

Short Form

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

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER	D Employer identification number 33-0706599
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Terminated	24881 ALICIA PARKWAY	E343
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	E Telephone number
<input type="checkbox"/> Application pending	LAGUNA HILLS, CA 92653-4617	(949) 472-4148
		F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____ H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **WWW.WESTERNPENSION.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 50,934.**

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	1
	2	Program service revenue including government fees and contracts	2 41,464.
	3	Membership dues and assessments	3 9,360.
	4	Investment income SEE SCHEDULE O	4 110.
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less: cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
6b	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)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	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	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 50,934.	
Expenses	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
	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O	14 785.
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16 51,502.
17	Total expenses. Add lines 10 through 16	17 52,287.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,353.
	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 53,885.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 52,532.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

WESTERN PENSION & BENEFITS CONFERENCE

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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	52,707.	22	52,139.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,178.	24	393.
25 Total assets	53,885.	25	52,532.
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)	53,885.	27	52,532.

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**

Describe what was achieved in carrying out the organization's exempt purposes. 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	
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	

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 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
KATHLEEN BASS, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	PRESIDENT	0.	0.	0.
MARGARET MARTINAZZI, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	PRES-ELECT/ TECH LUNCH FORUMS	0.	0.	0.
STUART HACK, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	PAST PRESIDENT	0.	0.	0.
MARK D. MURPHY, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	TREASURER	0.	0.	0.
DEBORAH KUSMIERZ, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	SECRETARY	0.	0.	0.
DOUG VAN GALDER, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	CORPORATE SPONSOR CHAIR	0.	0.	0.
HARLEY BJELLAND, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	MEMBERSHIP CHAIR	0.	0.	0.
BRENDA CHING, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	PROGRAMS CHAIR	0.	0.	0.
RICK BLAIN, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.
GARY CROUCH, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.
ALISON FAY, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.
DOUG JONES, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.

032172 02-02-11

Form 990-EZ (2010)

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

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V **X**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b <u>N/A</u>		
40a	Section 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	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		N/A
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 ▶ <u>N/A</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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		X
41	List the states with which a copy of this return is filed. ▶ <u>CA</u>		
42a	The organization's books are in care of ▶ <u>JENNIFER BODENHOEFER</u> Telephone no. ▶ <u>(949) 472-4148</u> Located at ▶ <u>24881 ALICIA PARKWAY, #E343, LAGUNA HILLS, CA</u> ZIP + 4 ▶ <u>92653-4617</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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		

Form 990-EZ (2010)

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

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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	45a	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II	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 address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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." **N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(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 _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER	Employer identification number 33-0706599
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	110.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	785.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MANAGEMENT	12,696.
PROGRAM SERVICES	38,806.
TOTAL TO FORM 990-EZ, LINE 16	51,502.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	1,178.	393.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORANGE COUNTY CHAPTER

OF WESTERN PENSION & BENEFITS CONFERENCE PROMOTES AN EXCHANGE OF
INFORMATION AND IDEAS AMONG EMPLOYEE BENEFITS PROFESSIONALS. THE
ORGANIZATION'S MEMBERS INCLUDE ERISA ATTORNEYS, CERTIFIED PUBLIC
ACCOUNTANTS, THIRD PARTY ADMINISTRATORS, INVESTMENT INDUSTRY BENEFITS
SPECIALISTS, ACTUARIES, BENEFITS CONSULTANTS AND PLAN SPONSORS'
IN-HOUSE BENEFITS PROFESSIONALS.

THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER	Employer identification number	33-0706599
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FORUMS, THE ORGANIZATION PROVIDES A FORUM FOR DIALOGUE BETWEEN ITS MEMBERS. THESE MEETINGS ENCOURAGE FULL AUDIENCE PARTICIPATION AND EXCHANGE OF PRACTICAL SOLUTIONS TO TECHNICAL ISSUES. BENEFIT PROFESSIONALS LEAD THE MEETINGS WITH AN EMPHASIS ON TOPICS REFLECTING CURRENT BENEFIT TRENDS AND REGULATORY GUIDANCE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION PROMOTES AN EXCHANGE OF INFORMATION AND IDEAS AMONG EMPLOYEE BENEFITS PROFESSIONALS. THE ORGANIZATION'S MEMBERS INCLUDE ERISA ATTORNEYS, CERTIFIED PUBLIC ACCOUNTANTS, THIRD PARTY ADMINISTRATORS, INVESTMENT INDUSTRY BENEFITS SPECIALISTS, ACTUARIES, BENEFITS CONSULTANTS AND PLAN SPONSORS' IN-HOUSE BENEFITS PROFESSIONALS.

THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH FORUMS, THE ORGANIZATION PROVIDES A FORUM FOR DIALOGUE BETWEEN ITS MEMBERS. THESE MEETINGS ENCOURAGE FULL AUDIENCE PARTICIPATION AND EXCHANGE OF PRACTICAL SOLUTIONS TO TECHNICAL ISSUES. BENEFIT PROFESSIONALS LEAD THE MEETINGS WITH AN EMPHASIS ON TOPICS REFLECTING CURRENT BENEFIT TRENDS AND REGULATORY GUIDANCE.

THE MONTHLY MEETINGS AVERAGE APPROXIMATELY 50 MEMBERS IN ATTENDANCE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER	Employer identification number 33-0706599
	Number, street, and room or suite no. If a P.O. box, see instructions. 24881 ALICIA PARKWAY, NO. E343	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAGUNA HILLS, CA 92653-4617	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JENNIFER BODENHOEFER - 24881 ALICIA PARKWAY, #E343 -

• The books are in the care of **LAGUNA HILLS, CA 92653-4617**
 Telephone No. **(949) 472-4148** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2012**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

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STATE COPY

California Exempt Organization Annual Information Return

Calendar Year 2010 or fiscal year beginning month JULY day 1 year 2010, and ending month JUNE day 30 year 2011.

A First Return Filed? [X] No [] Yes B Type of organization Exempt under Section 23701 e (insert letter) IRC Section 4947(a)(1) trust []

CORP # 1959118

Corporation/Organization Name WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER

FEIN 33-0706599

Address 24881 ALICIA PARKWAY, NO. E343

City LAGUNA HILLS State CA ZIP Code 92653-4617

C Amended Return? [] Yes [X] No D Are you a subordinate/affiliate in a group exemption? [] Yes [X] No (a) Is this a group filing for affiliates? [] Yes [] No (b) If "Yes," enter the number of affiliates (c) Are all affiliates included? [] Yes [] No (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No (e) Federal Group Exemption Number (f) Is a roster of subordinates attached? [] Yes [] No E Final return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized (attach explanation) F Check the box if the organization filed the following federal forms or schedule: (1) [] 990T (2) [] 990PF (3) [] (Schedule H) 990 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. []

H Accounting method used (1) [X] Cash (2) [] Accrual (3) [] Other I 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 J 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 [X] No K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No If "Yes," enter amount of gross receipts from nonmember sources \$ L Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No M Is the organization a Limited Liability Company? [] Yes [X] No N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No

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

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Columns include line number, description, and amount. Total gross income is 50,934.00. Total expenses are 52,287.00. Balance due is 10.00.

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, Title, Date, Telephone. Preparer's signature, Date, Check if self-employed, Preparer's PTIN/SSN. Firm's name (or yours, if self-employed) and address, FEIN, Telephone. May the FTB discuss this return with the preparer shown above? See instructions [] Yes [] No

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.

028951 12-16-10

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	110.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	41,464.00
	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	41,574.00
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	•	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 (See instructions)	•	16	785.00
	17	Other	•	17	51,502.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	52,287.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
Assets				
1 Cash		52,707.		52,139.
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	1,963.		1,178.	
b Less accumulated depreciation	(785.)	1,178.	(785.)	393.
11 Land				
12 Other assets				
13 Total assets		53,885.		52,532.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		53,885.		52,532.
22 Total liabilities and net worth		53,885.		52,532.

