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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
InspectionDepartment of the Treasury
Internal Revenue ServiceA For the 2014 calendar year, or tax year beginning **10/01/14**, and ending **09/30/15**

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

**PACIFIC SOUTHWEST TECHNOLOGIST
CHAPTER, INC**

Number and street (or P O box, if mail is not delivered to street address)

9330 NORTH GAZELLE PLACE

D Employer identification number

03-0445470

City or town, state or province, country, and ZIP or foreign postal code

TUCSON AZ 85742

E Telephone number

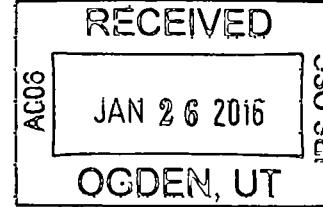
520-324-5270F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►I Website: ► **N/A**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — 501(c)(3) 501(c)(**6**) (insert no) 4947(a)(1) or 527K Form of organization 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 ► \$ **134,427****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	See Statement	1	
	2 Program service revenue including government fees and contracts		2	124,820
	3 Membership dues and assessments		3	8,928
	4 Investment income		4	
	5a Gross amount from sale of assets other than inventory		5a	
	b Less: cost or other basis and sales expenses		5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)		6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b	
Net Assets	c Less: direct expenses from gaming and fundraising events		6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a Gross sales of inventory, less returns and allowances		7a	
	b Less cost of goods sold		7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8 Other revenue (describe in Schedule O)		8	679
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	134,427
	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	
Net Assets	13 Professional fees and other payments to independent contractors		13	1,710
	14 Occupancy, rent, utilities, and maintenance		14	
	15 Printing, publications, postage, and shipping		15	9,055
	16 Other expenses (describe in Schedule O)		16	109,972
	17 Total expenses. Add lines 10 through 16		17	120,737
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,690
	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	101,717
	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	115,407

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2014)

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

X

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	101,717	22	115,407
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	101,717	25	115,407
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,717	27	115,407

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

What is the organization's primary exempt purpose?

Provide training & materials to Nuclear Med Techs

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.

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	Continuing Education programs and publications for Nuclear Medicine Technologists		
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 119,027
29			
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 119,027

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 Q to respond to any question in this Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not applicable)
Check if the organization used Schedule Q 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
TRICIA PETERS PRESIDENT	4.00	0	0	0
JULIE BOLIN, BS, CNMT TREASURER	4.00	0	0	0
SARAH JOHNSON NCOR	4.00	0	0	0
GANADA KEARNEY PRESIDENT ELECT	2.00	0	0	0
JEANNE DIAL PAST PRESIDENT	2.00	0	0	0
BEKI DODD, CNMT, TR(N), ARRT, BS-HS SECRETARY	4.00	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

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 33 Yes 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) 34 Yes 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)? 35a Yes 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 35b Yes No

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 35c Yes 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 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes 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? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 40b Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40e Yes No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Yes No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40b Yes No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40b Yes No

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 40b Yes No

41 List the states with which a copy of this return is filed ► CA

42a The organization's books are in care of ► Julie Bolin

Telephone no ► 520-324-5270

9330 North Gazelle Place

Located at ► Tucson

AZ ZIP + 4 ► 85742

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 ► _____

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

Yes No

42b Yes 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 ► _____

Yes No

42c Yes No

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

► 43 Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No

44a Yes 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

Yes No

44b Yes No

c Did the organization receive any payments for indoor tanning services during the year?

Yes No

44c Yes 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

Yes No

44d Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes No

45a Yes No

b 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)

Yes No

45b Yes No

6 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
46		X

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

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 V.

7 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.

	Yes	No
47		
48		
49a		
49b		

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

9a Did the organization make any transfers to an exempt non-charity?

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

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

1 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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A

► Yes No

der 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.

gn  Signature of officer
re **JULIE BOLIN**
Type or print name and title

Date

Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Preparer Only	James Cordle	JAMES H CORDLE CPA APC	11/25/15		P00163854
	Firm's name ► JAMES H CORDLE CPA APC			Firm's EIN ► 77-0475241	
	Firm's address ► 1920 20TH STREET BAKERSFIELD, CA 93301			Phone no 661-324-2447	

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.

OMB No 1545-0047

2014**Open to Public
Inspection**► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**PACIFIC SOUTHWEST TECHNOLOGIST
CHAPTER, INC**

Employer identification number

03-0445470**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Misc. Refunds	\$ 679
Total \$	679

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
VOICE	\$ 300
Office Expense	\$ 958
Other Expenses	\$ 3,839
NCOR EXPENSE	\$ 2,510
Program Supplies	\$ 763
Website	\$ 1,116
AV, Conference, Catering Exp	\$ 84,918
Speaker Expense	\$ 5,357
Registration Refunds	\$ 5,854
WRM Dues	\$ 2,940
Bank Fees	\$ 67
Fees and Permits	\$ 1,200
Dues	\$ 150
Total \$	109,972

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
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Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

PACIFIC SOUTHWEST TECHNOLOGIST

Employer identification number

03-0445470

Office Equipment	\$	2,659	\$	2,659
Less Accumulated Depreciation	\$	2,659	\$	2,659
	Total \$	0	\$	0