



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** , 2015, and ending ,

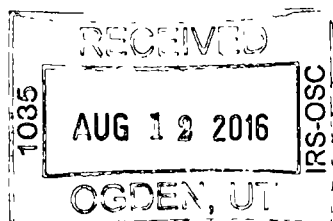
<p><b>B</b> Check if applicable:  <input type="checkbox"/> Address change  <input checked="" type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization                  WESTERN REGIONAL CHAPTER-ALCA</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite                  850 EL CAMINITO ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  FALLBROOK CA 92028</p>	<p><b>D</b> Employer identification number                  33-0570349</p> <p><b>E</b> Telephone number                  (760) 723-2766</p> <p><b>F</b> Group Exemption Number . . . . . ▶</p>
<p><b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>		<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p><b>I</b> Website: ▶ WESTERNNGCM.ORG</p>		
<p><b>J</b> Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
<p><b>L</b> 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 . . . . . ▶ \$ 85,656.</p>		

**Part II 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>	65,275.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	20,233.
	<b>4</b> Investment income . . . . .	<b>4</b>	148.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</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>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
	<b>b</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>c</b> Less direct expenses from gaming and fundraising events . . . . . <b>6c</b>		
	<b>d</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>b</b> Less cost of goods sold . . . . . <b>7b</b>		
	<b>c</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 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>		85,656.
REVENUE	<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>		1,495.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses <b>16</b>		70,554.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>		72,049.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		13,607.
NET ASSETS	<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>		105,282.
	<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>		118,889.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)

SCANNED SEP 06 2016



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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?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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?
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Lindas Blanz Telephone no (858) 566-0065
Located at 850 El Caminito Road Fallbrook CA ZIP+4 92028

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

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  
46

**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

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 Yes No  
47

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

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a    
 b If 'Yes,' was the related organization a section 527 organization? 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 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'

(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: *Betsy Evatt* Date: 06/18/16  
 Type or print name and title: Betsy Evatt Treasurer

**Paid Preparer Use Only**

Preparer's name: Constance L Knox EA Preparer's signature: *Constance Knox* Date: 06/16/16  
 Check  if self-employed PTIN: P00420071

Firm's name: CONSTANCE L. KNOX EA  
 Firm's address: 2325 MORRO RD FALLBROOK CA 92028-4410  
 Firm's EIN: 33-0992260 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

**2015**

**Open to Public  
Inspection**

Name of the organization

WESTERN REGIONAL CHAPTER-ALCA

Employer identification number

33-0570349

Pt III, Line 31

THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS THE DEVELOPMENT, ADVANCEMENT  
AND PROMOTION OF HUMANE 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.

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, HOLDS LOCAL CLUSTER MEETINGS, AND PROVIDES PUBLIC  
POLICY UPDATES.

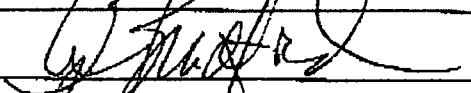
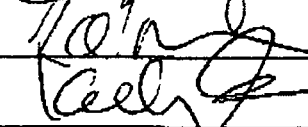
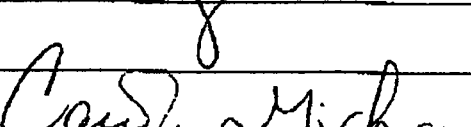
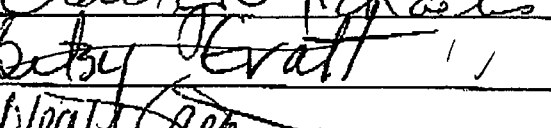
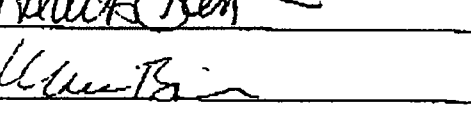
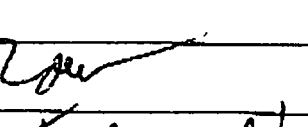
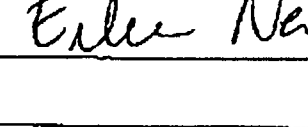
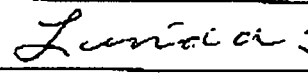

# AGING (ife CARE™

## A S S O C I A T I O N

### — WESTERN REGION CHAPTER — RESOLUTION

Amending Article of Association  
Western Regional Chapter  
National Association of Professional Geriatric Care Managers

On this date, November 5, 2015, the officers of the Board of Directors of the Western Regional Chapter of the National Association of Professional Geriatric Care Managers (WRC-NAPGCM), non-profit association, have voted unanimously to change the name of the chapter from WRC-NAPGCM to Western Regional Chapter - Aging Life Care Association (WRC-ALCA.) Henceforth, the chapter will use this name on IRS and FTB tax filings, bank accounts and any and all other licenses, taxes and correspondence.

Ann Bradford, President	
Lisa Mayfield, Past President	
Kathy Schiesser Frank, Vice President	
Bonnie Castonguay, Secretary	
Carolyn Michaelis, President Elect	
Betsy Evatt, Treasurer	
Heather Frenette, Board Member	
Vince Brim, Board Member	
Diane Kelly, Board Member	
Rebecca Montano, Board Member	
Eileen Nevitt, Board Member	
Susan Valoff, Board Member	
Linda Wiley, Board Member	