

Return of Organization Exempt From Income Tax

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)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable:

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
**WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
24881 ALICIA PARKWAY #E343

City or town, state or country, and ZIP + 4
LAGUNA HILLS, CA 92653-4617

D Employer identification number
33-0706599

E Telephone number
(949) 472-4148

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: **WWW.WESTERNPENSION.ORG**

J Organization type (check only one) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **35,901.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		1e		
Revenue	1 Contributions, gifts, grants, and similar amounts received:											
	a Contributions to donor advised funds											
	b Direct public support (not included on line 1a)											
	c Indirect public support (not included on line 1a)											
	d Government contributions (grants) (not included on line 1a)											
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)										0.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)										34,638.	
	3 Membership dues and assessments											
	4 Interest on savings and temporary cash investments										1,098.	
	5 Dividends and interest from securities										165.	
Revenue	6 a Gross rents											
	b Less: rental expenses											
	c Net rental income or (loss). Subtract line 6b from line 6a											
	7 Other investment income (describe _____)											
	8 a Gross amount from sales of assets other than inventory	(A) Securities										
		(B) Other										
		8a										
	b Less: cost or other basis and sales expenses											
	c Gain or (loss) (attach schedule)											
	8c											
d Net gain or (loss). Combine line 8c, columns (A) and (B)												
8d												
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)											
	b Less: direct expenses other than fundraising expenses											
	9a											
9b												
9c												
10 a Gross sales of inventory, less returns and allowances												
	b Less: cost of goods sold											
	10a											
10b												
10c												
11 Other revenue (from Part VII, line 103)												
11												
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											35,901.	
Expenses	13 Program services (from line 44, column (B))										22,479.	
	14 Management and general (from line 44, column (C))										9,953.	
	15 Fundraising (from line 44, column (D))											
	16 Payments to affiliates (attach schedule)											
	17 Total expenses. Add lines 16 and 44, column (A)											32,432.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12										3,469.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))										41,619.	
	20 Other changes in net assets or fund balances (attach explanation)										0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20											45,088.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	785.		785.	
43 Other expenses not covered above (itemize):				
a <u>MANAGEMENT</u>	5,927.		5,927.	
b <u>PROGRAM SERVICES</u>	22,479.	22,479.		
c <u>PRESIDENT & BOARD</u>	3,241.		3,241.	
d _____				
e _____				
f _____				
g _____				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	32,432.	22,479.	9,953.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 1</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>MONTHLY PROGRAM MEETINGS - THE ORGANIZATION PROVIDES AN OPPORTUNITY FOR MEMBERS TO EXCHANGE INFORMATION AND GAIN EDUCATION FROM SEPAKERS AND PROGRAMS PRESENTED IN A MONTHLY MEETING FORMAT. MEETINGS AVERAGE 45 IN ATTENDANCE.</u>	22,479.
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22,479.
f <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	11,101.	45	9,297.
	46	Savings and temporary cash investments	27,025.	46	33,043.
	47 a	Accounts receivable			
		b Less: allowance for doubtful accounts		47c	
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments - publicly-traded securities		54a	
		b Investments - other securities		54b	
	55 a	Investments - land, buildings, and equipment: basis			
		b Less: accumulated depreciation		55c	
	56	Investments - other		56	
57 a	Land, buildings, and equipment: basis	3,926.			
	b Less: accumulated depreciation STMT 2	1,178.			
58	Other assets, including program-related investments (describe ▶ _____)	3,533.	57c	2,748.	
59	Total assets (must equal line 74). Add lines 45 through 58	41,659.	59	45,088.	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ ATTENDEE FEE REFUNDS)	40.	65	0.
66	Total liabilities. Add lines 60 through 65	40.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds	28,475.	70	41,619.
	71	Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72	Retained earnings, endowment, accumulated income, or other funds	13,144.	72	3,469.
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	41,619.	73	45,088.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	41,659.	74	45,088.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	35,901.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	35,901.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	35,901.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	32,432.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	32,432.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	32,432.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 3		0.	0.	0.