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	•	-1,353.	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		-1,353.
6 Total.					
Add line 1 through line 5		-1,353.			

FORM 199	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
PROGRAM SERVICE REVENUE	41,464.
TOTAL TO FORM 199, PART II, LINE 7	41,464.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KATHLEEN BASS 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PRESIDENT 1.00	0.
MARGARET MARTINAZZI 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PRES-ELECT/ TECH LUNCH FOR 1.00	0.
STUART HACK 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PAST PRESIDENT 1.00	0.
MARK D. MURPHY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	TREASURER 1.00	0.
DEBORAH KUSMIERZ 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	SECRETARY 1.00	0.
DOUG VAN GALDER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	CORPORATE SPONSOR CHAIR 1.00	0.
HARLEY BJELLAND 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	MEMBERSHIP CHAIR 1.00	0.
BRENDA CHING 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	PROGRAMS CHAIR 1.00	0.

RICK BLAIN 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
GARY CROUCH 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
ALISON FAY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
DOUG JONES 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
JULIETTE MEUNIER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
JEFF MYERS 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
DYLAN PORTER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE 1.00	0.
JENNIFER BODENHOEFER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	ADMINISTRATOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
MANAGEMENT		12,696.	
PROGRAM SERVICES		38,806.	
TOTAL TO FORM 199, PART II, LINE 17		51,502.	

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 IRC Section 179 for California	1	\$25,000																											
2 Total cost of IRC Section 179 property placed in service	2																												
3 Threshold cost of IRC 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 taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected IRC Section 179 cost)</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from prior taxable years</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12</td> <td style="text-align: center;">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property (elected IRC Section 179 cost)	7		8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8		9 Tentative deduction. Enter the smaller of line 5 or line 8	9		10 Carryover of disallowed deduction from prior taxable years	10		11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
6																													
7 Listed property (elected IRC Section 179 cost)	7																												
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8																												
9 Tentative deduction. Enter the smaller of line 5 or line 8	9																												
10 Carryover of disallowed deduction from prior taxable years	10																												
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11																												
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12																												
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13																												

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

(a) Description 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 1 DELL COMPUTER							
	02/28/07	1,327.	928.	SL	5.00	265.	
2 PROJECTOR							
	02/28/07	2,599.	1,820.	SL	5.00	520.	
TOTALS		3,926.	2,748.				
15 Add the amounts in column (g) and column (h). The 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

Short Form

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

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER	D Employer identification number 33-0706599
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number (949) 472-4148
<input type="checkbox"/> Terminated	Room/suite E343	F Group Exemption Number
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 LAGUNA HILLS, CA 92653-4617	
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) _____ H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **WWW.WESTERNPENSION.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 50,934.**

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	1
	2	Program service revenue including government fees and contracts	2 41,464.
	3	Membership dues and assessments	3 9,360.
	4	Investment income SEE SCHEDULE O	4 110.
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less: cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
6b	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)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	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	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 50,934.	
Expenses	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
	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O	14 785.
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16 51,502.
17	Total expenses. Add lines 10 through 16	17 52,287.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,353.
	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 53,885.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 52,532.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

WESTERN PENSION & BENEFITS CONFERENCE

ORANGE COUNTY CHAPTER

33-0706599

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Form 990-EZ (2010)

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	52,707.	22	52,139.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,178.	24	393.
25 Total assets	53,885.	25	52,532.
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)	53,885.	27	52,532.

