,487.			1,487.
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)				
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities			Signature and address of the state of	
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a b C		a water a constituent medican	and American addition and addition addition and addition and addition addition addition addition and addition additi	- 6 4 4 4 4 4 4 4.
	d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	44,831.	43,001.	0.	1,487.

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	500.	500.		ı
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			X :	,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		1111		
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
t	Legal	7,037.		7,037.	
C	Accounting	475.		475.	
c	i Lobbying				
e	Prof fundraising svcs See Part IV, In 17		\$	* 3 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2	
f	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses	367.		367.	
14	Information technology				
15	Royalties				
16	Occupancy	826.		826.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,591.		6,591.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	374.		374.	
	Insurance	500.		500.	***
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	POSTAGE AND SHIPPING	14,601.	14,601.		
	MEMBER ACTIVITIES	9,705.	9,705.		
	DUES	1,478.	1,478.		
	BOARD_EXPENSE	1,228.		1,228.	
•	PRINTING AND PUBLICATIONS	1,052.	1,052.		
	All other expenses	1,259.		1,259.	
_	Total functional expenses. Add lines 1 through 24f	45,993.	27,336.	18,657.	0.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA			-		Form 990 (2008)

Fe	πA	Balance Sneet	_				
	٠				(A) Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			75,802.	2	75,065.
	3	Pledges and grants receivable, net				3	•
	4	Accounts receivable, net				4	_
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	rs, trust	ees, key employees,		5	
	6	Receivables from other disqualified persons (as define		er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp				6	
Ą	7	Notes and loans receivable, net	,,,,,,			7	
ASSETS	8	Inventories for sale or use				8	
Ţ	9	Prepaid expenses and deferred charges				9	
,	-	Land, buildings, and equipment cost basis	10a	6,569.	***************************************		
		Less accumulated depreciation Complete Part VI of		- 0,003.			
		Schedule D	10Ь	5,449.	1,494.	10 c	1,120.
	11	Investments – publicly-traded securities	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	11	1,120.		
	12	Investments – publicly-traded securities Investments – other securities See Part IV, line 11	-		12		
	13	Investments – other securities See Fart IV, line 11	}		13		
	-				14		
	14	Intangible assets Other assets See Part IV, line 11	-		15		
	15	•	24)	<u> </u>	77,296.	16	76,185.
	16	Total assets Add lines 1 through 15 (must equal line	34)		11,290.	17	70,103.
	17	Accounts payable and accrued expenses		-		18	_
	18	Grants payable		-		19	
L	19	Deferred revenue		-		20	
Ī	20	Tax-exempt bond liabilities	-		21		
B	21	Escrow account liability Complete Part IV of Schedul				21	
I A B I L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons	key employees, Complete Part II	*		3
- 1		of Schedule L			22		
E S	23	Secured mortgages and notes payable to unrelated the	nird par	ties		23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			264.	25	315.
	26	Total liabilities. Add lines 17 through 25	71		264.	26	315.
N E T		Organizations that follow SFAS 117, check here ►	X an	d complete lines			ž
		27 through 29 and lines 33 and 34.					
A S S E		Unrestricted net assets			77,032.	27	75,870.
Ĕ	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete	4		Ž
FUZD		lines 30 through 34.					
D	30	Capital stock or trust principal, or current funds		<u> </u>		30	
B	31	Paid-in or capital surplus, or land, building, and equip	oment f	und [31	
Ä	32	Retained earnings, endowment, accumulated income	, or oth	er funds		32	
BALAZCES	33	Total net assets or fund balances.			77,032.	33	75,870.
_ <u>\$</u>	34	Total liabilities and net assets/fund balances			77,296.	34	76,185.
Pa	ırt X	Financial Statements and Reporting					
		counting method used to prepare the Form 990 \overline{X} over the organization's financial statements compiled or			Other		Yes No
-	b Were the organization's financial statements audited by an independent accountant?						2b X
	c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
		res to 2a or 2b, does the organization have a commit view, or compilation of its financial statements and sele a result of a federal award, was the organization requi					2c
3	Au	dit Act and OMB Circular A-133?	ii eu lu	undergo an addit or du	ans as set forth in the	Jirigic	3a X
_	b If "	Yes,' did the organization undergo the required audit o	r audits	37			3b
BA	A						Form 990 (2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization		Employer Identification number
RETIRED PUBLIC EMPLOYEES OF SAN	JOAQUIN	77-0502858
	Advised Funds or Other Similar Fun	ids or Accounts Complete if
the organization answered 'Yes' to	o Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		-
4 Aggregate value at end of year		
	and the second bold or be second bold or	oner oduced
5 Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	the benefit of the donor or donor advisor or oth	ner Yes No
Part II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by	the organization (check all that apply)	
Preservation of land for public use (e g , r	ecreation or pleasure) Preservation	of an historically important land area
Protection of natural habitat	Preservation	of certified historic structure
Preservation of open space		
2 Complete lines 2a-2d if the organization held a	a qualified conservation contribution in the form	n of a conservation easement on the last day
of the tax year		Held at the End of the Year
Tabal according to a second second		
a Total number of conservation easements		2a
b Total acreage restricted by conservation easer		26
c Number of conservation easements on a certification		2 c 2 d
d Number of conservation easements included in		
3 Number of conservation easements modified, year ►	transferred, released, extinguished, or termina	tied by the organization during the taxable
4 Number of states where property subject to co	onservation easement is located ►	_
5 Does the organization have a written policy re enforcement of the conservation easement it I	garding the periodic monitoring, inspection, vid holds?	olations, and Yes No
6 Staff or volunteer hours devoted to monitoring	· · · · · · · · · · · · · · · · · · ·	
7 Amount of expenses incurred in monitoring, in	-	
8 Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
conservation easements	to the organization's financial statements that o	describes the organization's accounting for
Part III Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
1 a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
b If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide the following
(i) Revenues included in Form 990, Part VIII,	line 1	► \$
(ii) Assets included in Form 990, Part X		►\$ ►\$
2 If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	for financial gain, provide the following
a Revenues included in Form 990, Part VIII, line	e 1	► \$
b Assets included in Form 990, Part X		* \$