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Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 11		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c	X
If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information <i>(See the instructions.)</i>	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

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Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		0.
d Section 162(e) lobbying and political expenditures	85d		0.
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		0.
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		0.
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, 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?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed ▶ <u>CA</u>			
b Number of employees employed in the pay period that includes March 12, 2007	90b		0
91 a The books are in care of ▶ <u>GARY CROUCH</u> Telephone no. ▶ <u>(949) 261-1120</u> Located at ▶ <u>18831 BARDEEN AVENUE, SUITE #200, IRVINE, CA</u> ZIP + 4 ▶ <u>92612-1520</u>			
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)?	91b		X
If "Yes," enter the name of the foreign country ▶ <u>N/A</u>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MEMBERSHIP FEES			07		7,115.
b PROGRAM FEES			07		19,823.
c SPONSOR FEES			07		7,700.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14		1,098.
96 Dividends and interest from securities			14		165.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	35,901.
105 Total (add line 104, columns (B), (D), and (E))					35,901.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 4

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: **GARY CROUCH, TREASURER** Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **LINK, MURREL & COMPANY**
18831 BARDEEN AVENUE, STE. 200
IRVINE, CA 92612-1520

EIN: _____

Phone no.: **(949) 261-1120**

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
PART III

EXPLANATION

MONTHLY PROGRAM MEETINGS - THE ORGANIZATION PROVIDES AN OPPORTUNITY FOR MEMBERS TO EXCHANGE INFORMATION AND GAIN EDUCATION FROM SPEAKERS AND PROGRAMS PRESENTED IN A MONTHLY MEETING FORMAT. MEETINGS AVERAGE 45 IN ATTENDANCE.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 2

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DELL COMPUTER	1,327.	398.	929.
PROJECTOR	2,599.	780.	1,819.
TOTAL TO FORM 990, PART IV, LN 57	3,926.	1,178.	2,748.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 3
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARGARET MARTINAZZI 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	MEMBERSHIP CHR 0.00	0.	0.	0.
KATHLEEN BASS 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PROGRAMS CO-CHAIR 0.00	0.	0.	0.
MARK D. MURPHY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.	0.	0.
GARY CROUCH 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	TREASURER 0.00	0.	0.	0.
STUART HACK 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PRESIDENT 0.00	0.	0.	0.
MICHELE GOCAL 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	SECRETARY 0.00	0.	0.	0.
JULIETTE MEUNIER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.	0.	0.
RICK BLAIN 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.	0.	0.
ALLISON FAY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PAST PRESIDENT 0.00	0.	0.	0.
DYLAN PORTER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.	0.	0.
DAN VAZQUEZ 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 4

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MEMBERSHIP FEES WERE USED TO COVER COSTS RELATED TO MONTLY MEETINGS WHICH PROVIDED MEMBERS THE OPPORTUNITY TO EXCHANGE INFORMATION AND GAIN INFORMATION FROM OTHER MEMBERS.
93B	MEMBERSHIP FEES WERE USED TO COVER COSTS RELATED TO MONTLY MEETINGS WHICH PROVIDED MEMBERS THE OPPORTUNITY TO EXCHANGE INFORMATION AND GAIN INFORMATION FROM OTHER MEMBERS.
93C	SPONSOR FEES WERE USED TO COVER COSTS RELATED TO MONTHLY MEETINGS WHICH PROVIDED MEMBERS THE OPPORTUNITY TO EXCHANGE INFORMATION AND GAIN INFORMATION FROM OTHER MEMBERS.
95E	NOMINAL INTEREST AND DIVIDEND EARNED ON CASH IN THE OPERATING ACCOUNTS

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
11	DELL COMPUTER	02/28/07	SL	5.00		HY17	1,327.				1,327.	133.		265.	398.
22	PROJECTOR	02/28/07	SL	5.00		HY17	2,599.				2,599.	260.		520.	780.
	* 990 PAGE 2 TOTAL						3,926.				3,926.	393.		785.	1,178.
	MANAGEMENT AND GENERAL						3,926.				3,926.	393.		785.	1,178.
	* GRAND TOTAL 990 PAGE 2 DEPR														

2007

California Exempt Organization Annual Information Return

199

For calendar year 2007 or fiscal year beginning month JULY day 1 year 2007, and ending month JUNE day 30 year 2008.

IMPORTANT: Your number is required.

