Form **990-F7**

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

OMB No. 1545-1150

Differ section 50 (c), 527, 01 4947(a)(1) of the internal nevertibe code (except black lung benefit that of private foundation)

■ 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 \$200,000 at the pand of the year may use this form.

■ The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service and ending JUN 30, 2011 For the 2010 calendar year, or tax year beginning JUL 1, 2010 В Check if applicable: D Employer identification number C Name of organization WESTERN PENSION & BENEFITS CONFERENCE Address change ORANGE COUNTY CHAPTER 33-0706599 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return E343 24881 ALICIA PARKWAY (949)472-4148Terminated City or town, state or country, and ZIP + 4 F Group Exemption LAGUNA HILLS, CA 92653-4617 Number > X Cash Accrual H Check X if the organization is not Accounting Method: Other (specify) WWW.WESTERNPENSION.ORG required to attach Schedule B Tax-exempt status (check only one) = 501(c)(3) \times 501(c) (6) \rightarrow (insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) 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. 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, 50,934. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received

		Contributions, grass, grants, and online anicante received					
	2	Program service revenue including government fees and contracts		2	41,464.		
	3	Membership dues and assessments		3	9,360.		
	4	Membership dues and assessments Investment income S	EE SCHEDULE O	4	110.		
	5a	Gross amount from sale of assets other than inventory	5a				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	Gaming and fundraising events					
Φ	a	Gross income from gaming (attach Schedule G if greater than					
evenue		\$15,000)	0)				
ě	b	Gross income from fundraising events (not including \$					
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such	-				
		gross income and contributions exceeds \$15,000)	6b				
	С	Less: direct expenses from gaming and fundraising events	6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and so	ubtract line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less; cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other revenue (describe in Schedule 0)		8			
	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	50,934.		
	10	Grants and similar amounts paid (list in Schedule 0)		10			
	11	Benefits paid to or for members		11			
es	12			12			
Sus	13	Professional fees and other payments to independent contractors		13			
Expenses	14	Occupancy, rent, utilities, and maintenance S		14	785.		
Ш	15	Printing, publications, postage, and shipping		15			
	16	Other expenses (describe in Schedule 0)	EE SCHEDULE O	16	51,502.		
	17	Total expenses. Add lines 10 through 16	>	17	52,287.		
ιχ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,353.		
ssets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
As		(must agree with end-of-year figure reported on prior year's return)		19	53,885.		

For Paperwork Reduction Act Notice, see the separate instructions.

Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2010)

20

21

Net.

20

WESTERN PENSION & BENEFITS CONFERENCE

Pa	art II	Balance Sheets. (see the instructions for Part II.)					
		Check if the organization used Schedule O to respond to any question	in this Part II				X
				(A) Beginning of year			nd of year
22	Cash,	savings, and investments		52,707.	22		52,139.
23	Land	and buildings			23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE O)	1,178.	24		393.
25	Total	assets		53,885.	25		52,532.
26		liabilities (describe in Schedule 0)		0.	26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		53,885.	27		52,532.
Pa	art III	Statement of Program Service Accomplishmen	,	, <u> </u>			cpenses
		Check if the organization used Schedule 0 to respond to any question		<u></u>	X		for section and 501(c)(4)
Wha	it is the o	organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons and section
		hat was achieved in carrying out the organization's exempt pur	=		е	4947(a)(1 for others.) trusts; optional
_		s provided, the number of persons benefited, and other relevan	t information for each p	rogram title.		101 01110101	
28	SEE	SCHEDULE O			_		
					_		
				. 1	_		
••	(Grants	s \$) If this amount includes foreign g	grants, check here	> L		28a	
29					_		
					_		
	<u></u>	Λ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			_	200	
30	(Grants	s \$) If this amount includes foreign g	grants, cneck nere			29a	
30					_		
					_		
	(Grants) If this amount includes foreign o	grants chack here	N	_	30a	
31		program services (describe in Schedule O)					
	(Grants					31a	
			grants, check here		<u> </u>	32	
	art IV	List of Officers, Directors, Trustees, and Key E	mployees. List each one	e even if not compensated. (se	e the		or Part IV.)
		Check if the organization used Schedule O to respond to any question	in this Part IV				X
			(b) Title and average hour			ontributions	(e) Expense
		(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
			position	-0)		eferred pensation	other allowances
		•	PRESIDENT				
		, LAGUNA HILLS, CA 92653-4617	1.00	0.		0.	0.
MA	RGAI		- ,	TECH LUNCH	FO	RUMS	
PA	RKW	AY #E343, LAGUNA HILLS, CA	1.00	0.		0.	0.
ST	'UAR'	r hack, 24881 alicia parkway	PAST PRESIDE	1			
		, LAGUNA HILLS, CA 92653-4617	1.00	0.		0.	0.
		•	TREASURER	T		_	_
		, LAGUNA HILLS, CA 92653-4617	1.00	0.		0.	0.
		AH KUSMIERZ, 24881 ALICIA	SECRETARY			_	
		AY #E343, LAGUNA HILLS, CA	1.00	0.		0.	0.
		VAN GALDER, 24881 ALICIA	CORPORATE SP		_	^	
		AY #E343, LAGUNA HILLS, CA	1.00	0.		0.	0.
		Y BJELLAND, 24881 ALICIA	MEMBERSHIP C	1		^	
		AY #E343, LAGUNA HILLS, CA	1.00	0.		0.	0.
		<u> </u>	PROGRAMS CHA	1		0	_
		, LAGUNA HILLS, CA 92653-4617	1.00	O.		0.	0.
		BLAIN, 24881 ALICIA PARKWAY	DIRECTOR AT	1		0	_
		, LAGUNA HILLS, CA 92653-4617	1.00 DIRECTOR AT	0.		0.	0.
		CROUCH , 24881 ALICIA PARKWAY	1.00	DARGE 0.		0.	_
		, LAGUNA HILLS, CA 92653-4617	DIRECTOR AT			0.	0.
		N FAY, 24881 ALICIA PARKWAY , LAGUNA HILLS, CA 92653-4617	1.00	DARGE 0.		0.	0.
		JONES, 24881 ALICIA PARKWAY	DIRECTOR AT			0.	U •
		, LAGUNA HILLS, CA 92653-4617	1.00	O.		0.	0.
0321 02-0		, 1730MV HITTID, CV 37033-4011	1.00	1 0.1			990-EZ (2010)

WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER

Form 990-EZ (2010)

Page 3

33-0706599

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			X
	Check if the organization used Schedule 0 to respond to any question in this Part V		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		163	140
••	Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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?		<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
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
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 37a	_		v
	Did the organization file Form 1120-POL for this year?	37b		X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304		
39	Section 501(c)(7) organizations. Enter:	\dashv		
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	\dashv		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
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	40b	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		Х
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ► CA	40e		
41 42 a	The organization's books are in care of ► JENNIFER BODENHOEFER Telephone no. ► (949)	472-	<u> 111</u>	8
72 0	Located at > 24881 ALICIA PARKWAY, #E343, LAGUNA HILLS, CA ZIP+4 >			
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		Yes	No
	account)?	42b		Х
	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.?	42c		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		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			V	N ₂
44.	Did the examination maintain any dency advised funds during the year of the Corm 000 must be completed instead of		res	No
44 ä	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440		х
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		<u> </u>
U		44b		х
r	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	170		
•	in Schedule O	44d		
		Form 9	90-EZ	(2010)

032173

									Yes	No
		ated organization a controlled entity of the orga						45		Х
		rganization receive any payment from or engage				-	. , . ,			
		form 990 and Schedule R may need to be comp						45a		X
		rganization engage, directly or indirectly, in polit complete Schedule C, Part I						46		x
Parl	t VI	Section 501(c)(3) organizations	and section 49	947(a)(1) none	xempt	charitable tru	sts only. A		n 501(d	
		organizations and section 4947(a)(1) nonexem			-		-		,	, , ,
		Check if the organization used Schedule O to re	spond to any question	n in this Part VI						
47 5	N. 1 11								Yes	No
		rganization engage in lobbying activities? If "Ye $_{ m g}$ ganization a school as described in section 170(47		-
		rganization make any transfers to an exempt no						49a		
		vas the related organization a section 527 organ						49b		
		e this table for the organization's five highest co						each re	ceived i	more
t	han \$10	0,000 of compensation from the organization. It	f there is none, enter "							
		(a) Name and address of each analysis as id		(b) Title and avera		(c) Compensation	(d) Contributio to employee	``	e) Expe ccount	
		(a) Name and address of each employee paid than \$100,000 N/A		per week devo	ieu io		benefit plans a deferred	* oth	er allow	
		N/A					compensation	<u> </u>		
				-						
				_						
				_						
		e this table for the organization's five highest contion. If there is none, enter "None." N/A (a) Name and address of each independent or			each receiv	ved more than \$100,		sation f		
d T	otal nur	nber of other independent contractors each rece	eiving over \$100,000			▶				
52 D	oid the o	rganization complete Schedule A? Note: All sec	tion 501(c)(3) organiz	zations and 4947(a)(1) nonexe	mpt				
C		e trusts must attach a completed Schedule A)		es 🗌	No
		orrect, and complete. Declaration of preparer (other than	officer) is based on all inf	formation of which prepared	arer has any	ts, and to the best of my knowledge.	knowledge and i	beller, it is	s true,	
Sign		Signature of officer					Date			
Here	• [
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid						self- emplo	yed			
Prep		Final								
Use	Only	Firm's name				Firm's EIN	<u> </u>			
		Firm's address >				Phone no.				
Mav th	e IRS di	L scuss this return with the preparer shown above	e? See instructions				>	Х ү	es	No
032174 03-04-1		and property of the above					······································			(2010)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

