Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
May 3, 2016

Acmp Washington Chapter
2918 N 33rd St
Tacoma, WA  98407

Acmp Washington Chapter:

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Sincerely,

Craig Mueller, CPA
<table>
<thead>
<tr>
<th>Prepared for:</th>
<th>Prepared by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMP WASHINGTON CHAPTER</td>
<td>MUELLER &amp; CO., P.S.</td>
</tr>
<tr>
<td>2918 N 33RD ST</td>
<td>12600 SE 38TH STREET, SUITE 119</td>
</tr>
<tr>
<td>TACOMA, WA  98407</td>
<td>BELLEVUE, WA  98006</td>
</tr>
</tbody>
</table>

2014 FORM 990-EZ

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning JUN 1, 2014, and ending MAY 31, 2015

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization  
ACMP WASHINGTON CHAPTER

Name and title of officer  
BRADD BUSICK  
TREASURER

Employer identification number  
46-0560880

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  

X 1b Total revenue, if any (Form 990, Part VIII, column (A), line 12)  

X 79,900.

2a Form 990-EZ check here  

X 2b Total revenue, if any (Form 990-EZ, line 9)  

X

3a Form 1120-POL check here  

X 3b Total tax (Form 1120-POL, line 22)  

X

4a Form 990-PF check here  

X 4b Tax based on investment income (Form 990-PF, Part VI, line 5)  

X

5a Form 8868 check here  

X 5b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)  

X

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 2014 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

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.

I authorize to enter my PIN as my signature on the organization’s tax year 2014 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.

As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2014 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.

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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.

EO’s signature  
Date  
05/03/16

Part III Certification and Authentication

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

91144860880

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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.

EROS signature  
Date  
05/03/16

EROS Must Retain This Form - See Instructions

Do Not Submit This Form To The IRS Unless Requested To Do So

LHA  For Paperwork Reduction Act Notice, see instructions.  
423051

12070503 149378 460560880  
2014.05040 ACMP WASHINGTON CHAPTER  
46056081
**Form 990-EZ**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.

**For the 2014 calendar year, or tax year beginning JUN 1, 2014 and ending MAY 31, 2015**

### B Name of organization

ACMP WASHINGTON CHAPTER

### D Employer identification number

46-0560880

### E Telephone number

503-498-0618

### G Accounting Method

Cash

### H Check if the organization is required to attach Schedule B

X

### J Tax-exempt status (check one only) —

- 501(c)(3)
- 501(c) ( 6 )
- 4947(a)(1) or 527

### K Form of organization:

- Corporation
- Trust
- Association
- Other

### 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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ. $ 79,900.

**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>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>Net assets or fund balances at beginning of year (from line 27, column (A))</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>Benefits paid to or for members</td>
<td>(must agree with end-of-year figure reported on prior year’s return)</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>Investment income</td>
<td>Professional fees and other payments to independent contractors</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>6a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>SEE SCHEDULE O</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td>SEE SCHEDULE O</td>
<td></td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Other revenue (describe in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEE SCHEDULE O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79,914.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79,900.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Benefits paid to or for members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Professional fees and other payments to independent contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Other expenses (describe in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEE SCHEDULE O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Total expenses. Add lines 10 through 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60,836.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(must agree with end-of-year figure reported on prior year’s return)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43,127.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>24,063. 22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>24,063. 23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24,063. 24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>24,063. 25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>24,063. 26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>24,063. 27</td>
</tr>
</tbody>
</table>

### 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.

#### 28  SEE SCHEDULE O

(Grants $ ) If this amount includes foreign grants, check here

28a

(Grants $ ) If this amount includes foreign grants, check here

29a

(Grants $ ) If this amount includes foreign grants, check here

30a

Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

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

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter (-0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARAH HUTCHINSON</td>
<td>3.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BRADD BUSICK</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ERIN DALY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SYMPOSIUM LEAD</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>WHITNEY FERGUS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARIANA TOMAS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARKETING &amp; COMMUNICATIONS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SUSAN GARRIBET</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TLT LIAISON</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KELLY HAMSKI</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CLAIRE MCCARTHY CARETS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER ENGAGEMENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LESLIE RUMINSKI</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER SERVICES</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MOLLY ANGEL</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER SERVICES</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Form 1120-POL

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 conforming 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)?

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c 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

b 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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b 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:

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the years under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed

42a The organization’s books are in care of

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b The organization’s books are in care of

42c 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)?

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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)
Part VI  Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

46  Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
    If "Yes," complete Schedule C, Part I

   Yes No 46 X

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

   Yes No 47

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

   Yes No 48

49a Did the organization make any transfers to an exempt non-charitable related organization?

   Yes No 49a

b  If "Yes," was the related organization a section 527 organization?

   Yes No 49b

50  Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

   (a) Name and title of each employee
   (b) Average hours per week devoted to position
   (c) Reportable compensation (Forms W-2/1099-MISC)
   (d) Health benefits, contributions to employee benefit plans, and deferred compensation
   (e) Estimated amount of other compensation

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

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   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

   N/A

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   N/A

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| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: |  |
| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |  |
| CONFERENCE REGISTRATIONS | 77,914 |  |

| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: |  |
| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |  |
| GUEST SPEAKERS | 18,083 |  |
| FACILITIES RENTAL | 22,500 |  |
| MERCHANT AND BANK FEES | 3,053 |  |
| WEBSITE DEVELOPMENT | 1,453 |  |
| GRAPHIC DESIGN | 648 |  |
| EVENT COORDINATION | 5,325 |  |
| INSURANCE | 771 |  |
| REFUNDS | 3,000 |  |
| EVENT SUPPLIES & SERVICES | 4,284 |  |
| TOTAL TO FORM 990-EZ, LINE 16 | 59,117 |  |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - LOCAL CHAPTER PROFESSIONAL ASSOCIATION - ADVANCING THE DISCIPLINE OF CHANGE MANAGEMENT

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

ANNUAL MEMBER SYMPOSIUM - THE ASSOCIATION HOLDS AN ANNUAL SYMPOSIUM FOR THE BENEFIT OF ITS MEMBERS. THE SYMPOSIUM PROVIDES EDUCATIONAL TOOLS AND OTHER RESOURCES TO ASSIST THE MEMBERS IN THEIR PROFESSION.
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.**

**Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
- 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.

**Enter filer’s identifying number**

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>ACMP WASHINGTON CHAPTER</strong></td>
<td><strong>46-0560880</strong></td>
</tr>
</tbody>
</table>

**Number, street, and room or suite no. If a P.O. box, see instructions.**  
**City, town or post office, state, and ZIP code. For a foreign address, see instructions.**  
**TACOMA, WA 98407**

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

**Application Is For**  
<table>
<thead>
<tr>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**BRADD BUSICK**  
**Telephone No.** | **503-498-0618**  
**Fax No.**    | ****

- The books are in the care of **2918 N 33RD ST - TACOMA, WA 98407**
- 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 **JANUARY 15, 2016**. 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** **JUN 1, 2014** and ending **MAY 31, 2015**.

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

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  

   ```
   \> 3a $ 0.0.
   ```

3b. If this application is for Forms 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.  

   ```
   \> 3b $ 0.0.
   ```

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

   ```
   \> 3c $ 0.0.
   ```

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

LHA 8868 (Rev. 1-2014)