California corporation number 1959118 Federal employer identification number (FEIN) 33-0706599

Corporation/Organization name
**WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER**

Address (including suite, room, or PMB no.)
24881 ALICIA PARKWAY #E343
City LAGUNA HILLS, CA State CA ZIP Code 92653-4617

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

B Check forms filed this year: State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **CASH**

F Type of organization Exempt under Section 23701 e (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	35,901.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	35,901.00
(Enclose, but do not staple, any payment.)	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	35,901.00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	32,432.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,469.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Penalty for failure to file on time. See General Instruction L	12	00
	13	Use tax. See "General Instruction M"	13	00
	14	Balance due. Add line 11, line 12, and line 13	14	10.00

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

17 Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ _____

19 The financial records are in care of GARY CROUCH Daytime telephone (949) 261-1120

located at 18831 BARDEEN AVENUE, SUITE #200, IRVINE, CA 92612-1520

Please Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title **TREASURER** Daytime telephone _____

Paid Preparer's Use Only

Paid Preparer's signature _____ Date _____ Check if self-employed Paid preparer's SSN or PTIN **558-15-1891**

Firm's name (or yours, if self-employed) and address **LINK, MURREL & COMPANY** FEIN **33-0158349**
18831 BARDEEN AVENUE, STE. 200
IRVINE, CA 92612-1520 Daytime telephone **(949) 261-1120**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	1,098.00
	3	Dividends	3	165.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	00
	7	Other income SEE STATEMENT 1	7	34,638.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	35,901.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	0.00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	00
	16	Depreciation and depletion	16	785.00
	17	Other SEE STATEMENT 3	17	31,647.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	32,432.00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		38,126.		42,340.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans)				
9 Other investments				
10 a Depreciable assets STMT 5	3,926.		3,926.	
b Less accumulated depreciation	(393.)	3,533. (1,178.)	2,748.)
11 Land				
12 Other assets				
13 Total assets		41,659.		45,088.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 4		40.		
19 Capital stock or principle fund		28,475.		41,619.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		13,144.		3,469.
22 Total liabilities and net worth		41,659.		45,088.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	3,469.	7	Income recorded on books this year not included in this return	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	3,469.
6	Total.	3,469.			
	Add line 1 through line 5				

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MEMBERSHIP FEES		7,115.	
PROGRAM FEES		19,823.	
SPONSOR FEES		7,700.	
TOTAL TO FORM 199, PART II, LINE 7		34,638.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARGARET MARTINAZZI 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	MEMBERSHIP CHR 0.00	0.
KATHLEEN BASS 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PROGRAMS CO-CHAIR 0.00	0.
MARK D. MURPHY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.
GARY CROUCH 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	TREASURER 0.00	0.
STUART HACK 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PRESIDENT 0.00	0.
MICHELE GOCAL 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	SECRETARY 0.00	0.
JULIETTE MEUNIER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.
RICK BLAIN 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.

ALLISON FAY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PAST PRESIDENT 0.00	0.
DYLAN PORTER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.
DAN VAZQUEZ 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIR. AT LARGE 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
MANAGEMENT PROGRAM SERVICES PRESIDENT & BOARD	5,927. 22,479. 3,241.
TOTAL TO FORM 199, PART II, LINE 17	31,647.

FORM 199	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ATTENDEE FEE REFUNDS	40.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	40.	0.

FORM 199	DEPRECIABLE ASSETS	STATEMENT	5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
DELL COMPUTER PROJECTOR	1,327. 2,599.	398. 780.	929. 1,819.
TOTAL TO FORM 199, SCH L, LINE 10	3,926.	1,178.	2,748.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0706599

Corporation name

**WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER**

California corporation number

1959118

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000						
2 Total cost of Section 179 property placed in service	2							
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000						
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4							
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost						
6								
7 Listed property (elected Section 179 cost)	7							
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8							
9 Tentative deduction. Enter the smaller of line 5 or line 8	9							
10 Carryover of disallowed deduction from prior years	10							
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11							
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12							
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13							

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
14 11 DELL COMPUTER	02/28/07	1,327.	133.	SL	5.00	265.		
22 PROJECTOR	02/28/07	2,599.	260.	SL	5.00	520.		
TOTALS		3,926.	393.					
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)							15	785.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	785.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	785.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	