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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

## 2010

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)  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file  
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000  
and total assets less than \$500,000 at the end of the year may use this form  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

**A** For the 2010 calendar year, or tax year beginning 2010, and ending 2010

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Address <b>WESTERN REGIONAL CHAPTER-N.A.P.G.C.M.</b> 2495 TRUXTUN RD #205 SAN DIEGO, CA 92106-6159	<b>D</b> Employer identification number 33-0570349
		<b>E</b> Telephone number 619-450-4300
		<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: WESTERNGCM.ORG

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c)( 6 ) ◀ (insert no)  4947(a)(1) or  527

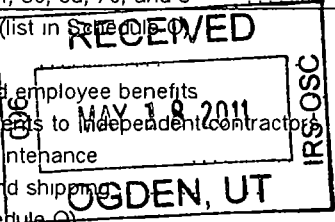
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 89,600.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	67,537.
<b>3</b>	Membership dues and assessments	<b>3</b>	21,750.
<b>4</b>	Investment income	<b>4</b>	313.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	89,600.
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	2,043.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	149.
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	80,027.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	82,219.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	7,381.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	74,876.
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	82,257.



SEE SCHEDULE O

REVENUE  
EXPENSES  
ASSETS

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

A



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> 37a   0.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A, section 4912 <b>▶</b> N/A; section 4955 <b>▶</b> N/A		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> NONE		

**42a** The organization's books are in care of **▶ ANNE ROSENTHAL** Telephone no **▶ 925-937-2018**  
 Located at **▶ 1808 TICE VALLEY BLVD. WALNUT CREEK CA** ZIP + 4 **▶ 94595**

	Yes	No
<b>b</b> 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)? If 'Yes,' enter the name of the foreign country: <b>▶</b> _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <b>▶</b> _____	42c	X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here **▶**  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 43 | N/A

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: AMY ABRAMS Date: 5/13/11  
 Type or print name and title: AMY ABRAMS TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: BRIAN R MAH Preparer's signature: Brian R Mah Date: 5/9/11  
 Check  if self-employed PTIN: P00522319  
 Firm's name: MAH & ASSOCIATES, LLP  
 Firm's address: 201 CALIFORNIA STREET, SUITE 411  
SAN FRANCISCO, CA 94111  
 Firm's EIN: 94-3342694  
 Phone no: (415) 981-1111

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

BAA

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

WESTERN REGIONAL CHAPTER-N.A.P.G.C.M.

Employer identification number

33-0570349

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS THE DEVELOPMENT, ADVANCEMENT AND PROMOTION OF HUMAN AND DIGNIFIED SOCIAL, PSYCHOLOGICAL AND HEALTH CARE FOR THE ELDERLY AND THEIR FAMILIES THROUGH ASSESSMENT, COUNSELING, TREATMENT AND THE DELIVERY OF CONCRETE SERVICES, BY QUALIFIED PROVIDERS. THE WESTERN REGIONAL CHAPTER OF THE NATIONAL ASSOCIATION OF PROFESSIONAL GERIATRIC CARE MANAGERS IS COMMITTED TO ASSURING THE HIGHEST QUALITY OF CARE FOR THE ELDERLY AND THEIR FAMILIES THROUGH COUNSELING, EDUCATION, ADVOCACY AND STANDARDS OF PRIVATE PRACTICE.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION HOLDS AN ANNUAL CONFERENCE TO TRAIN MEMBERS IN THE SKILLS NEEDED TO PROVIDE THE HIGHEST QUALITY OF CARE FOR THE ELDERLY AND THEIR FAMILIES THROUGH COUNSELING, EDUCATION ADVOCACY AND STANDARDS OF PRIVATE PRACTICE. IN ADDITION, THE CHAPTER MAINTAINS A WEBSITE, HOLDS LOCAL CLUSTER MEETINGS AND PROVIDES PUBLIC POLICY UPDATES.

INCLUDES FOREIGN GRANTS: NO

CLIENT WES2210

WESTERN REGIONAL CHAPTER-N.A.P.G.C.M.

33-0570349

5/09/11

10 56AM

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

BANK CHARGE	\$ 35.
CONFERENCES, CONVENTIONS, AND MEETINGS	77,927.
GIFTS & AWARDS	100.
INSURANCE	1,339.
MARKETING	302.
MISC EXPENSES	218.
OFFICE EXPENSES	63.
REGISTRY OF CHARITABLE TRUSTS	25.
STATE TAX	18.
<b>TOTAL</b>	<b>\$ 80,027.</b>

**FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRISTINE M. REIFENRATH 1805 S. BELLAIRE ST., STE 325 DENVER, CO 80222	PRESIDENT 3.00	\$ 0.	\$ 0.	\$ 0.
BARBARA APPEGATE 7000 N 16TH ST. S-120 PMB 410 PHOENIX, AZ 85020	DIRECTOR 1.00	0.	0.	0.
ANNE ROSENTHAL 1808 TICE VALLEY BLVD. WALNUT CREEK, CA 94595	TREASURER 2.00	0.	0.	0.
MARTHA BROWN 2403 SAN MATEO BLVD. N.E. S-26 ALBUQUERQUE, NM 87110	DIRECTOR 2.00	0.	0.	0.
LUCI DRAAYER 363 S. HARLAN STREET, STE 200 DENVER, CO 80226	DIRECTOR 2.00	0.	0.	0.
DEBORAH D. NEWQUIST 20 UREY CT. IRVINE, CA 92617	DIRECTOR 2.00	0.	0.	0.
JEFFREY S. PINE POST OFFICE BOX 8132 SANTA FE, NM 87504	PRESIDENT 3.00	0.	0.	0.
COLLEEN M. VAN HORN 557 E ALVARADO ST FALLBROOK, CA 92028	VICE PRESIDENT 2.00	0.	0.	0.

CLIENT WES2210

WESTERN REGIONAL CHAPTER-N.A.P.G.C.M.

33-0570349

5/09/11

10:56AM

FORM 990-EZ, PART IV (CONTINUED)  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LISA MAYFIELD 500 WALL STREET, SUITE 322 SEATTLE, WA 98121	SECRETARY 2.00	\$ 0.	\$ 0.	\$ 0.
HARRIETTE R. GROOH 1030 SIR FRANCIS DRAKE BLVD KENTFIELD, CA 94904	PAST-PRESIDENT 1.00	0.	0.	0.
DANIEL SMERKEN 120 STATE AVE. NE #132 OLYMPIA, WA 98501	DIRECTOR 2.00	0.	0.	0.
KATHY RANDALL 5666 LA JOLLA BLVD. STE 153 LA JOLLA, CA 92037	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.