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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For th	he 2012 calend	dar year, or tax year beginning 7/0	1 , 20	12, and ending	6/30	,	2013
		ıf applicable	С				mployer Identific	
	Пас	ddress change	RETIRED PUBLIC EMPLOYEES	OF SAN JOAOI	ITN	1 -	77-05028	58
	H	ame change	COUNTY	or bim bong	7111		elephone number	
	H	•	P.O. BOX 8556				•	
	\vdash	itial return	STOCKTON, CA 95208-0556			<u></u>	<u>(209) 93</u>	1-5430
	∐™	erminated	,					
	∐ Ar	mended return					ross receipts \$	48,891.
	Ap	pplication pending	F Name and address of principal officer			i(a) Is this a group		
	_		SAME AS C ABOVE		۲	(b) Are all affiliate If 'No,' attach	es included?	yetyons) Yes No
$\overline{\Gamma}$	Tax-	exempt status	' 	sert no.) 4947(a)(1) or 527	ii No, attacri	a list (see instit	uctions)
J			W.RPESJC.ORG			I(c) Group exempt	tion number	
K		n of organization	X Corporation Trust Association	Other ►	L Year of Formation		M State of leg	al domicile CA
				Other	L Tear of Pormatic	1333	IN State of leg	al domicile CA
Pa	ırt I	Summar	y	namificant activities.				
	1		be the organization's mission or most s					
ė			S_OF_SAN_JOAQUIN_COUNTY					
ă	ļ		ETIRED PUBLIC EMPLOYEES				OVIDE_C	
E.	_		<u> N AND INFORMATION FOR EM</u>					
Governance	2		ox - if the organization discontinu		disposed of mor	e than 25% o		
	1 -		oting members of the governing body (f	· · · · · ·	lima 1h)		3	12
S	4		dependent voting members of the gove				4	12
₩	5		r of individuals employed in calendar ye	ear 2012 (Part V, line	e 2a)		5	0
Activities &	6		r of volunteers (estimate if necessary)		•		6	25
Ā			ed business revenue from Part VIII, col	• • •			7 a	0.
	D	ivet unrelated	d business taxable income from Form 9	190-1, line 34			7 b	0.
	_					Prior Y		Current Year
<u>o</u>	8		and grants (Part VIII, line 1h)				491.	903.
Ž	9	-	vice revenue (Part VIII, line 2g)			4	5,078.	47,462.
Revenue	10		ncome (Part VIII, column (A), lines 3, 4				396.	526.
Œ	11		ie (Part VIII, column (A), lines 5, 6d, 8d				295.	
_	12		e – add lines 8 through 11 (must equal		A), line 12)	4	6,260.	48,891.
	13	Grants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)			650.	800.
	14	Benefits paid	l to or for members (Part IX, column (A	4), line 4)				
	15	Salaries, oth	er compensation, employee benefits (F	art IX, column (A), I	ınes 5-10)			
ses	16a	Professional	fundraising fees (Part IX, column (A),	line 11e)				<u>.</u> :
Expenses							-	
; <u> </u>	0		sing expenses (Part IX, column (D), lin	· -			<u> </u>	
	17		ses (Part IX, column (A), lines 11a-11d				4,391.	41,491.
	18	Total expens	es Add lines 13-17 (must equal Part I) s expenses Subtract line 18 from line	X,-column-(A)-line-2	5)	3	35,041.	42,291.
	19	Revenue less	s expenses Subtract line 18 from line	12 REVELV		1	.1,219.	6,600.
8					181	Beginning of C	Current Year	End of Year
1904	20	Total assets	(Part X, line 16)	8 FEB 20	2014		5,638.	102,238.
\$ T	21	Total liabilitie	es (Part X, line 26)	0 100	1001		0.	0.
Net Assets Find Belend	22	Net assets o	r fund balances Subtract line 21 from l	line 20	쓸		5,638.	102,238.
D				COCDEN	. 3î - -		3,030.	102,236.
	art II	Signatu	7-1					
Corr	er pena plete C	alties of periory, I d Declaration of prepa	eclare that I blave examined this return, including ac arer lottler than officer) is based on all information o	companying schedules and if which preparer has any ki	statements, and to the statements of the statements.	ne best of my know	viedge and belief	f, it is true, correct, and
						T -7	11-1	<u>/</u>
		Signati				Date	4 / /c	! 0/4
Si	gn	, / Signati				Date /	. / / .	
He	ere		/					
		Type	,					
		Print/Type	deparer's name Prepare 's sig	nature / /	Date	Check	k lf P	TIN
Pa	id	PAUL	U. VANDER VEEN AUL	\ \.	2/12/2	oly self-e	employed E	201430036
	epar	1		AND VANDER VI	EEN, INC			<u></u>
Us	se Or	nly Firm's addr		TE 141	,	Firm's	s EIN ► 46-	2854746
	. •	3 addi	STOCKTON, CA 95219	/±44 ±3±				
140	u the	IDS discuss 4		io2 (coo inchrications	`	Phone	* 110 (ZU9) 938-1010
IVI	y uie	ino discuss ti	his return with the preparer shown abov	ve: (See mistructions	,			X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