WESTERN PENSION & BENEFITS CONFERENCE

Employer identification number

	ORANGE COUNTY CHAPTER	Employer identification number 33-0706599
FORM 990-EZ, PAR	T I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF P	ROPERTY:	AMOUNT:
INTEREST		110.
FORM 990-EZ, PAR	T I, LINE 14, OCCUPANCY, RENT, UTILIT	IES, AND MAINTENANCE:
DESCRIPTION OF E	XPENSES:	AMOUNT:
DEPRECIATION		785.
FORM 990-EZ, PAR	T I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF C	THER EXPENSES:	AMOUNT:
MANAGEMENT		12,696.
PROGRAM SERVICES		38,806.
TOTAL TO FORM 99	0-EZ, LINE 16	51,502.
FORM 990-EZ, PAR	T II, LINE 24, OTHER ASSETS:	
DESCRIPTION	BEG.	OF YEAR END OF YEAR
OTHER DEPRECIABL	E ASSETS	1,178. 393.
	T III, PRIMARY EXEMPT PURPOSE - THE O	
	ON & BENEFITS CONFERENCE PROMOTES AND	
	IDEAS AMONG EMPLOYEE BENEFITS PROFESS:	
	EMBERS INCLUDE ERISA ATTORNEYS, CERTI	
	RD PARTY ADMINISTRATORS, INVESTMENT I	
SPECIALISTS, ACT	UARIES, BENEFITS CONSULTANTS AND PLAN	SPONSORS'
IN-HOUSE BENEFIT	S PROFESSIONALS.	
THE OTICH THE MON	TOTOTOG CIMA DOECENIMANTONIC AND DEDICOTO	MECUNITONI TIMOU

THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

| Sul

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.

2010
Open to Public Inspection

Name of the organization

WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER

Employer identification number 33-0706599

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER

Employer identification number 33-0706599

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to (If not paid, enter account and (a) Name and address position -0-.) deferred other allowances compensation JULIETTE MEUNIER, 24881 ALICIA DIRECTOR AT LARGE PARKWAY #E343, LAGUNA HILLS, CA 1.00 0. 0. JEFF MYERS, 24881 ALICIA PARKWAY DIRECTOR AT LARGE #E343, LAGUNA HILLS, CA 92653-4617 1.00 0. 0. 0. DYLAN PORTER, 24881 ALICIA PARKWAY DIRECTOR AT LARGE #E343, LAGUNA HILLS, CA 92653-4617 0. 1.00 0. 0. JENNIFER BODENHOEFER, 24881 ALICIA ADMINISTRATOR PARKWAY #E343, LAGUNA HILLS, CA 1.00 0. 0. 0.

Form 8868 (Rev. 1-2011)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ext 	tension, d	complete only Part II and check this bo	х	>	X
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously filed	Form	8868.	
If you are filing for an Automatic 3-Month Extension, complet					
Part II Additional (Not Automatic) 3-Month Ex	ktensio	n of Time. Only file the original (no co	pies r	needed).	
Name of exempt organization Type or WESTERN DENSITON S. DENSETTES OF			Emp	loyer identification	number
weblevn tenblon & benefilb (CONFE	RENCE	_		
ORANGE COUNTY CHAPTER			3	3-0706599	
extended Number, street, and room or suite no. If a P.O. box, se		tions.			
due date for 24881 ALICIA PARKWAY, NO. E3					
return. See City, town or post office, state, and ZIP code. For a foinstructions. LAGUNA HILLS, CA 92653-4617		lress, see instructions.			
HAGONA HILLS, CA 92055-4017					
					01
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	131 01			Oode
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 auton	natic 3-month extension on a previou	sly file	ed Form 8868.	
		R - 24881 ALICIA PAR	.KWA	Y, #E343 -	
 The books are in the care of LAGUNA HILLS, C 	A 92	653-4617			
Telephone No. ► (949)47 2-4148		FAX No. ▶			
If the organization does not have an office or place of business	in the Ur	nited States, check this box		>	
 If this is for a Group Return, enter the organization's four digit 0 	Group Exe	emption Number (GEN) If thi	s is fo	r the whole group, c	heck this
box 🕨 📖 . If it is for part of the group, check this box 🕨 📖		ch a list with the names and EINs of all	memb	ers the extension is	for.
4 I request an additional 3-month extension of time until		15, 2012			
5 For calendar year, or other tax year beginning	TUL 1	, 2010 , and ending	JUN	30, 2011	·
6 If the tax year entered in line 5 is for less than 12 months, ch	neck reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
0	2000				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or	or 6069, e	nter the tentative tax, less any		•	0.
nonrefundable credits. See instructions.		unfranchele annelike ened enkimente d	8a	\$	<u></u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, or the payments made include any prior year averagement all	•				
tax payments made. Include any prior year overpayment allo previously with Form 8868.	owed as a	a credit and any amount paid	8b	 \$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	vmont wit	h this form if required by using	OD	3	
EFTPS (Electronic Federal Tax Payment System). See instru		in this form, in required, by using	8c	\$	0.
		d Verification	, JC	ı Y	
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this for	ng accomp		best o	f my knowledge and be	elief,
Signature ► Title ►			Date	.	
Signaturo P			שמוט	Form 8868 (Re	v 1.2011\

