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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
InspectionA For 2009 calendar year, or tax year beginning **APRIL 01**, 2009, and ending **MARCH 31**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization USTPMTBBAA INC		D Employer identification number 02-0683753
		Number & street (or P O box if mail is not delivered to street addr) Room/suite		E Telephone number (319) 354-3456
		P O BOX 45		F Group Exemption Number 0501
		City or town, state or county, and ZIP + 4 Iowa City IA 52244		

• 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

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no) | 4947(a)(1) or | 527

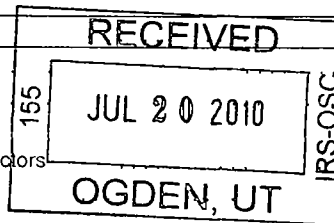
H Check ☒ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **13,379**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	1,170
	3	Membership dues and assessments	3	1,685
	4	Investment income	4	14
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	10,510
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	10,510	
7a	Gross sales of inventory less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	13,379	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	3,170
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,326
	16	Other expenses (describe ► See attachment #2)	16	4,681
	17	Total expenses. Add lines 10 through 16	17	9,177
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,202
	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)	19	6,458
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	10,660

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	6,458	10,660
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	6,458	10,660
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,458	10,660

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

P ✓ → 23

SCANNED AUG 11 2010

Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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Expenses

What is the organization's primary exempt purpose? See attachment #3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

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

28			
	(Grants \$) If this amount includes foreign grants check here		28a

29		
(Grants \$)	If this amount includes foreign grants, check here	29a

30		
(Grants \$) If this amount includes foreign grants, check here	30a

31 Other program services (attach schedule)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a

32	Total program service expenses (add lines 28a through 31a)	32	0
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV)
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[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes" attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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 period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9 for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	See attachment #5	
Located at	Telephone no	
	ZIP + 4	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 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	45	X

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 46-49b and complete the tables for lines 50 and 51.

- 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 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(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				

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>▶ <i>Purificacion Gallardo</i></p> <p>Signature of officer</p> </div> <div style="width: 20%; text-align: right;"> <p>7/12/10</p> <p>Date</p> </div> </div>			
Paid Preparer's Use Only	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>▶ Purificacion Gallardo</p> <p>Type or print name and title</p> </div> <div style="width: 40%; text-align: right;"> <p>Secretary/Treasurer</p> </div> </div>			
	<p>Preparer's signature ▶ <i>Irene Ascroft</i></p>	<p>Date</p> <p>7-12-10</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's identifying no. (See instr.)</p> <p>P00017605</p>
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>H & R Block</p> <p>1745 BOYRUM STREET</p> <p>Iowa City, IA 52240</p>		<p>EIN 43-1871840</p> <p>Phone no ▶ 319-354-1750</p>	

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

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning 04-01-2009 and ending 03-31-2010.	
Name of Organization USTPMTBBAA INC		Employer Identification Number 02-0683753	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Donation to UST Scholarship Fund	University of St Tomas University. St Tomas University, Espana, Manila, Philippines (RP)	3,170	Scholarship
		3,170	
Relationship	Description of Property	Book Value	How Book Value is Determined
		3,170	Actual Value
		3,170	2009-11
Total		3,170	

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	04-01-2009, and ending	03-31-2010.
Name of Organization USTPMTBBAA INC			Employer Identification Number 02-0683753

Description of Other Expenses	Amount
Reunion Expenses	4,681
Total	4,681

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	04-01	, and ending	03-31-2010.
Name of Organization USTPMTBBAA INC				Employer Identification Number 02-0683753

Primary Purpose

This organization reunites alumni and offers scholarships to UST, Philippines

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01-2009 , and ending 03-31-2010
Name of Organization USTPMTBBAA INC	Employer Identification Number 02-0683753

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Purificacion Gallardo P O Box 45 Iowa City, IA 52244	Secretary/Treasurer 2.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01, and ending 03-31-2010.
Name of Organization USTPMTBBAA INC	Employer Identification Number 02-0683753
Part V - Line 42a	

Individual Name or Business Name Purificacion Gallardo

Street Address P O Box 45

U S Address

Zip code 52244 City Iowa City State IA

or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (319) 354-3456

Fax Number _____