TEEA0113L 12/18/12

	990 (2012) RETIRED PUBLIC EMPLOYEES OF SAN JOAQUIN	77-050	0285	8	Р	age 2
Par	I'lll Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission					
	SEE 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?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O				_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.					
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gothers, the total expenses, and revenue, if any, for each program service reported	es, as me rants and	easure alloca	d by e tions t	expen 0	ses
4 a	(Code) (Expenses \$ 21,135. including grants of \$) (Rev	venue \$	3			
	BIMONTHLY NEWSLETTER AND NOTICES TO MEMBERS; MONTHLY LUNCHEON WITH			FOI		—´
	MEMBERS; EDUCATIONAL SEMINARS				<u>`</u>	
	MINDLES, EDUCATIONE DESIGNATION OF THE PROPERTY OF THE PROPERT					
	SUMMER PICNIC FOR MEMBERS; MEMBER CHRISTMAS PARTY; MEMBER CASINO TOTHER MEMBER ACTIVITIES			 	 	
4.	: (Code) (Expenses \$800. including grants of \$800.) (Re	ovenue !		 	 	
40	CHARITABLE CONTRIBUTIONS TO LOCAL ORGANIZATIONS					
		 	·	 	 	· — — ·
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses ► 33, 493.					
BAA	TEEA0102L 08/08/12			Forr	n 990	(2012)

			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 (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u> </u>
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, for escrow or custodial account liability, 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	****	· ***	
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13		X
		14a		_^
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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, Parts II and IV	15		х
16	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, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			162	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 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 lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
b	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	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	Х
ŧ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		х
BAA		Forn	9 90	(2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
officer in obligation of contains a response to any question in this hart v		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	.03	110
			Ì
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	i c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	의 _ [
	2 b		<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			x
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 a		
	3 D		
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)?	4 a		х
b If 'Yes,' enter the name of the foreign country	4		
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			ļ <u>, ,</u>
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	,	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- ₹ 7a	*** * * *	·
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		-
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		· ·
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	-	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter		-	İ
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	٦		ļ
11 Section 501(c)(12) organizations. Enter	7		
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources	7		
against amounts due or received from them)			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		_	ĺ
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers of key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X **b** If 'Yes,' did the organization follow 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? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 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 X Upon request Another's website Other (explain in Schedule O) 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 during the tax year SEE SCHEDULE O 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 TEEA0106L 08/08/12 Form 990 (2012)

Form 990 (201	12) RETIRED	PURI.TC	EMPLOYEES	OF	SAN	.TOAOIITN
(20 L	(c) RETIRED	LODDIC	ENT HOTERS	O.L	OUM	OOUGOIN

77-0502858

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- 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) of 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.

Kill Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<u> </u>	T			(C	<u>, </u>					
(A) Name and Title	(B) Average hours per	one bo	x, un	not o	check erso	more to n is both or/trusted	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DAN DEANGELIS	00									
DIRECTOR	0							0.	0.	0.
(2) JERRY HERRMANN	0	ļ '								
DIRECTOR	0						_	0.	0.	0.
(3) MARCEL LEDUC	2							_		
DIRECTOR	0	X			_			0.	0.	0.
_(4) SALLY TANAKA	2	٠,,		,,						^
SECRETARY	0	X		X				0.	0.	0.
(5) JERRY ARNELL	2	ļ "		х				0.	0.	0.
TREASURER (6) LARRY MILLS	2	X	\vdash				 	Ų.	0.	U.
PAST PRESIDENT		Х		х				0.	0.	0.
(7) LINDA BEGLEY	1			Λ				0.		0.
DIRECTOR		x						0.	0.	0.
(8) PAT LYNCH	1								<u> </u>	<u>_</u>
DIRECTOR		Х						0.	l o.	0.
(9) JOSEPH MCKEE	1									
VICE PRESIDENT	-	X	İ	X		l		0.	0.	0.
(10) ROBERT PALMER	1									***
PRESIDENT	0	X		Х				0.	0.	0.
(11) RICHARD CALLISTRO	11									
DIRECTOR	0	X				ļ		0.	0.	0.
(12) MIKE SMITH	11	ļ			Ì					
DIRECTOR	0	X_	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(13)		+								
(14)										
	1		<u> </u>		_					

