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June 20, 2016

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

Acmp Washington Chapter:

Enclosed is the organization’s 2015 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
### 2015 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
Department of the Treasury
Internal Revenue Service

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUN 1, 2015, and ending MAY 31, 2016

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

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, 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 ☑ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here ☑ X b Total revenue, if any (Form 990-EZ, line 9) 2b 11,375.
3a Form 1120-POL check here ☑ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here ☑ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here ☑ 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 2015 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 MUELLER & CO., P.S. to enter my PIN 20336

as my signature on the organization’s tax year 2015 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 2015 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 ☑ 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.

91144860880
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 06/20/16

LHA: For Paperwork Reduction Act Notice, see instructions.
### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td></td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td></td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
</tr>
<tr>
<td>Gross amount from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>Gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td></td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory</td>
<td></td>
</tr>
<tr>
<td>Other revenue (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Total revenue</td>
<td>$11,375</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td></td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td>$19,530</td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess or (deficit) for the year</td>
<td>$-8,155</td>
</tr>
<tr>
<td>Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td>$43,127</td>
</tr>
<tr>
<td>(must agree with end-of-year figure reported on prior year’s return)</td>
<td></td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Total net assets or fund balances at end of year (Combine lines 18 through 20)</td>
<td>$34,972</td>
</tr>
</tbody>
</table>
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.

**(list each one even if not compensated - see the instructions for Part IV)**

- **Health benefits, contributions to employee benefit plans, and deferred compensation**
- **Reportable compensation (Forms W-2/1099-MISC)**
- **Total assets**
- **Total liabilities**
- **Net assets or fund balances**

**(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)**

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>43,127</td>
<td>34,972</td>
</tr>
<tr>
<td>43,127</td>
<td>34,972</td>
</tr>
<tr>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>43,127</td>
<td>34,972</td>
</tr>
</tbody>
</table>

**Part III** | Statement of Program Service Accomplishments
Check if the organization used Schedule O to respond to any question in this Part III.

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.

**SEE SCHEDULE O**

- **Grants**: If this amount includes foreign grants, check here.
- **Other program services**: If this amount includes foreign grants, check here.
- **Total program service expenses**: (add lines 28a through 31a)

**Part IV** | List of Officers, Directors, Trustees, and Key Employees
Check if the organization used Schedule O to respond to any question in this Part IV.

List each one even if not compensated - see the instructions for Part IV.

<table>
<thead>
<tr>
<th>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>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRADD BUSICK</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUSAN GARRIBETY</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TLT LIAISON</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KELLY HAMSKI</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VIC PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE MCCARTHY GARETS</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER ENGAGEMENT</td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Balance Sheets**

- **Cash, savings, and investments**
- **Land and buildings**
- **Other assets** (describe in Schedule O)
- **Total assets**
- **Total liabilities** (describe in Schedule O)
- **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

**Statement of Program Service Accomplishments**

- **Expenses**
- **Average hours per week devoted to position**
- **Reportable compensation (W-2/1099-MISC)**
- **Health benefits, contributions to employee benefit plans, and deferred compensation**
- **Estimated amount of other compensation**

**List of Officers, Directors, Trustees, and Key Employees**

- **Average hours per week devoted to position**
- **Reportable compensation (W-2/1099-MISC)**
- **Health benefits, contributions to employee benefit plans, and deferred compensation**
- **Estimated amount of other compensation**

**Balance Sheets**

- **Beginning of year**
- **End of year**

**Statement of Program Service Accomplishments**

- **Expenses**
- **Average hours per week devoted to position**
- **Reportable compensation (W-2/1099-MISC)**
- **Health benefits, contributions to employee benefit plans, and deferred compensation**
- **Estimated amount of other compensation**
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.

33

Yes
No

33 X

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

Yes
No

34 X

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)?

35a

Yes
No

35a X

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

35b

Yes
No

35b N/A

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.

35c

Yes
No

35c X

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

36

Yes
No

36 X

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

Yes
No

37a X

Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b

Yes
No

37b X

Did the organization file Form 1120-POL for this year?

38a

Yes
No

38a X

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

Yes
No

38b N/A

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

39

Yes
No

39 X

Initiation fees and capital contributions included on line 9

39a

Yes
No

39a N/A

Gross receipts, included on line 9, for public use of club facilities

39b

Yes
No

39b N/A

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40

Yes
No

40 X

section 4911

40a N/A

section 4912

40b N/A

section 4955

40c N/A

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.

40d

Yes
No

40d X

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

40e

Yes
No

40e X

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

Yes
No

41 X

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

42a

Yes
No

42a X

The organization's books are in care of:

42b

Yes
No

42b X

BRADD BUSICK Telephone no. 503-498-0618

42c

Yes
No

42c X

Located at 2918 N 33RD ST, TACOMA, WA 98407

42d

Yes
No

42d X

ZIP + 4 98407

42e

Yes
No

42e X

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," Form 990 must be completed instead of Form 990-EZ.

43

Yes
No

43 X

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

Yes
No

44a X

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

44b

Yes
No

44b X

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

Yes
No

44c X

Did the organization receive any payments for indoor tanning services during the year? If "Yes," complete Schedule O.

44d

Yes
No

44d X

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

45a

Yes
No

45a X

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).

45b

Yes
No

45b X
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?

Yes No

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

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

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

b If "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 each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</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>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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."

(a) Name and business address of each independent contractor

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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.

Signature of preparer

Print/Type preparer’s name

Preparer’s signature

Date

Check [ ] 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

Form 990-EZ (2015)
## SCHEDULE O
(Form 990 or 990-EZ)

**Acme Washington Chapter**  
**Employer identification number** 46-0560880

### FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER REVENUE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Registrations</td>
<td>6,101</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER EXPENSES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest Speakers</td>
<td>3,623</td>
</tr>
<tr>
<td>Facilities Rental</td>
<td>6,750</td>
</tr>
<tr>
<td>Merchant and Bank Fees</td>
<td>2,735</td>
</tr>
<tr>
<td>Website Development</td>
<td>5,000</td>
</tr>
<tr>
<td>Event Costs</td>
<td>872</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 16</td>
<td>18,980</td>
</tr>
</tbody>
</table>

### 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.