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STATE COPY

TAXABLE YEAR

California Exempt Organization Annual Information Return

028941 12-16-10 FORM

2010

199

First Februm Filed? Yes B Type of organization Exempt under Section 29701 Compete Colorate Interest 1059118	Calendar Year	2010 or fiscal year beginning month JULY day 1 year 2010, and ending month	JUNE		day 30 year 2011.
The control of the				#	
WESTERN PENSION & BENEFITS CONFERENCE 24881 ALICIA PARKWAY, NO. E343 Cry LAQUINA HILLS CA 92653-4617 CA 92			19	591	.18
ORANGE COUNTY CHAPTER 24881 ALICIA PARKWAY, NO. E343 Circumpater of the control	Corporation/Org	anization Name	FEIN		
24 88 1 ALICIA PARKWAY, NO. E343 City LAGUNA HILLS Commonder Settant* A considerate Settant* (a) In the a graph gain for a milliance Set General Instruction L	WESTER	N PENSION & BENEFITS CONFERENCE			
Additional Park Way No E343	ORANGE	COUNTY CHAPTER	33	-07	06599
Care Continue Care Car	Address				
LAGUNA HILLS		ALICIA PARKWAY, NO. E343			
C Amended Return? O Any you author/characteristification in group exception? O Any you author/characteristification in group exception? O Yes No (a) is this agroup flow for diffiliation of a diffiliate of the common of a diffiliate of the common	,				
Description of the authority of substitution is a group exemption? ve No	LAGUNA				
(a) to this a group filing for attitistee? See General instruction L	- /		(1) X Ca	sh (2) Accrual (3) Other
(b) If Year, "and the number of affiliates (c) Are all affiliates included? (c) Are all affiliates included? (d) Its its a separe that in felt by an organizate covered by a group ning? (d) Its is a separe that in felt by an organizate covered by a group ning? (f) Its a research of subcordinates attached? E renal return? (f) Its a research or subcordinates attached? E renal return? (f) Its a research or subcordinates attached? E renal return? E renal return.					
(c) read a "filtration included" Yes No No (c) read a "filtration included" Yes No (d) that is separate that the left by an organization covered by a pray ruing? Yes No (e) Federal Chorup Exemption Number Yes No (f) that is separate than filed by an organization covered by a pray ruing? Yes No (e) Federal Chorup Exemption Number Yes No (f) it as restered disabordinates attachmed? Yes No (f)					
(if Yes, "attach a list. See restructions.) (if Yes, "attach a list. See restruction.) ((b) If "Yes	enter the number of affiliates (2) attempted to influence l			
Check the box if the organization filed the following federal forms or schedule:	(C) Are all	anniates included? Tes or (3) made an election und			
(e) Federal Corpor Exemption Number (f) Is a rooter of subcridinate attached? Final return. (g) Expanding corporation (attach explanation) Final return.		attach a list. See instructions.)			The state of the s
Titles of incorporation to these reported to the reported to t		separate return filed by an organization covered by a group ruling?			
Final return? Till a Torsis of Subcondinates attached? Yes X No		artials of incorporation of			
Dissolved Surrendered (Withdrawn) Was Surrendered (Withdrawn	. ,	ter of subordinates attached? Yes No Franchise Tax Board? If "Y	es," complete a	ın expla	anation
# If a box is checked, enter date ◆ Check the box is checked, enter date ◆ Check the box is checked, enter date of the box is checked. Check the box is checked, enter date of the box is checked. Check the box is checked, enter date of the box is checked. Check the box is checked, enter date of the box is checked. Check the box is checked, enter date of the box is checked. Check the box is checked, enter date of the box is checked. Check the box is checked.					
If a box is checked, enter date F Check the box if the cognization fled the following federal forms or schedule: (i)					
F Check the bow if the organization filled the following federal forms or schedule: (1)			•		
G if organization is exempt under RATO Section 23701 and is exclusively religious, educational, or charbable, and supported primary (50% or more) by updite — 1 taxable income? Part I Complete Part I unless not required to file this form. See General Instructions B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 41,574 ⋅ 00 2 9,360 ⋅ 00 3 Gross countributions, otherwise, and similar amounts received 3 000 4 Total gross receipts from 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 B 4 50,934 ⋅ 00 4 5 00 0 4					77
G if organization is exemptour under RBTC Section 23701 and is exclusively religious, educational, or charistable, and is supported primary (50% or more) by public contributions, check tox. See General Instruction F. No filing fee is required. Part I Complete Part I unless not required to file this form. See General Instruction B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8					
educational, or charitable, and is supported primarily (60% or more) by public contributions, check box. See General Instruction. F. No fling fee is required. To complete Part I unless not required to file this form. See General Instructions B and C. To complete Part I unless not required to file this form. See General Instructions B and C. Total gross dues and assessments from members and affiliates	. ,				
Part I Complete Part I unless not required to file this form. See General Instructions B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	educational,	or charitable, and is supported primarily (50% or more) by public			
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8					L 1es 22 No
Receipts and Gross contributions, gifts, grants, and similar amounts received 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 B 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 6 8 Total gross income. Subtract line 6 9 Total expenses and disbursements. From Side 2, Part II, line 18 Expenses Filing Fee 11 Filing fee \$10 or \$25. See General Instruction F 12 Total payments 13 Penalties and Interest. See General Instruction F 14 Use tax. See General Instruction J 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result Free Signature Preparer's Signature P		•	•	1	41,574.00
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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 B 4 50 , 934 • 00				3	00
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Standard		6 Cost or other basis, and sales expenses of assets sold • 6	00		
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Fee 13	Filina				00
14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result 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 Preparer's signature of or yours, if self-employed and address Date Check if self-employed Preparer's PTIN/SSN FEIN FEIN Title Preparer's PTIN/SSN FEIN Telephone	_				00
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Sign Here Signature of officer Preparer's signature (or yours, if self-employed) and address Signature of officer Date Check if self-employed of self-emplo					TU • 00
Here Signature of officer Preparer's signature Paid Preparer's Use Only Date Check if self-employed Firm's name (or yours, if self-employed) and address Title Date Check if self-employed • FEIN • Telephone	Cian	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h	as any knowled	ge.	owicage and belief,
Signature of officer Preparer's signature Paid Firm's name (or yours, if self-employed) and address Preparer's Date Check if self-employed FEIN FEIN Telephone		Title Da	ate		Telephone
Preparer's signature Preparer's signature Paid Preparer's Firm's name (or yours, if self-employed) and address Preparer's Date Check if self-employed FEIN FEIN Telephone	пете	Signature Signature			
Preparer's signature signa		Date	h		Preparer's PTIN/SSN
Paid Preparer's Use Only Firm's name (or yours, if self- employed) and address PEIN Telephone					
Preparer's Use Only (or yours, if self-employed) and address Telephone	Paid	•	1 1/21		● FEIN
Use Only employed) and address • Telephone		(or yours,			
and address	=	employed)			● Telephone
May the FTB discuss this return with the preparer shown above? See instructions	··· y	and address			
		May the FTB discuss this return with the preparer shown above? See instructions	•	Yes	No

WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER

33-0706599

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete 028951 12-16-10 Part II or furnish substitute information. See Specific Line Instructions. Gross sales or receipts from all business activities. See instructions 00 110. 2 Interest 00 Dividends 3 00 Receipts Gross rents 4 00 from Gross royalties 5 00 Other Gross amount received from sale of assets (See instructions) 6 00 SEE STATEMENT 1 • 41,464. 7 Sources Other income 00 **Total** gross sales or receipts from other sources. Add line 1 through line 7. 41,574.00 Enter here and on Side 1, Part I, line 1 8 Contributions, gifts, grants, and similar amounts paid 9 00 10 10 Disbursements to or for members 00 Compensation of officers, directors, and trustees SEE STATEMENT 2 0.00 11 **Expenses** Other salaries and wages 12 00 and 13 00 Disburse-14 Taxes 00 15 ments 00 Depreciation and depletion (See instructions) 785. 00 16 SEE STATEMENT 3 • 51,502.00 17 52,287.00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 End of taxable year Schedule L Balance Sheets Beginning of taxable year Assets (d) (a) (c) 52,707. 52,139. 1 Cash 2 Net accounts receivable 3 Net notes receivable • 4 Inventories • Federal and state government obligations 6 Investments in other bonds 7 Investments in stock Mortgage loans (number of loans) Other investments 1,963. 10 a Depreciable assets 1,178. **b** Less accumulated depreciation 785. 1,178. 785.) 393. **11** Land 12 Other assets • Total assets 53,885 52,532. Liabilities and net worth Accounts payable _____ • Contributions, gifts, or grants payable **16** Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principle fund • Paid-in or capital surplus. Attach reconciliation ... 53,885. 52,532. 21 Retained earnings or income fund 22 Total liabilities and net worth 53,885. 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. 2 Federal income tax 7 Income recorded on books this year 3 Excess of capital losses over capital gains not included in this return 4 Income not recorded on books this 8 Deductions in this return not charged • year against book income this year 5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8 deducted in this return Total. 10 Net income per return.

-1,353.

Subtract line 9 from line 6

Add line 1 through line 5

FORM 199 OTHE	R INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
PROGRAM SERVICE REVENUE		41,4	64.
TOTAL TO FORM 199, PART II, LINE 7		41,4	64.
FORM 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
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 FO 1.00	R	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.

WESTERN PENSION & BENEFITS CON	FERENC:	E OR	33-0706599
RICK BLAIN 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617		DIRECTOR AT LARGE	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 PROGRAM SERVICES			12,696. 38,806.
TOTAL TO FORM 199, PART II, LINE	17		51,502.