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck	ition more	than o	one an	(D) Reportable	(E) Reportable	(F	F)	
	week (list any hours for related organiza - tions below dotted line)	or director		_		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount compe from organi and ri organi	nsatior i the ization elated	n
(15)												
(16)												
(17)												
(18)		-										
(19)						,						
(20)		-										
(21)										-		
(22)			-									
(23)												
(24)												
(25)												
1 b Sub-total	ļ			ı	1		>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A						•	0.	0.			0.
2 Total number of individuals (including but not limited to from the organization)	those I	ısted	abo	ve) v	who	recen	ved			pensation		<u> </u>
Hom the organization										,	res	No
3 Did the organization list any former officer, directs on line 1a? If 'Yes,' complete Schedule J for such	r or tru: <i>individi</i>	stee, <i>ıal</i>	key	em	ploy	ee, c	r hi	ighest compensat	ed employee	3		X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportab than \$1	le co 150,0	mpe 00?	ensa If "	ation Yes'	and com _i	oth olet	er compensation <i>e Schedule J for</i>	from	a p	(((((((((((((((((((X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	nsatio	on fr ched	om dule	any <i>J f</i> c	unre	late :h p	ed organization or erson	ındıvıdual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	atod ind	onon	don	+ 00	ntra	otors	tha	at recoved more	baa \$100 000 of		_	
compensation from the organization. Report compensation	ation for	the c	aler	idar	year	endi	ng v	with or within the o	rganization's tax yea			
Name and business addre	ss							Description	of services	Compens	satio	n
	_											
2 Total number of independent contractors (including bu	t not lim	nted t	n th	nse	listo	d aho	ve)	who received more	e than			
\$100,000 in compensation from the organization			.~ ur				<i>,</i> ,	o received indic	, and I	····		

		Check if Schedule O	contains a	respons	e to any questi	on in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N S	1 a	Federated campaigns.		1 a					
3 2	b	Membership dues		1 b					
Z Z	С	Fundraising events		1 c					
등질	d	Related organizations	_	1 d				,	
옹희	е	Government grants (contribution	ons)	1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, g similar amounts not included a Noncash contributions include	above	1 f	903.				
ਤੁ ₹	_	Total. Add lines 1a-1f	u III III5 14-11.	ې					
PROGRAM SERVICE REVENUE		Total. Add lilles Ta-11			Business Code	903.			
	2 a	MEMBERCHIE DHEC C	a concerna	-	Dusiness cout	47,462.	47,462.		
쮼	b	MEMBERSHIP_DUES_&	HOOF OWE	712		47,402.	47,402.		•••
3						<u> </u>			-
5	4						-		
*	-					<u> </u>			
8	•	All other program service						<u>.</u> .	. = .
옱		Total. Add lines 2a-2f	oc revenue	<u> </u>		47,462.	*		
	<u>-</u> -	Investment income (inc	ludina dona	donde u	atoract and	47,402.			
	3	other similar amounts)	lualing aivid	ienas, ii	nerest and	526.			526.
ĺ	4	Income from investmen	t of tax-exe	empt bo	nd proceeds	. 0201			020.
	5	Royalties				,			
			(ı) Rea	1	(ii) Personal				
	6 a	Gross rents				1		` %	
	b	Less. rental expenses				1		*	
	С	Rental income or (loss)					,		,
	d	Net rental income or (lo	oss)		•				*
	7 a	Gross amount from sales of	(ı) Securit	ties	(II) Other				
	, a	assets other than inventory					`% &* *		
	Ь	Less, cost or other basis						,	
		and sales expenses							
	С	Gain or (loss)			•			,	
	d	Net gain or (loss)		•	•		1		
N.	8 a	Gross income from fund (not including \$							
OTHER REVENU		of contributions reporte	d on line 1	c)			1	, _% ,,	
2		See Part IV, line 18		a				×	
籄		Less direct expenses		b			/**	T-MET 1985 A A MA B AAC &	
0	C	Net income or (loss) from	om fundrais	sing ev <u>e</u>	nts •	•			
		Gross income from gan See Part IV, line 19	ning activiti	ies a					
		Less direct expenses		b∟		J			
	C	Net income or (loss) from	om gamıng	activitie	es •	1			
		Gross sales of inventor and allowances		rns a					
		Less cost of goods sol		b	_	<u></u>			
	С	Net income or (loss) from		finvento				ļ	
		Miscellaneous Reven	ue		Business Code				
	_	MISCELLANEOUS_		90	0099				
	b C	·							
	d	All other revenue	-						
	е	Total. Add lines 11a-11	d			·			
	12	Total revenue. See ins	tructions			48,891.	47,462.	0.	526.

