

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)

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.

OMB No. 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: C Name of organization WESTERN PENSION & BENEFITS CONFERENCE ORANGE COUNTY CHAPTER D Employer identification number 33-0706599 E Telephone number (949) 472-4148 F Group Exemption Number

G Accounting Method: X Cash Accrual Other (specify) H Check X 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) X 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000.

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 \$ 43,070.

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 X

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue; 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

WESTERN PENSION & BENEFITS CONFERENCE

Form 990-EZ (2011)

ORANGE COUNTY CHAPTER

33-0706599

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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	52,139.	22	43,613.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	393.	24	196.
25 Total assets	52,532.	25	43,809.
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)	52,532.	27	43,809.

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <b>SEE SCHEDULE O</b>			
(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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 FOR	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	DIRECTOR AT LARGE	0.	0.	0.
HITZ BURTON, 24881 ALICIA PARKWAY #E343, LAGUNA HILLS, CA 92653-4617	BREAKFAST FORUMS CHAIR	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	SOCIAL MEDIA CHAIR	0.	0.	0.

132172  
02-06-12

Form 990-EZ (2011)

WESTERN PENSION & BENEFITS CONFERENCE

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. CA
42a The organization's books are in care of JENNIFER BODENHOEFER Telephone no. (949) 472-4148
Located at 24881 ALICIA PARKWAY, #E343, LAGUNA HILLS, CA ZIP + 4 92653-4617
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

Form 990-EZ (2011)

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**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? **Yes** **No**  
 If "Yes," complete Schedule C, Part I 46

**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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

**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** Date  
 Signature of officer \_\_\_\_\_  
**MARK D. MURPHY, TREASURER**  
 Type or print name and title

<b>Paid Preparer Use Only</b>	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

**2011**

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	44.

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

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	393.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MANAGEMENT	10,997.
PROGRAM SERVICES	40,403.
TOTAL TO FORM 990-EZ, LINE 16	51,400.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	393.	196.

**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

**2011**

Open to Public  
Inspection

Name of the organization <b>WESTERN PENSION &amp; BENEFITS CONFERENCE ORANGE COUNTY CHAPTER</b>	Employer identification number <b>33-0706599</b>
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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.



# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WESTERN PENSION &amp; BENEFITS CONFERENCE ORANGE COUNTY CHAPTER</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>33-0706599</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>24881 ALICIA PARKWAY, NO. E343</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LAGUNA HILLS, CA 92653-4617</b>	

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-T (corporation)	07
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

**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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization <b>WESTERN PENSION &amp; BENEFITS CONFERENCE ORANGE COUNTY CHAPTER</b>	Employer identification number <b>33-0706599</b>
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Name and title of officer  
**MARK MURPHY  
TREASURER**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	<b>43070</b>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**33156192660**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

2011

**California Exempt Organization  
Annual Information Return**

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Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name <b>WESTERN PENSION &amp; BENEFITS CONFERENCE ORANGE COUNTY CHAPTER</b>		California corporation number <b>1959118</b>
Address (suite, room, or PMB no.) <b>24881 ALICIA PARKWAY, NO. E343</b>		FEIN <b>33-0706599</b>
City <b>LAGUNA HILLS</b>	State <b>CA</b>	ZIP Code <b>92653-4617</b>

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p><b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p><b>J</b> If exempt under R&amp;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&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	33,415.00
	2	Gross dues and assessments from members and affiliates	2	9,655.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B	4	43,070.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	43,070.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	51,793.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-8,723.00
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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.

<b>Sign Here</b>	Signature of officer	Title <b>TREASURER</b>	Date	Telephone <b>949-650-2771</b>
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
<b>Paid Preparer's Use Only</b>	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.**

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	44.00
	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	33,371.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	33,415.00
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	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	393.00
	17	Other Expenses and Disbursements	•	17	51,400.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	51,793.00

**Schedule L Balance Sheets**

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		52,139.		43,613.
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				
9 Other investments				
10 a Depreciable assets	3,926.		3,926.	
b Less accumulated depreciation	(3,533.)	393.	(3,730.)	196.
11 Land				
12 Other assets				
13 Total assets		52,532.		43,809.
<b>Liabilities and net worth</b>				
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		52,532.		43,809.
22 Total liabilities and net worth		52,532.		43,809.

**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	•	-8,723.	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		-8,723.
6 Total.					
Add line 1 through line 5		-8,723.			

FORM 199	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
PROGRAM SERVICE REVENUE	33,371.
TOTAL TO FORM 199, PART II, LINE 7	33,371.

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	DIRECTOR AT LARGE 1.00	0.

HITZ BURTON 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653-4617	BREAKFAST FORUMS CHAIR 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	SOCIAL MEDIA CHAIR 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.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
MANAGEMENT		10,997.	
PROGRAM SERVICES		40,403.	
TOTAL TO FORM 199, PART II, LINE 17		51,400.	

# Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0706599

Corporation name <b>WESTERN PENSION &amp; BENEFITS CONFERENCE ORANGE COUNTY CHAPTER</b>		California corporation number <b>1959118</b>
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**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	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
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 <b>smaller</b> 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 2012. 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.	1,193.	SL	5.00	134.	
2 PROJECTOR	02/28/07	2,599.	2,340.	SL	5.00	259.	
<b>TOTALS</b>		<b>3,926.</b>	<b>3,533.</b>				
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	393.

**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	393.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	393.
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	