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**Short Form
Return of Organization Exempt From Income Tax**

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)

▶ 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 2012 calendar year, or tax year beginning _____, **2012, and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **WESTERN REGIONAL CHAPTER-N.A.P.G.C.M.**
 2495 TRUXTUN RD #205
 SAN DIEGO, CA 92106-6159

D Employer identification number: **33-0570349**

E Telephone number: **619-450-4300**

F 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 (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

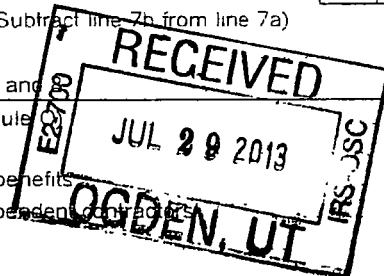
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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. ▶ \$ **106,032.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	82,099.
	3	Membership dues and assessments	3	23,750.
	4	Investment income	4	183.
	5a	Gross amount from sale of assets other than inventory	5 a	
	b	Less cost or other basis and sales expenses	5 b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	b	Gross income from fundraising events (not including \$ _____ or contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	
	c	Less direct expenses from gaming and fundraising events	6 c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7a	Gross sales of inventory, less returns and allowances	7 a	
	b	Less cost of goods sold	7 b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,032.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	14,417.
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O)	16	76,631.	
17	Total expenses. Add lines 10 through 16	17	91,048.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,984.	
19	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)	19	69,001.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	83,985.	



SEE SCHEDULE O

SCANNED AUG 16 2013

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

Form 990-EZ (2012)

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Part II Balance Sheets. (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,001.	83,985.
23 Land and buildings	22	
24 Other assets (describe in Schedule O)	24	
25 Total assets	69,001.	83,985.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,001.	83,985.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 <u>SEE SCHEDULE O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	91,252.
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	91,252.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (if not paid enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
CHRISTINE M. REIFENRATH PAST PRESIDENT	3	0.	0.	0.
PAMELA BRAUN DIRECTOR	1	0.	0.	0.
AMY ABRAMS TREASURER	2	0.	0.	0.
MICHELE BOUDINOT	1	0.	0.	0.
ANN BRADFORD DIRECTOR	1	0.	0.	0.
RON GOLDMAN	1	0.	0.	0.
EILEEN NEVITT DIRECTOR	1	0.	0.	0.
LUCI DRAAYER SECRETARY	2	0.	0.	0.
NINA PFLUMM HERNDON DIRECTOR	1	0.	0.	0.
JEFFREY S. PINE PRESIDENT	3	0.	0.	0.
COLLEEN M. VAN HORN PRESIDENT-ELECT	3	0.	0.	0.
LISA MAYFIELD VICE PRESIDENT	2	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract 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
33 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
34 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
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
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		
c 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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e 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		X
41 List the states with which a copy of this return is filed ▶ NONE		

42 a The organization's books are in care of **▶** PAMELA BRAUN Telephone no **▶**
 Located at **▶** P.O. BOX 1958 SUN CITY AZ ZIP + 4 **▶** 85372

	Yes	No
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 ▶		X
c 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 ▶		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		
44 b Did the organization receive any payments for indoor tanning services during the year?		X
44 c If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		X
44 d Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		
45 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 instructions)		X
45 b		X

46 Did the organization engage directly or indirectly in political campaign activities or conduct or in opposition to candidates for public office? (Part VII) Yes No

Part VII Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52 and complete the tables to lines 50 and 51.

Check if the organization used Schedule C to respond to any question in this Part VII.

47 Did the organization engage in lobbying activities or have a section 501(c)(3) election in effect during the tax year? If "Yes" complete Schedule C, Part I. Yes No

48 Is the organization a donor as described in section 170(b)(1)(4)(B)? If "Yes" complete Schedule E. Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49b Was the related organization a section 501(c)(3) organization? Yes No

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

Table with 5 columns: (a) Name and title, (b) Base salary, (c) Substantive compensation, (d) Total benefits, (e) Estimated compensation. All rows are empty.

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

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

Table with 3 columns: (a) Name and title, (b) Total compensation, (c) Compensation. All rows are empty.

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

52 Did the organization complete Schedule 4? Note: All section 501(c)(3) organizations and 4947(a)(2) nonexempt charitable trusts must attach a completed Schedule 4. Yes No

Sign Here: (a) Name and title, (b) Date.

Colleen M Van Horn - President 7/19/13

Paid Preparer Use Only: Preparer name: R. K. MAH; Firm name: MAH & ASSOCIATES, LLP; Address: 201 CALIFORNIA STREET, SUITE 411, SAN FRANCISCO, CA 94111; Phone: 94-3542694; Fax: (415) 361-1211.

Check the IRS to send this return with the preparer shown above. See instructions. Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2012

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.

**Open to Public
Inspection**

Name of the organization

Employer identification number

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

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 WES2212

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

33-0570349

5/13/13

03 07PM

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

BANK CHARGE	\$	1,223.
CONFERENCES, CONVENTIONS, AND MEETINGS		9,691.
CONTINUING EDUCATION		335.
FOOD & BEVERAGE		46,022.
GIFTS & AWARDS		905.
INSURANCE		2,031.
MARKETING		700.
MEMBERSHIP COMMITTEE		304.
MISC EXPENSES		441.
POSTAGE/SHIPPING		1,023.
PRINTING & REPRODUCTION		6,579.
PROFESSIONAL FEES		1,487.
STATE TAX		10.
SUPPLIES		4,892.
TRAVEL		988.
TOTAL	\$	<u>76,631.</u>