Par	rt IX Statement of Functional Exp	enses			
Sect	tion 501(c)(3) and 501(c)(4) organizations must	complete all columns All of	her organizations must co	omplete column (A)	
	Check if Schedule O contains				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to government and organizations in the United States Ser Part IV, line 21	ts e 800.	800.		
2	Grants and other assistance to individuals the United States See Part IV, line 22				
3	Grants and other assistance to governmenorganizations, and individuals outside the United States 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 accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)	· · · ·			
ā	a Management				
ŧ	b Legal .				·
(c Accounting	12.		12.	
•	d Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
g	f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13		020		020	
14		930.		930.	·
	53				
15	•				
16	• •				
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	, ,	3,476.		3,476.	
20			-		
21	•				
22	, , ,	336.		336.	
	Insurance Other expenses Itemize expenses not covered above (List miscellaneous expens in line 24e If line 24e amount exceeds 10 of line 25, column (A) amount, list line 24e expenses on Schedule O)	%		749.	
	a POSTAGE AND SHIPPING	18,280.	18,280.		
	b MEMBER ACTIVITIES	11,558.	11,558.	- "	
	c PRINTING AND PUBLICATIONS	2,215.	2,215.		
	d TELEPHONE	1,054.	2,213.	1,054.	· <u>·</u>
	e All other expenses	2,881.	640.	2,241.	
	Total functional expenses. Add lines 1 through 24e	42,291.	33,493.	8,798.	0.
	·	72,231.	33,433.	0,130.	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part'X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 94,716. 101,652. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . 8. 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 6,716 10 b 6,130 10 c b Less: accumulated depreciation 922 586. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 95,638 16 102,238 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities. Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, ŵ key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 102,238. ASSETS Unrestricted net assets 95,638 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 é Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

102,238. Form **990** (2012)

102,238.

33

34

95,638

95,638.

Forn	1990 (2012) RETIRED PUBLIC EMPLOYEES OF SAN JOAQUIN	77-0502858		Pag	ge 12		
Pa	t'XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	8,8	91.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	2,2	91.		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9		38.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6	_				
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10	2,2	38.		
Pa	t∗XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			2,	***		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				*		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revseparate basis, consolidated basis, or both	newed on a			1		
	Separate basis Consolidated basis Both consolidated and separate basis						
	Were the organization's financial statements audited by an independent accountant?		2 Ь	ļ	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both'	parate					
	Separate basis Consolidated basis Both consolidated and separate basis		*	3			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	iudit,	2 c				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	l audit	3 b				
BA			Form	990 ((2012)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

