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## 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  
Inspection

<b>A For the 2009 calendar year, or tax year beginning</b>		6/1/2009	<b>, and ending</b>	5/31/2010
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/>	Address change	PHILIPPINE MEDICAL ASSOCIATION IN CHICAGO, INC		36-3727478
<input type="checkbox"/>	Name change	Number and street (or P O box, if mail is not delivered to street address)		<b>E Telephone number</b>
<input type="checkbox"/>	Initial return			847 480 7617
<input type="checkbox"/>	Terminated	4141 RUTGERS LANE		
<input type="checkbox"/>	Amended return	City, town, or country	State	ZIP + 4
<input type="checkbox"/>	Application pending	NORTHBROOK	ILLINOIS	60062
<ul style="list-style-type: none"> <li>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>				<b>F Group Exemption Number</b> ►
<b>I Website:</b> ►				<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H Check</b> ► <input type="checkbox"/> if the organization is not required to attach Schedule 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** ► \$ 75,319

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I)			
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	42,974
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	643
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	0
	a Gross revenue (not including \$ 42,974 of contributions reported on line 1)	6b	0
b Less direct expenses other than fundraising expenses	6c	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less: cost of goods sold	7c	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	31,702	
8 Other revenue (describe ► See Attached Statement)	9	75,319	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule)	10	5,000
	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	136
	16 Other expenses (describe ► See Attached Statement)	16	63,163
	<b>17 Total expenses.</b> Add lines 10 through 16	17	68,299
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,020
	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	23,630
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20	21	30,650
<b>RECEIVED</b> SEP 20 2010 OGDEN, UT			

<b>Part II Balance Sheets.</b> 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.)			
		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments	23,630	22	16,888
23 Land and buildings		23	
24 Other assets (describe ► )	0	24	0
<b>25 Total assets</b>	23,630	25	16,888
<b>26 Total liabilities (describe ► )</b>	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	23,630	27	16,888



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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34  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 35a  X  
35b

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? 36  X

b If "Yes," has it filed a tax return on Form 990-T for this year? 37a

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 37b  X

37 a 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? 38a  X

38 a 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? 38b  0

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a   
39b

39 Section 501(c)(7) organizations Enter 40b

a Initiation fees and capital contributions included on line 9 40c

b Gross receipts, included on line 9, for public use of club facilities 40d

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40e , section 4912 ► 40f , section 4955 ► 40g

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 40h

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 40i

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

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 40k  X

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

42 a The organization's books are in care of ► EMMA C. YEE SALAZAR Telephone no ► 847 480 7617  
Located at ► 4141 RUTGERS LN City NORTHBOOK ST IL ZIP + 4 ► 60062 42b  X

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 ► 42c  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.? If "Yes," enter the name of the foreign country. ► 43  N/A

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

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. Yes  No   
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule 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

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

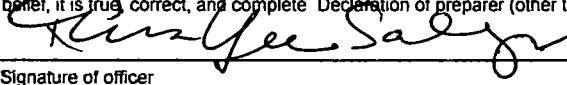
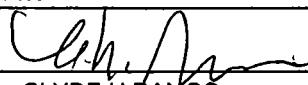
b If "Yes," was the related organization a section 527 organization? 49b

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." 50

(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
Name None City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
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
Name None City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 . . . . . ►		

<b>Sign Here</b>	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		
	 9/13/10 PRESIDENT		
	Signature of officer EMMA C YEE - SALAZAR	Date 9/13/2010	Check if self-employed <input checked="" type="checkbox"/> 329-50-0266
Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 9/13/2010	Preparer's identifying number (See instructions) 329-50-0266
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLYDE U RAMOS 860 HERITAGE DR; ADDISON, IL 60101	EIN ►	Phone no. ►

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

**Explanations (990-EZ)****Reasonable Cause**1 NONE

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

**General Explanation**

Part \_\_\_\_\_

Line \_\_\_\_\_

Explanation

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

**Part I, Line 8 (990-EZ) - Other Revenue**

31,702

	Description	Amount
1	DONATIONS RECEIVED FROM BENEVOLENT DONORS FOR MEDICAL MISSION PURPOSES	1 30,000
2	OTHER SOLICITED DONATIONS	2 1,702
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

**Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid**

Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
DONATION, GRANTS	PHIL MEDICAL AUXILIARY		702 DEER TRAIL LN	OAK BROOK	IL	60523	
2							
3							
4							
5							
6							
7							
8							
9							
10							



**Part I, Line 16 (990-EZ) - Other Expenses**

63,163

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	38,949
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	1,777
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	125
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	GOLF OUTTING	13	734
14	DRUGS, MEDICINES, MEDICAL SUPPLIES AND VACCINES FOR MEDICAL MISSION	14	20,608
15	FUNERAL OFFERINGS	15	100
16	ADV FAR EASTERN UNIVERSITY	16	200
17	PROFESS FEES	17	385
18	BANK CHARGES	18	45
19	CHECKS PRINTING	19	30
20	LEISURE CARD	20	50
21	ADV VIA TIMES	21	150
22	IL STATE PERMITS	22	10
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

**Part V, Line 33 (990-EZ) - Change in Activities or Methods of Conducting Activities**

Did the organization engage in any activity not previously reported to the IRS?

Yes  No

If "Yes," please describe activity

**Part V, Line 35b (990-EZ) - Income Not Previously Reported**

Did the organization have income from business activities that it did not report on Form 990-T?  Yes  No  N/A

If "Yes," please describe income

**NONE**

**Part V, Line 42a (990-EZ) - Books In Care Of**Check ("X") if a business is in possession of the books The books are in care of Name EMMA C YEE SALAZAR Telephone no 847 480 7617Located at 4141 RUTGERS LN City NORTHBROOK ST IL ZIP + 4 60062

Foreign Country \_\_\_\_\_