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**

Describe what was achieved in carrying out the organization's exempt purposes. 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	
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	

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 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
KATHLEEN BASS, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	PRESIDENT	0.	0.	0.
MARGARET MARTINAZZI, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	PRES-ELECT/ TECH LUNCH FORUMS	0.	0.	0.
STUART HACK, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	PAST PRESIDENT	0.	0.	0.
MARK D. MURPHY, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	TREASURER	0.	0.	0.
DEBORAH KUSMIERZ, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	SECRETARY	0.	0.	0.
DOUG VAN GALDER, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	CORPORATE SPONSOR CHAIR	0.	0.	0.
HARLEY BJELLAND, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA	MEMBERSHIP CHAIR	0.	0.	0.
BRENDA CHING, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	PROGRAMS CHAIR	0.	0.	0.
RICK BLAIN, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.
GARY CROUCH, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.
ALISON FAY, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.
DOUG JONES, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT LARGE	0.	0.	0.

032172
02-02-11

Form 990-EZ (2010)

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

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V **X**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 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	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		N/A
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 ▶ <u>N/A</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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		X
41	List the states with which a copy of this return is filed. ▶ <u>CA</u>		
42a	The organization's books are in care of ▶ <u>JENNIFER BODENHOEFER</u> Telephone no. ▶ <u>(949) 472-4148</u> Located at ▶ <u>24881 ALICIA PARKWAY, #E343, LAGUNA HILLS, CA</u> ZIP + 4 ▶ <u>92653-4617</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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		

Form 990-EZ (2010)

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

Form 990-EZ (2010)

33-0706599

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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	45a	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II	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 address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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." **N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(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 _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER** Employer identification number
33-0706599

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	110.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	785.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MANAGEMENT	12,696.
PROGRAM SERVICES	38,806.
TOTAL TO FORM 990-EZ, LINE 16	51,502.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	1,178.	393.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORANGE COUNTY CHAPTER
OF WESTERN PENSION & BENEFITS CONFERENCE PROMOTES AN EXCHANGE OF
INFORMATION AND IDEAS AMONG EMPLOYEE BENEFITS PROFESSIONALS. THE
ORGANIZATION'S MEMBERS INCLUDE ERISA ATTORNEYS, CERTIFIED PUBLIC
ACCOUNTANTS, THIRD PARTY ADMINISTRATORS, INVESTMENT INDUSTRY BENEFITS
SPECIALISTS, ACTUARIES, BENEFITS CONSULTANTS AND PLAN SPONSORS'
IN-HOUSE BENEFITS PROFESSIONALS.**

THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Name of the organization WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER	Employer identification number 33-0706599
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FORUMS, THE ORGANIZATION PROVIDES A FORUM FOR DIALOGUE BETWEEN ITS MEMBERS. THESE MEETINGS ENCOURAGE FULL AUDIENCE PARTICIPATION AND EXCHANGE OF PRACTICAL SOLUTIONS TO TECHNICAL ISSUES. BENEFIT PROFESSIONALS LEAD THE MEETINGS WITH AN EMPHASIS ON TOPICS REFLECTING CURRENT BENEFIT TRENDS AND REGULATORY GUIDANCE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION PROMOTES AN EXCHANGE OF INFORMATION AND IDEAS AMONG EMPLOYEE BENEFITS PROFESSIONALS. THE ORGANIZATION'S MEMBERS INCLUDE ERISA ATTORNEYS, CERTIFIED PUBLIC ACCOUNTANTS, THIRD PARTY ADMINISTRATORS, INVESTMENT INDUSTRY BENEFITS SPECIALISTS, ACTUARIES, BENEFITS CONSULTANTS AND PLAN SPONSORS' IN-HOUSE BENEFITS PROFESSIONALS.

THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH FORUMS, THE ORGANIZATION PROVIDES A FORUM FOR DIALOGUE BETWEEN ITS MEMBERS. THESE MEETINGS ENCOURAGE FULL AUDIENCE PARTICIPATION AND EXCHANGE OF PRACTICAL SOLUTIONS TO TECHNICAL ISSUES. BENEFIT PROFESSIONALS LEAD THE MEETINGS WITH AN EMPHASIS ON TOPICS REFLECTING CURRENT BENEFIT TRENDS AND REGULATORY GUIDANCE.

THE MONTHLY MEETINGS AVERAGE APPROXIMATELY 50 MEMBERS IN ATTENDANCE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