COUNTY	AN JOAQUIN	77-0502858
Part I Organizations Maintaining De	onor Advised Funds or Other Similar Fu	
the organization answered 'Ye	es' to 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		
5 Did the organization inform all donors and are the organization's property, subject to	d donor advisors in writing that the assets held in c	donor advised funds Yes No
6 Did the organization inform all grantees, of for charitable purposes and not for the be impermissible private benefit?	donors, and donor advisors in writing that grant fur nefit of the donor or donor advisor, or for any othe	nds can be used only er purpose conferring Yes No
Part II Conservation Easements. Co	omplete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
	ld by the organization (check all that apply)	
Preservation of land for public use (e	g , recreation or education) Preservation	of an historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organizat last day of the tax year	tion held a qualified conservation contribution in the fo	rm of a conservation easement on the
last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easements		2 a
b Total acreage restricted by conservation e	easements	2 b
c Number of conservation easements on a		2c
	ded in (c) acquired after 8/17/06, and not on a hist	
structure listed in the National Register	ded in (c) acquired after 8/17/00, and not on a mist	2 d
3 Number of conservation easements modified tax year ►	, transferred, released, extinguished, or terminated by	the organization during the
4 Number of states where property subject to c	conservation easement is located >	
5 Does the organization have a written police and enforcement of the conservation ease	cy regarding the periodic monitoring, inspection, hiements it holds?	andling of violations, Yes No
6 Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation easements	s during the year
7 Amount of expenses incurred in monitoring, \$\\$	inspecting, and enforcing conservation easements dur	ing the year
8 Does each conservation easement reporter and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization re include, if applicable, the text of the footr conservation easements	ports conservation easements in its revenue and expende to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Part III Organizations Maintaining C Complete if the organization	ollections of Art, Historical Treasures, on answered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
art, historical treasures, or other similar asse	under SFAS 116 (ASC 958), not to report in its revets held for public exhibition, education, or research in financial statements that describes these items	renue statement and balance sheet works of furtherance of public service, provide,
	under SFAS 116 (ASC 958), to report in its revenueld for public exhibition, education, or research in furth	
(i) Revenues included in Form 990, Part	VIII, line 1	► \$
(ii) Assets included in Form 990, Part X		► \$
	art, historical treasures, or other similar assets for fina FAS 116 (ASC 958) relating to these items.	ancial gain, provide the following
a Revenues included in Form 990, Part VIII	, line 1	> \$
b Assets included in Form 990, Part X		▶ \$

Part III Organizations Mainta	ining Collec	ctions of Art, Histo	rical Treasures, or	Other Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, an	d other records, check a	ny of the following that ar	e a significant use of its	collectio	n	
a Public exhibition							
b Scholarly research		e Other					
c Preservation for future gener	rations	_					
4 Provide a description of the organiz Part XIII	zation's collection	ns and explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather ti	han to be mair	itained as part of the o	rganization's collection	7	Yes		No
Part IV Escrow and Custodial Arr	angements. C	omplete if the organization	ation answered 'Yes' to	Form 990, Part IV, Iir	ne 9, or		
reported an amount o	n Form 990,	Part X, line 21.					
1 a Is the organization an agent, true on Form 990, Part X?				ner assets not included	Yes		No
b If 'Yes,' explain the arrangement	i in Pari Ain ai	ia complete the followi	ng table		A		
c Beginning balance				1 c	Amoun	ι	
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				16			
2 a Did the organization include an a	amount on Fori	n 990. Part X. line 21?			Yes	$\overline{}$	No
b If 'Yes,' explain the arrangement				I in Part XIII		H	⊣""
						L	
Part V Endowment Funds. C	complete if t	he organization an	swered 'Yes' to Fo	rm 990, Part IV, lir	ne 10.		
	(a) Current			(d) Three years		our yea	rs
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships.							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentag	e of the currer	it year end balance (lin	e 1g, column (a)) held	as			
a Board designated or quasi-endown		 %					
b Permanent endowment	 %	_					
c Temporarily restricted endowmen		<u> </u>					
The percentages in lines 2a, 2b,	and 2c should	equal 100%.					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No							
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related	organizations l	isted as required on Sc	chedule R?		3b		
4 Describe in Part XIII the intende	d uses of the o	rganization's endowme	ent funds				
Part VI Land, Buildings, and	Equipment.	See Form 990, Pa	art X, line 10.				
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land	Ĺ						
b Buildings	Ĺ						
c Leasehold improvements	Ĺ						
d Equipment	Ļ		6,716.	6,130.			586.
e Other				,			
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 586.							
BAA				Sched	lule D (Fo	orm 990) 2012 ~