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2010	<u> </u>											00
Attach to Form 100 or Form 1	00W.			FORM	199				FE	IN	33-07	06599
Corporation name										Califo	rnia corporati	on number
WESTERN PENSI	ON & BE	NEFITS	CONFE	RENCE								
ORANGE COUNTY	CHAPTE	R									195911	8
Part I Election To Expense												
1 Maximum deduction unde	r IRC Section 17	9 for Californi	a							1		\$25,000
2 Total cost of IRC Section												
3 Threshold cost of IRC Sec												\$200,000
4 Reduction in limitation. Su												
5 Dollar limitation for taxable			e 1. If zero or							5		
	Description of pro	perty		(b) Cost (b	usiness use o	nly)	(c)	Elected co	ost			
6										_		
										_		
7 Listed property (elected IF							7					
8 Total elected cost of IRC S												
9 Tentative deduction. Enter												
10 Carryover of disallowed de	eduction from pri	or taxable yea	ars							10		
11 Business income limitation												
12 IRC Section 179 expense						_				. 12		
13 Carryover of disallowed de							13					
Part II Depreciation and Ele	ction of Addition	-						(0)			<i>1</i> – <i>1</i>	
(a) Description property	(b)		(c) st or	(d Depreciation		(e)		(f) Life or			(g) eciation	(h) Additional
	Date acquired		r basis	allowable in e		Depreci Meth		rate			nis year	first year
14 1 DELL CO	MDIIMED	+										depreciation
	02/28/0	7	1,327.		928.	CT.		5.00	_		265.	
2 PROJECT		'	1,527.		720.	РП		3.00			203.	
	02/28/0	7	2,599.		1,820.	GT.		5.00			520.	
	02/20/0	' 	<u> </u>		1,020.	РП		3.00			320.	
									-			
TOTALS			3,926.		2,748.				_			
15 Add the amounts in colum	n (a) and colum					1						
See instructions for line 14	(0)	` '	,						15		785.	
Part III Summary	.,											
16 Total: If the corporation is	electing:											
IRC Section 179 expense,					a 1E aalumna	(a) and ((b) a=					
Additional first year depred Depreciation (if no election	n is made), enter	the amount fi	om line 15, c	olumn (g)	e 15, coluitiis	(y) anu ((11), 01			16		785.
17 Total depreciation claimed	for federal purp	oses from fed	eral Form 456	62, line 22						17		785.
18 Depreciation adjustment. I												
If line 17 is less than line 1	16, enter the diffe	rence here an	d on Form 10	00 or Form 100V	W, Side 1, line	12. (If Ca	aliforni	ia deprecia	tion			
amounts are used to deter	mine net income	before state	adjustments (on Form 100 or	Form 100W, i	no adjusti	ment is	s necessar	y .)	18		0.
Part IV Amortization												
(a)		(b)		(c)		d)		(e) R&TC		f)		9)
Description of prope	rty Da	te acquired		ost or er basis	Amortizatio allowable in			section		od or ntage	Amort for thi	
-					anowabie in	ournor ye	ars	(see instruction	s) Poroc	mago	101 1111	o your
19												
20 Total. Add the amounts in	(0)									20		
21 Total amortization claimed										21		
22 Amortization adjustment.												
Side 1, line 6. If line 21 is I	iess than line 20,	enter the diff	erence here a	nd on Form 100	or Form 100'	w, Side 1	, line	12		22		

Form **990-F7**

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Differ section 50 (c), 527, 01 4947(a)(1) of the internal nevertibe code (except black lung benefit that of private foundation)

■ 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 \$200,000 at the pand of the year may use this form.

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

For the 2010 calendar year, or tax year beginning and ending 2011 JUL 1, 2010 Check if applicable: D Employer identification number **C** Name of organization WESTERN PENSION & BENEFITS CONFERENCE Address change ORANGE COUNTY CHAPTER 33-0706599 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 24881 ALICIA PARKWAY E343 (949)472-4148Terminated City or town, state or country, and ZIP + 4 F Group Exemption LAGUNA HILLS, CA 92653-4617 Number > X Cash Accrual Other (specify) H Check ► X if the organization is not Accounting Method: Website: ► WWW.WESTERNPENSION.ORG required to attach Schedule B **Tax-exempt status** (check only one) _ ____ 501(c)(3) **X** 501(c) (6) **◄** (insert no.) ____ 4947(a)(1) or ____ 527 (Form 990, 990-EZ, or 990-PF). 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. 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. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 41,464. 2 Membership dues and assessments 9,360. 3 3 Investment income SEE SCHEDULE O 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 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) c Less: direct expenses from gaming and fundraising events 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 Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 50,934. 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance SEE SCHEDULE O 14 785. 14 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 51,502. 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 52,287. -1,353. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) 19 53,885. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

WESTERN PENSION & BENEFITS CONFERENCE

Form 990-EZ (2010)

