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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: WESTERN REGIONAL CHAPTER-NAPGCM
Number and street (or P O box, if mail is not delivered to street address): 7676 HAZARD CENTER DRIVE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO, CA 92108

D Employer identification number: 33-0570349

E Telephone number: (858) 566-0065

F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WESTERNNGCM.ORG

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$100,282

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service revenue, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, Net assets at beginning/end of year).

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	83,985	22 91,477
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	83,985	25 91,477
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,985	27 91,477

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

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

What is the organization's primary exempt purpose?
 SEE SCHEDULE O TREATMENT AND DELIVERY OF CONCRETE SERVICES, BY QUALIFIED PROVIDERS THE WESTERN REGIONAL CHAPTER OF THE NATIONAL ASSOCIATION OF PROFERSSIONAL 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

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

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

28 SEE SCHEDULE O (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	92,790
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	92,790

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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		No
35a	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)?		No
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		
35c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/>	37a	
b	Did the organization file Form 1120-POL for this year?		No
38a	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?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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	
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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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	40e	No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> BETSY EVATT Telephone no <input type="text"/> (858) 566-0065 Located at <input type="text"/> 7676 Hazard Center Drive 500 San Diego, CA ZIP + 4 <input type="text"/> 92108		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

Yes No

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

46

Yes No

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

All section 501(c)(3) organizations 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

Yes No

47 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

47

Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes No

b If "Yes," was the related organization a section 527 organization?

49b

Yes No

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (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 COLLEEN VAN HORN PRESIDENT Date 2014-03-03

Paid Preparer Use Only Print/Type preparer's name CONSTANCE L KNOX EA Preparer's signature Date Check if self-employed PTIN Firm's name CONSTANCE L KNOX EA Firm's EIN Firm's address 2325 MORRO RD FALLBROOK, CA 920284410 Phone no (760) 723-4999

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

Additional Data

Software ID:
Software Version:
EIN: 33-0570349
Name: WESTERN REGIONAL CHAPTER-NAPGCM

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
COLLEEN M VAN HORN President	3 00	0		
LISA MAYFIELD Vice President Elect	2 00	0		
BETSY EVATT Treasurer	3 00	0		
LUCY DRAAYER Secretary	2 00	0		
JEFFREY S PINE Past President	2 00	0		
MICHELE BOUDINOT Director	1 00	0		
ANN BRADFORD Director	1 00	0		
PAMELA BRAUN Director	1 00	0		
BONNIE COSTONGUAY Director	1 00	0		
RON GOLDMAN Director	1 00	0		
EILEEN NEVITT Director	1 00	0		
NINA PFLUMM HERNDON Director	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2013

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
WESTERN REGIONAL CHAPTER-NAPGCM

Employer identification number

33-0570349

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt III, Line 31	FORM 990-EZ, PART 111 - ORGANIZATIONS PRIMARY EXEMPT PURPOSE
Pt III, Line 31	THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS THE DEVELOPMENT,
Pt III, Line 31	ADVANCEMENT AND PROMOTION OF HUMAN AND DIGNIFIED SOCIAL,
Pt III, Line 31	PSYCHOLOGICAL AND HEALTH CARE FOR THE ELDERLY AND THEIR FAMILIES
Pt III, Line 31	THROUGH ASSESSMENT, COUNSELING, TREATMENT AND THE DELIVERY
Pt III, Line 31	OF CONCRETE SERVICES, BY QUALIFIED PROVIDERS
Pt III, Line 31	THE WESTERN REGIONAL CHAPTER OF THE NATIONAL ASSOCIATION OF
Pt III, Line 31	PROFESSIONAL GERIATRIC CARE MANAGERS IS COMMITTED TO ASSURING
Pt III, Line 31	THE HIGHEST QUALITY OF CARE FOR THE ELDERLY AND THEIR
Pt III, Line 31	FAMILIES THROUGH COUNSELING, EDUCATION, ADVOCACY AND STANDARDS
Pt III, Line 31	OF PRIVATE PRACTICE
PART 111, LINE 28	FORM 990-EZ, PART 111, LINE 18 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
PART 111, LINE 28	THE RORGANIZATION HOLDS AN ANNUAL CONFERENCE TO TRAIN MEMBERS IN THE SKILLS NEEDED
PART 111, LINE 28	TO PROVIDE THE HIGHEST QUALITY OF CARE FOR THE ELDERLY AND THEIR FAMILIES THROUGH
PART 111, LINE 28	COUNSELING, EDUCATION ADVOCACY AND STANDARDS OF PROVATE PRACTICE IN ADDITION
PART 111, LINE 28	THE CHAPTER MAINTAINS A WEBSITE, HOLDS LOCAL CLUSTER MEETINGS AND PROVIDES
PART 111, LINE 28	PUBLIC POLICY UPDATES
Form 990EZ, Part I, Line 16	CONFERENCE AUDIO VISUAL 5318 CONFERENCE FOOD AND BEVERAGE 39082 CONFERENCE SPEAKER/EDUCATION 2860 CONFERENCE MANAGEMENT 15900 CONFERENCE COSTS & SUPPLIES 6279 CONFERENCE PRINTING & PUBLISHING 10316 CONFERENCE NATIONAL REGISTRY 1000 CONFERENCE AWARDS & RECONITION 374 DUES 10 AAWARDS - MEETINGS 100 STATE TAX 88 MEETING EXPENSE 2377 OFFICERS INSURANCE 2167 SUPPLIES 84 WEBSITE & COMPUTER 4160 NEW UNIT EXPENSE 250