77-0502858 Page **2**

Schedule D (Form 990) 2012 RETIRED PUBLIC EMPLOYEES OF SAN JOAQUIN

BAA

Schedule [(Form 990) 2012	RETIRED PUBLIC EMI	PLOYEES OF SAN	JOAQUIN	77-0502858	Page 3
Part VII	Investments -	- Other Securities. See	Form 990, Part X,	line 12. N	/A	
	(a) Description of s	security or category me of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value	
(1) Financ	ial derivatives	37				
	-held equity interes	sts				
(3) Other				-		
					_	
(A) (B) (C)						· · · ·
(C)						
(D)						
(E)						
(F)						
<u>(G)</u>						
(H)						
(l)						
		 990, Part X, column (B) line 12)			<u> </u>	
		- Program Related. See	1	line 13	N/A	
Part VIII	(a) Description of		(b) Book value	Tille 13.	(c) Method of valuation Cost or	
	(a) Description of	i iivesiiient type	(b) Book value		end-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)			<u>"</u>			
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colur	nn (b) must equal Form S	990, Part X, column (B) line 13)	-			
Part IX		See Form 990, Part X,	line 15. N/A	Ţ		
	1.		scription	•	(b) Book v	alue
(1)						
(2)						
(3)						
(4)						
(5)			· · · · · · · · · · · · · · · · · · ·			
(6)				_		•
(7)						• •
(8)						
(9)						
(10)			·-			
Total. (Co	olumn (b) must equ	al Form 990, Part X, column ((B), line 15)		>	
Part X	Other Liabiliti	es. See Form 990, Part	X, line 25.			
		otion of liability	(b) Book value			
(1) Fede	eral income taxes				* ;	
(2)			·			
(3)	 -					
(4)	<u> </u>					
(5)						
(6)						
(7)			<u> </u>			
(8)			_			
(9)		· · · · · · · · · · · · · · · · · · ·	- 			
(10)			-			
(11)						
	mn (h) must equal Form	990, Part X, column (B) line 25.)	•			
				I statements that re	eports the organization's liability for uncertain tax	r positions
		if the text of the footnote has been pro		, caroments that i	eporto the organization's hability for uncertain (a)	, positions
RΔΔ			TEE 422021 12/23/12	· ·	Schedule D (Form 90	<u> </u>

Schedule D	(Form 990) 2012 RETIRED PUBLIC EMPLOYEES OF SA	N JOAQUIN	77-0502858	Page 4
Part'XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return N/A	
1 Total	revenue, gains, and other support per audited financial statements		1	
2 Amou	nts included on line 1 but not on Form 990, Part VIII, line 12			
a Net u	nrealized gains on investments	2 a		
b Dona	ed services and use of facilities	2 b		
c Reco	veries of prior year grants.	2 c		
d Other	(Describe in Part XIII.)	2 d		
e Add I	nes 2a through 2d		2 e	
3 Subtr	act line 2e from line 1		3	
4 Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.			
a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other	(Describe in Part XIII.)	4 b		
c Add I	nes 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4 c	
5 Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 12)	5	
Part XII	Reconciliation of Expenses per Audited Financial Sta	atements With Expens	es per Return N/A	
1 Total	expenses and losses per audited financial statements.		1	
2 Amou	ints included on line 1 but not on Form 990, Part IX, line 25			
a Dona	ted services and use of facilities	2 a		
b Prior	year adjustments	2 b		
c Other	losses	2 c		
d Other	(Describe in Part XIII)	2 d		
e Add I	nes 2a through 2d	•	2 e	
3 Subtr	act line 2e from line 1		3	
	ints included on Form 990, Part IX, line 25, but not on line 1:		**	
	tment expenses not included on Form 990, Part VIII, line 7b	4 a		
	(Describe in Part XIII.)	4 b		
	ines 4a and 4b	10 \	4c	
	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, In	ine 18)	5	
-	Supplemental Information			
line 4; Pari	his part to provide the descriptions required for Part II, lines 3, 5, ai X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. A	nd 9, Part III, lines Ia and 4	, Part IV, lines 1b and 2b, Part IV, lines 1	art V, ion — — — — —
				-
BAA			Schedule D (Form 9	100) 2012
BAA			Schedule D (Form 9	201 ZUIZ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

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	THEIR BENEFICIARIES,			
(2) PROVIDE CURRENT EDUCATION AND INFORMATION FOR EMPLOYEES A	BOUT 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 11B - FORM 990 REVIEW PROCESS	·			
KEY MEMBERS OF THE GOVERNING BODY REVIEWED FORM 990 PRIOR TO	BEING_FILED			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE			
NO DOCUMENTS AVAILABLE TO THE PUBLIC.				
	·			

(Rev January 2013)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or RETIRED PUBLIC EMPLOYEES OF SAN JOAOUIN print COUNTY 77-0502858 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for P.O. BOX 8556 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions STOCKTON, CA 95208-0556 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Return **Application** Application Return Is For Code Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 ٥7 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 The books are in the care of JERRY ARNELL Telephone No ► 209-931-5430 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and EINs of all members check this box If it is for part of the group, check this box the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 14 , to file the exempt organization return for the organization named above The extension is for the organization's return for

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3 b S 0.

Initial return

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions ______ 3 c | \$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

X tax year beginning 7/01 , 20 12 , and ending 6/30 , 20 13

If the tax year entered in line 1 is for less than 12 months, check reason

calendar year 20

payment instructions

Change in accounting period

0.

| Final return