ORANGE COUNTY CHAPTER

Pa	rt II	Balance Sheets. (see the instructions for Part II.)						
		Check if the organization used Schedule O to respond to any question	in this Part II					X
				(A)	Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments			52,707.	22		52,139.
23	Land	and buildings				23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE C			1,178.			393.
25	Total	assets			53,885.	25		52,532.
26	Total	liabilities (describe in Schedule 0)			0.	26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)			53,885.	27		52,532.
Pa	rt III	Statement of Program Service Accomplishmen	•		· _			penses
		Check if the organization used Schedule O to respond to any question				X		for section and 501(c)(4)
What	t is the c	organization's primary exempt purpose?SEE SCHEDULE C					organizati	ons and section
		hat was achieved in carrying out the organization's exempt pur				е	4947(a)(1 for others.) trusts; optional
		s provided, the number of persons benefited, and other relevan	t information for each	n prog	ram title.		101 0111613.	·)
28	SEE	SCHEDULE O				_		
						_		
9	(Grants	s \$) If this amount includes foreign o	grants, check here		> L		28a	
29 .								
9	(Grants	s \$) If this amount includes foreign of	grants, check here		> L		29a	
30								
9	(Grants	s \$) If this amount includes foreign of	grants, check here		<u>▶ </u>		30a	
	-							
	(Grants		grants, check here		> L		31a	
32	Total p		·			<u>. </u>	32	
Pa	rt IV	List of Officers, Directors, Trustees, and Key E		one eve	en if not compensated. (se	ee the	instructions f	
		Check if the organization used Schedule O to respond to any question		······	<u> </u>			<u>X</u>
		(a) Nama and address	(b) Title and average h		(If not paid, enter	` to e	ontributions employee	(e) Expense account and
		(a) Name and address	position		-0)		efit plans & eferred	other allowances
<u>τ λ</u>	דעת	PEN DACC 2/991 ALTOTA DADEMAV	PRESIDENT		,	com	pensation	
		EEN BASS, 24881 ALICIA PARKWAY , LAGUNA HILLS, CA 92653-4617	1.00		0.		0.	0.
		RET MARTINAZZI, 24881 ALICIA	PRES-ELECT	/ m	ECH LUNCH	ᄧᄉ		0.
		AY #E343, LAGUNA HILLS, CA	1.00	′ 납	0.	гU	омо 0.	0.
CIT!	LLVML		PAST PRESI	ואיםרו			0.	0.
		, LAGUNA HILLS, CA 92653-4617	1.00	DEM	0.		0.	0.
		D. MURPHY, 24881 ALICIA PARKWAY			0.		0.	0.
		, LAGUNA HILLS, CA 92653-4617	1.00		0.		0.	0.
			SECRETARY				<u> </u>	•
		AY #E343, LAGUNA HILLS, CA	1.00		0.		0.	0.
		JAN GALDER, 24881 ALICIA	CORPORATE :	SPO		,		•
		AY #E343, LAGUNA HILLS, CA	1.00		0.		0.	0.
		Y BJELLAND, 24881 ALICIA	MEMBERSHIP	СН				•
		AY #E343, LAGUNA HILLS, CA	1.00	C11	0.		0.	0.
			PROGRAMS C	нΔТ				•
		, LAGUNA HILLS, CA 92653-4617	1.00		0.		0.	0.
			DIRECTOR A	т т			· ·	<u> </u>
		, LAGUNA HILLS, CA 92653-4617	1.00	- 4	0.		0.	0.
			DIRECTOR A	т.			· ·	
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44	~ ~ ~ ,	,			∪ • [•	. •

0321/2 02-02-11 Form **990-EZ** (2010)

33-0706599

Pa	Check if the organization used Schedule 0 to respond to any question in this Part V Check if the organization used Schedule 0 to respond to any question in this Part V			X
	Onetak it the organization used schedule of to respond to any question in this rare v		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		1.00	110
	Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			\vdash
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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.			
а	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		l
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			1,,
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			
a		-		
ں د ۸۸	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
h	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	40b	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	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	40e		X
41	List the states with which a copy of this return is filed. CA			
42 a	The organization's books are in care of JENNIFER BODENHOEFER Telephone no. ► (949)			
	Located at ► 24881 ALICIA PARKWAY, #E343, LAGUNA HILLS, CA ZIP+4 ►	1265	3 – 4	:617
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	T NI =
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	No X
	account)? If "Yes," enter the name of the foreign country:	42b		┝┸
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
Ū	If "Yes," enter the name of the foreign country:	0		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
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	44b		Х
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
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	44d	<u> </u>	<u> </u>
		Form 9	90-EZ	(2010)

