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Form **990-EZ**

# 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

# 2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**PHILIPPINE ENGINEERS AND SCIENTISTS**  
**ORGANIZATION, INC.**  
P. O. BOX 1786  
SKOKIE, IL 60076-1786

**D** Employer identification number  
**36 : 3691866**

**E** Telephone number  
**(312) 353-7504**

**F** Group Exemption Number  
▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **34,776.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

SCANNED MAR 03 2010

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																	
Revenue	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																																											
	b	Less cost or other basis and sales expenses																																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																																											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																																											
	a	Gross revenue (not including 50% of contributions reported on line 1)																																											
b	Less direct expenses other than fundraising expenses																																												
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																												
7a	Gross sales of inventory, less returns and allowances																																												
b	Less cost of goods sold																																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																												
8	Other revenue (describe ▶)																																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																												
Expenses	10	Grants and similar amounts paid (attach schedule) <u>See Statement 2</u>																																											
	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 (describe ▶ <u>See Statement 3</u> )																																											
	17	<b>Total expenses.</b> Add lines 10 through 16																																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																											
	20	Other changes in net assets or fund balances (attach explanation)																																											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																																											

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	112,340.	111,258.
23	Land and buildings		
24	Other assets (describe ▶)		
25	<b>Total assets</b>	112,340.	111,258.
26	<b>Total liabilities</b> (describe ▶)	0.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	112,340.	111,258.

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>   0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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 unpaid at the start of the period covered by this return?		X
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
<b>39</b>	Section 501(c)(7) organizations. Enter.		
<b>39a</b>	Initiation fees and capital contributions included on line 9	N/A	
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities	N/A	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<b>40b</b>	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	N/A	
<b>40c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>40d</b>	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>40e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
<b>42a</b>	The books are in care of ▶ <u>ELBERT R. REGACHO</u> Telephone no. ▶ <u>(312) 353-7504</u> Located at ▶ <u>34302 N. HAVERTON DR. GURNEE, IL</u> ZIP + 4 ▶ <u>60031</u>		
<b>42b</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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		X
<b>42c</b>	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 ▶ _____		X
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>   N/A ▶ <input type="checkbox"/> N/A		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.


- |     | Yes | No |
|-----|-----|----|
| 46  | N   | A  |
| 47  | N   | A  |
| 48  | N   | A  |
| 49a | N   | A  |
| 49b | N   | A  |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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(s) a section 527 organization?
- 50 Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** Signature of officer:  Date: **February 3, 2010**

Type or print name and title: **ELBERT R. REGACHO President**

**Paid Preparer's Use Only** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Statement 1****Form 990-EZ, Part I, Line 6****Net Income(Loss) from Special Events**

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
ANNIVERSARY BALL/COTIL	25,697.0	0.0	25697.0	21757.0	3940.0
GOLF EVENT	4,928.0	0.0	4928.0	2737.0	2191.0
CHRISTMAS PARTY	1,850.0	0.0	1850.0	2782.0	(932.0)
ANNUAL PICNIC	0.0	0.0	0.0	935.0	(935.0)
<b>Total</b>	<b>32,475.0</b>	<b>0.0</b>	<b>32,475.0</b>	<b>28,211.0</b>	<b>4,264.0</b>

**Statement 2****Form 990-EZ, Part I, Line 10****Grants and Similar Amounts Paid**Cash Grants and Allocations

Class of Activity:	SCHOLARSHIP	
Donee's Name:	UNIVERSITY OF ILLINOIS FOUNDATION	
Donee's Address:	1305 W. GREEN STREET	
	URBANA, IL 61801	
Relationship of Donee:	N/A	
Amount Given:		\$ 2,000.0

Class of Activity:	SCHOLARSHIP	
Donee's Name:	PESO SCHOLARS	
	MANILA, PHILIPPINES	
Relationship of Donee:	N/A	
Amount Given:		\$ 1,500.0

Total Cash Grants and Allocations	\$	<u>3,500.0</u>
Total Grants and Similar Amounts Paid	\$	<u><u>3,500.0</u></u>

**Statement 3****Form 990-EZ, Part I, Line 16****Other Expenses**

ADVERTISING	\$	1,200.0
MEETING COST	\$	<u>1,642.0</u>
Total Expenses		<u><u>2,842.0</u></u>

**Statement 4**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ELBERT R. REGACHO 34302 N. HAVERTON DR. GURNEE, IL 60031	PRESIDENT 0.0	\$0.0	\$0.0	\$0.0
WILBUR LIGUTAM 4945 N. AVERS CHICAGO, IL 60625	PRESIDENT ELECT 0.0	0.0	0.0	0.0
JUN VASQUEZ 5824 N. ROCKWELL CHICAGO, IL 60659	VICE PRESIDENT 0	0	0	0
MYRNA TAMAYO 8754 N. OLEANDER NILES, IL 60714	VICE PRESIDENT	0	0	0
MILAGROS BENSING 4924 N. ST. LOUIS CHICAGO, IL 60618	SECRETARY 0	0	0	0
FELY BAYONA 8921 N. HARLEM MORTON GROVE, IL 60053	ASST SECRETARY 0	0	0	0
DEMETRIA SESE 7856 W. LAWRENCE, APT D NORRIDGE, IL 60706	TREASURER 0	0	0	0
MARJORIE GALBAN 195 PLEASANT DR. SOUTH ELGIN, IL 60177	ASST TREASURER 0	0	0	0
FRANCISCO CASTRO 293 HANBURY DR. LAKE ZURICH, IL 60047	DIRECTOR 0	0	0	0
VIDALITO LOMAHAN, SR 2832 W. SHERWIN CHICAGO, IL 60645	DIRECTOR 0	0	0	0
	TOTAL	<u>\$0.0</u>	<u>\$0.0</u>	<u>\$0.0</u>

**Statement 5**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... No
- b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... No