schedule D (Form 990) 2008 REITF						002030		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, His	torical Tr	easures, or	Other Similar A	ssets (c	<u>ontin</u>	ued)
3 Using the organization's accession that apply)	n and other re	cords, check any of	the followin	g that are a sig	inificant use of its o	ollection i	tems (check all
• a Public exhibition		d Loa	n or exchan	ge programs				
b Scholarly research		e 🗌 Oth	er					
c Preservation for future gener	ations	_						
4 Provide a description of the orga Part XIV	nızatıon's colle	ctions and explain h	now they fur	ther the organiz	ation's exempt pur	pose in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to b	e maintained as pa	rt of the org	anızatıon's colle	ection?	Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arra an amount	ingements Com on Form 990, Pa	plete if or art X, line	ganization ai 21.	nswered 'Yes' to	o Form 9	}90, F 	art -
1a Is the organization an agent, trus included on Form 990, Part X?				ibutions or othe	er assets not	Yes	i	No
b If 'Yes,' explain the arrangement	ın Part XIV an	nd complete the follo	wing table					
						Amour	ıt	
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a	mount on Forr	n 990. Part X. line 2	117		<u> </u>	Yes		No
b If 'Yes,' explain the arrangement		555,	• •			٠٠٠ ليا		
Part V Endowment Funds Co		nanization answe	ered 'Yes'	to Form 990) Part IV line 1	0		
are v Endowment and co		<u> </u>		c) Two years back	(d) Three years ba		Four year	are back
	(a) Current y	ear (b) Prior y	real (c) Two years back	(a) Three years ba	CK (e)	rout yea	115 Dack
1 a Beginning of year balance								
b Contributions	· · · · · · · · · · · · · · · · · · ·		3	<u> </u>				
c Investment earnings or losses				1 1 ×		40)	<u> </u>	
d Grants or scholarships			8	<u> </u>			<u> </u>	
 Other expenditures for facilities and programs 					*		*	
f Administrative expenses								
g End of year balance	1							
2 Provide the estimated percentage	e of the year e	nd balance held as						
a Board designated or quasi-endov	-	*						
b Permanent endowment ►								
c Term endowment	v							
3a Are there endowment funds not i	n the possessi	on of the organization	on that are I	neld and admin	istered for the		Yes	No
organization by						20(1)	163	+ 110
(i) unrelated organizations						3a(i)		+
(ii) related organizations				_		3a(ii)		_
b If 'Yes' to 3a(II), are the related of	•	•		7		3b		
4 Describe in Part XIV the intended								
Part VI Investments—Land, B	<u>uildings, an</u>	ı d Equipment. S	ee Form 9	990, Part X,	line 10.			
Description of investment	(a) Cost or other bas (investment)		st or other s (other)	(c) Depreciation	(d)	Book ∖	/alue
1a Land								
b Buildings	Γ							
c Leasehold improvements	r							
d Equipment				6,569.	5,449		1	1,120
e Other	-			-,,,,,,,	5,117	+		.,
		m 000 Port V action		10(0)				120
Total. Add lines 1a-1e (Column (d) she	Juiu equal FOII	II 330, FAIL A, COIUI	nn (D), ime	10(6))		115		1,120.
BAA					Sch	nedule D (l	rorm 9	<i>1</i> 90) 200