FUIII	1 990-E	۷ (۷	ORANGE COUNTY CHA	APTER				33-0706	5599		Page 4	
										Yes	No	
45	Is any	rela	ted organization a controlled entity of the organi	ization within the I	meaning of sect	ion 512(b)	(13)?		45		X	
а	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(512(b)(13)?				
	If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ								45a		X	
46	Did th	e or	ganization engage, directly or indirectly, in politica	al campaign activities	s on behalf of or ir	n opposition	to candidates for pu	ıblic office?				
	If "Yes	," cc	mplete Schedule C, Part I						46		Х	
Pa	rt VI	Ĺ	Section 501(c)(3) organizations a	nd section 49	47(a)(1) none	exempt	charitable tru	sts only. A	I sectio	n 501(d		
		_	rganizations and section 4947(a)(1) nonexempt			_		_				
			theck if the organization used Schedule 0 to response								¨	
			incek ii tile digamzation used benedule o to resp	ond to any question	m uns rait vi						No	
47	Did +b	Did the organization engage in Johnving activities? If IIVan II parameter Calculus C. Dout II							47	163	110	
47		d the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								<u> </u>		
48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48			
		d the organization make any transfers to an exempt non-charitable related organization?							49a			
b		"Yes," was the related organization a section 527 organization?										
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who e									ceived	more	
	than \$	100	,000 of compensation from the organization. If th	nere is none, enter "N	one."							
					(b) Title and aver	age hours	(c) Compensation	(d) Contributio		e) Expe	ense	
		(a) Name and address of each employee paid more per week devoted to benefit paid to employ benefit paid deferred.						to employee benefit plans &	, a	ccount	and	
								deferred	oth	er allov	vances	
			11/11					compensation				
	organi	izatio	on. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000				ved more than \$100,000 of compens (b) Type of service			(c) Compensation		
_												
d	Total r	num	ber of other independent contractors each receivi	ing over \$100,000			▶					
52	Did th	e or	ganization complete Schedule A? Note: All section	n 501(c)(3) organiza	itions and 4947(a)(1) nonexe	mpt			_		
	charita		trusts must attach a completed Schedule A						Y	es L	No	
		Ur co	der penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than off	is return, including accol ficer) is based on all info	mpanying schedules rmation of which pre	and statemen parer has any	ts, and to the best of my knowledge.	knowledge and t	pellef, it is	s true,		
		53.555, and somption 5 something of property (onto their officer) is based on an information of which prepare has any knowledge.										
Sig	n		Signature of officer Date									
Hei	re											
			Type or print name and title									
		_	· · ·	roparor'o oignoturo		Data	Charle	if PTIN				
ь.	_1		Print/Type preparer's name Pr	reparer's signature		Date	Check	_				
Paid Preparer Use Only							self- emplo	yea				
		У	Firm's name ► Firm's EIN ►									
			Firm's address Phone no.									
			•									
May	the IRS	die	cuss this return with the preparer shown above?	See instructions					Х ү	es T	No	
03217	74	, uið	sace and return with the property shown above:									
03-04	-11								I UIIII !	ュコローヒム	(2010)	

SCHEDULE 0 (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

WESTERN PENSION & BENEFITS CONFERENCE

Employer identification number

Name of the organization ORANGE COUNTY CHAPTER 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. PART II, LINE 24, OTHER ASSETS: FORM 990-EZ, BEG. DESCRIPTION OF YEAR END OF YEAR 1,178. 393. OTHER DEPRECIABLE ASSETS 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. ORGANIZATION'S MEMBERS INCLUDE ERISA ATTORNEYS, CERTIFIED PUBLIC ACCOUNTANTS, THIRD PARTY ADMINISTRATORS, INVESTMENT INDUSTRY BENEFITS ACTUARIES, BENEFITS CONSULTANTS AND PLAN SPONSORS' SPECIALISTS, IN-HOUSE BENEFITS PROFESSIONALS.

THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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.

ORANGE COUNTY CHAPTER

WESTERN PENSION & BENEFITS CONFERENCE

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

33-0706599

THE ORGANIZATION PROVIDES A FORUM FOR DIALOGUE BETWEEN ITS THESE MEETINGS ENCOURAGE FULL AUDIENCE PARTICIPATION AND MEMBERS. 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 IN-HOUSE BENEFITS PROFESSIONALS. THROUGH THE MONTHLY FORUM PRESENTATIONS AND PERIODIC TECHNICAL LUNCH THE ORGANIZATION PROVIDES A FORUM FOR DIALOGUE BETWEEN ITS FORUMS,

THESE MEETINGS ENCOURAGE FULL AUDIENCE PARTICIPATION AND

THE MONTHLY MEETINGS AVERAGE APPROXIMATELY 50 MEMBERS IN ATTENDANCE.

PROFESSIONALS LEAD THE MEETINGS WITH AN EMPHASIS ON TOPICS REFLECTING

EXCHANGE OF PRACTICAL SOLUTIONS TO TECHNICAL ISSUES. BENEFIT

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

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. OR

CURRENT BENEFIT TRENDS AND REGULATORY GUIDANCE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

29642 1

MEMBERS.

Name of the organization

WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER

Employer identification number 33-0706599

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to (If not paid, enter account and (a) Name and address position -0-.) deferred other allowances compensation JULIETTE MEUNIER, 24881 ALICIA DIRECTOR AT LARGE PARKWAY #E343, LAGUNA HILLS, CA 1.00 0. 0. JEFF MYERS, 24881 ALICIA PARKWAY DIRECTOR AT LARGE #E343, LAGUNA HILLS, CA 92653-4617 0. 0. 0. 1.00 DYLAN PORTER, 24881 ALICIA PARKWAY DIRECTOR AT LARGE #E343, LAGUNA HILLS, CA 92653-4617 0. 1.00 0. 0. JENNIFER BODENHOEFER, 24881 ALICIA ADMINISTRATOR PARKWAY #E343, LAGUNA HILLS, CA 1.00 0. 0. 0.