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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

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. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final 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): 850 EL CAMINITO ROAD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: FALLBROOK, CA 92028

D Employer identification number: 33-0570349
E Telephone number: (760) 723-2766
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: WESTERNGCM.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 \$ 106,870

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 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 106,870 and total expenses are 93,065.

**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   |
|--|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 91,477                | <b>22</b> 105,282 |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b>         |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b>         |
| <b>25 Total assets</b> . . . . .   | 91,477                | <b>25</b> 105,282 |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   |                       | <b>26</b>         |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 91,477                | <b>27</b> 105,282 |

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, 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

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

**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 |
|--------------------------------------|--|--|---|--|
| LISA MAYFIELD<br>President           | 3 00   | 0  |   |  |
| ANN BRADFORD<br>Vice President Elect | 2 00   | 0  |   |  |
| BETSY EVATT<br>Treasurer             | 3 00   | 0  |   |  |
| MICHELE BOUDINOT<br>Director         | 2 00   | 0  |   |  |
| COLEEN VAN HORN<br>Past President    | 2 00   | 0  |   |  |
| BONNIE COSTONGUAY<br>Director        | 1 00   | 0  |   |  |
| EILEEN NEVITT<br>Director            | 1 00   | 0  |   |  |
| NINA PFLUMM HERNDON<br>Director      | 1 00   | 0  |   |  |
| HEATHER FRENETTE<br>Director         | 1 00   | 0  |   |  |
| CAROLYN MICHAELIS<br>Director        | 1 00   | 0  |   |  |
| KATHY SCHIESSER<br>Director          | 1 00   | 0  |   |  |
| LUCY DRAAYER<br>Secretary            | 2 00   | 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

Form 990-EZ (2014) questions 33-45b regarding organizational activities, financials, and compliance. Includes sections for political expenditures, Form 1120-POL, foreign accounts, and controlled entities.

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 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 (\*\*\*\*\*), Date (2015-03-26), Type or print name and title (BETSY EVATT TREASURER)

Paid Preparer Use Only: Print/Type preparer's name (CONSTANCE L KNOX EA), Preparer's signature, Date, Check 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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**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.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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             |  |
| Other                       | PART 111, LINE 28 - THE ORGANIZATION HOLDS AN ANNUAL CONFERENCE TO TRAIN MEMBERS IN THE SKILLS NEEDED TO PROVIDE THE HIGHEST QUALITY CARE FOR THE ELDERLY AND THEIR FAMILIES THROUGH COUNSELING, EDUCATION, ADVOCACY AND STANDARDS OF PRIVATE PRACTICE. IN ADDITION, THE CHAPTER MAINTAINS AN INFORMATIVE WEBSITE, HLDS LOCAL CLUSTER MEETINGS, AND PROVIDES PUBLIC POLICY UPDATES   |
| Form 990EZ, Part I, Line 16 | CONFERENCE AUDIO VISUAL 100 CONFERENCE FOOD AND BEVERAGE 30079 CONFERENCE SPEAKER/EDUCATION 4355 CONFERENCE MANAGEMENT 18165 CONFERENCE COSTS & SUPPLIES 2751 CONFERENCE PRINTING & PUBLISHING 17997 CONFERENCE NATIONAL REGISTRY 1701 CONFERENCE AWARDS & RECONITION 335 CONFERENCE STAFF TRAVEL 347 CONFERENCE-ADVERTISING 903 CONFERENCE - SITE EXPENSE 833 OFFICER INSURANCE 2436 SOS REGISTRATION FEE 50 WEBSITE & COMPUTER 4263 BANK CHARGES 490 ELECTION BALLOTS 45 EDUCATION/WEBINARS 1858 F |