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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
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 6/1/2009, and ending 5/31/2010	
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	C Name of organization PHILIPPINE MEDICAL ASSOCIATION IN CHICAGO, INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 4141 RUTGERS LANE City, town, or country State ZIP + 4 NORTHBROOK ILLINOIS 60062
D Employer identification number 36-3727478	E Telephone number 847 480 7617
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: ►

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

H Check ☐ 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

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

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
5b Less cost or other basis and sales expenses	5b	0
5c 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"/>		
a Gross revenue (not including \$ 42,974 of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ► See Attached Statement)	8	31,702
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	75,319
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
17 Total expenses. 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
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,650

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	23,630	22 16,888
23 Land and buildings		23
24 Other assets (describe ►)	0	24 0
25 Total assets	23,630	25 16,888
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,630	27 16,888

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

Form 990-EZ (2009)

(HTA)

G 54

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? SEE ATTACHED EXPLANATION

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, and other relevant information for each program title.

Expenses

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

28	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>0</u>
29	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>0</u>
30	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	<u>0</u>
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	<u>0</u>
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	<u>0</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MENELEO AVILA	Title PRES			
990 MCCORMICK DR LAKE FOREST IL 60045	Hr/WK 2 00	0	0	0
AURORA A ATIENZA	Title DIRECTOR			
14 E APPLETREE LN ARLINGTON HTS IL 60004	Hr/WK 1 00	0	0	0
CESAR V REYES	Title EXECSEC			
6530 DUNHAM DR DOWNERS GROVE IL 60515	Hr/WK 1 00	0	0	0
LITO FAJARDO	Title DIRECTOR			
1635 PRINCETON DR FLOOSSMOR IL 60422	Hr/WK 1 00	0	0	0
VINCE BATTUNG	Title DIRECTOR			
7525 ARLENE DR WILLOWBROOK IL 60527	Hr/WK 1 00	0	0	0
ROGELIO LIBOON	Title DIRECTOR			
701 DEER TRAIL LANE OAK BROOK IL 60523	Hr/WK 1.00	0	0	0
EMMA C SALAZAR	Title DIRECTOR			
4141 RUTGERS LN NORTHBROOK IL 60062	Hr/WK 1 00	0	0	0
GREG TOLENTINO	Title DIRECTOR			
8140 PLUSKATA DR ORLAND PARK IL 60462	Hr/WK 1 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
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	Title			
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	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0

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?		
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
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?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
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		
40 a 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.		
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		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		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		X
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. ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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		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		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**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **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."

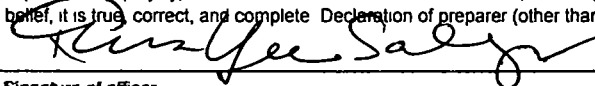
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	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 <u>None</u> 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 ▶ _____

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.			
	 Signature of officer		9/13/10 Date	
Paid Preparer's Use Only	EMMA C YEE - SALAZAR		PRESIDENT	
	Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLYDE U RAMOS 860 HERITAGE DR, ADDISON, IL 60101	9/13/2010	<input checked="" type="checkbox"/>	329-50-0266

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
1	DONATION, GRANTS	PHIL MEDICL AUXILIARY		702 DEER TRAIL LN	OAK BROOK	IL	60523	
2								
3								
4								
5								
6								
7								
8								
9								
10								

5,000

0

[illegible]

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 60062Foreign Country