	(Form 990) 2008 RETIRED PUBLIC EM				502858	Page 3
	Investments-Other Securities See F		e 12. N/A			
•	(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valuest or end-of-year m	uation arket value	
	derivatives and other financial products					
Closely-he	eld equity interests			<u> </u>		
Other						
		-				
		-				
		-				
		-		·		
Total. (Colum	ımn (b) should equal Form 990 Part X, col (B) line 12)		X Y	>, ' 1 		
Part VIII	I Investments-Program Related (See	Form 990, Part X, III	ne 13) N	I/A		
	(a) Description of investment type	(b) Book value	Co	(c) Method of val	uation	
				st or end-of-year m	arket value	
		+				
						.,
				W 0.4		
	nn (b)(should equal Form 990, Part X, Col (B) line 13) Other Assets (See Form 990, Part X,		· ***		* * * * * * * * * * * * * * * * * * * *	è
Parteix	<u> </u>	escription			(b) Book	k value
	(4)	Comption			(2) 200.	
		·				
						
-						
Total, Colu	umn (b) Total (should equal Form 990, Part X, c	ol (B), line 15)		•	.	
Part X	Other Liabilities (See Form 990, Part					<u> </u>
<u> </u>	(a) Description of Liability	(b) Amount	- 3	· ·		
Federal In	ncome Taxes			* ;		
CREDIT	CARD PAYABLE	315	<u>5.</u>		ž	
					? % 4	
						<i>₹</i> ,
	<u> </u>					}
		-			* ************************************	1 2
	- Aug		+		. & 1	
	·					
Total Colum	nn (b) Total (should equal Form 990, Part X, col (B) line 25)	► 31!	5.	*		* ; j
In Part XIV	V, provide the text of the footnote to the organiz			he organization's lia	ability for uncer	rtain tax
positions (under FIN 48					

Sche		<u>77-0502858 </u>	Page 4		
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	N/A			
1	Total revenue (Form 990, Part VIII,column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25).				
٠ 3	Excess or (deficit) for the year Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net) Add lines 4-8				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return N/A			
1	Total revenue, gains, and other support per audited financial statements	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
	Net unrealized gains on investments				
I	Donated services and use of facilities 2b				
•	: Recoveries of prior year grants				
(Other (Describe in Part XIV)				
(Add lines 2a through 2d	2 e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
;	Investments expenses not included on Form 990, Part VIII, line 7b				
1	Other (Describe in Part XIV)				
	Add lines 4a and 4b	4c			
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5			
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return N/	A		
1	Total expenses and losses per audited financial statements	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	\$ \$			
i	Donated services and use of facilities 2a	*			
l	Prior year adjustments 2b				
•	Losses reported on Form 990, Part IX, line 25	`			
(1 Other (Describe in Part XIV)				
(e Add lines 2a through 2d	2 e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
•	Investments expenses not included on Form 990, Part VIII, line 7b.				
l	Other (Describe in Part XIV)				
(Add lines 4a and 4b	4c			
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5			
Pa	t XIV Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b					
					
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Schedule **D** (Form 990) 2008

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Scheaule D	(FOITH 990) 2008	Page 5
Part∛XIV	Supplemental Information (continued)	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Isternal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization RETIRED PUBLIC EMPLOYEES OF SAN JOAQUIN COUNTY	Employer identification number 77–0502858			
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION				
THE OBJECTIVES OF RETIRED PUBLIC EMPLOYEES OF SAN JOAQUIN COU	NTY ARE TO (1) PROMOTE			
THE WELFARE OF SAN JOAQUIN COUNTY RETIRED PUBLIC EMPLOYEES AN	D THEIR BENEFICIARIES,			
(2) PROVIDE CURRENT EDUCATION AND INFORMATION FOR EMPLOYEES ABOUT TO RETIRE AND				
OTHER MEMBERS, (3) ADVOCATE, PARTICIPATE IN AND.OR PROMULGATE LEGISLATION AND POLICY				
AFFECTING RETIREES, (4) PUBLISH AND DISTRIBUTE A NEWSLETTER F	OR THE BENEFIT OF THE			
MEMBERSHIP, AND (5) COORDINATE LEGISLATION AND POLICY AFFECTI	NG RETIREES.			
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS				
KEY MEMBERS OF THE GOVERNING BODY REVIEWED FORM 990 PRIOR TO	BEING FILED.			
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TEEA4901L 12/19/08