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## Short Form

## Return of Organization Exempt From Income Tax

2011

Department of the Treasury  
Internal Revenue Service

- 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
  - All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Open to Public  
Inspection

<b>A For the 2011 calendar year, or tax year beginning</b>		6/1/2011	<b>, and ending</b>	5/31/2012																																																																																							
<b>B Check if applicable</b>		<b>C Name of organization</b>																																																																																									
<input type="checkbox"/> Address change		PHILIPPINE MEDICAL ASSOCIATION IN CHICAGO, INC																																																																																									
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)																																																																																									
<input type="checkbox"/> Initial return		Room/suite																																																																																									
<input type="checkbox"/> Terminated		847 480 7617																																																																																									
<input type="checkbox"/> Amended return		E Telephone number																																																																																									
<input type="checkbox"/> Application pending		F Group Exemption Number ►																																																																																									
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►																																																																																									
<b>I Website:</b> ►		<b>H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>																																																																																									
<b>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( )</b>		◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																									
<b>K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return</b>																																																																																											
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>		► \$ 85,010																																																																																									
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I																																																																																											
<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> <td>37,235</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> <td></td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> <td>2,600</td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td></td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> <td></td> </tr> <tr> <td>    b Less cost or other basis and sales expenses</td> <td>5b</td> <td></td> </tr> <tr> <td>    c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> <td>0</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> <td></td> </tr> <tr> <td>    a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> <td></td> </tr> <tr> <td>    b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6b</td> <td>45,175</td> </tr> <tr> <td>    c Less direct expenses from gaming and fundraising events</td> <td>6c</td> <td>31,169</td> </tr> <tr> <td>    d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d</td> <td>14,006</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> <td></td> </tr> <tr> <td>    b Less cost of goods sold</td> <td>7b</td> <td></td> </tr> <tr> <td>    c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> <td>0</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> <td></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9</td> <td>53,841</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10</td> <td>35,200</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> <td></td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> <td></td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> <td></td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> <td></td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> <td>25</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> <td>33,280</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17</td> <td>68,505</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> <td>-14,664</td> </tr> <tr> <td>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)</td> <td>19</td> <td>15,221</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> <td></td> </tr> <tr> <td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td> <td>21</td> <td>557</td> </tr> </table>					1 Contributions, gifts, grants, and similar amounts received	1	37,235	2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3	2,600	4 Investment income	4		5a Gross amount from sale of assets other than inventory	5a		b Less cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6 Gaming and fundraising events			a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	45,175	c Less direct expenses from gaming and fundraising events	6c	31,169	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,006	7a Gross sales of inventory, less returns and allowances	7a		b Less cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8 Other revenue (describe in Schedule O)	8		9 Total revenue. 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99

**Part II Balance Sheets.** (see the instructions for Part II )Check if the organization used Schedule O to respond to any question in this Part II . 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,221	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	15,221	25
26	<b>Total liabilities</b> (describe in Schedule O)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	15,221	27
			10,803

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III )Check if the organization used Schedule O to respond to any question in this Part III. **Expenses**

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

What is the organization's primary exempt purpose? **SEE ATTACHED EXPLANATION**

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

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 (describe in Schedule O)

(Grants \$

) If this amount includes foreign grants, check here ▶ 

31a

32 **Total program service expenses.** (add lines 28a through 31a) 

32

0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV. 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MENELEO AVILA 990 MCCORMICK DR LAKE FOREST IL 60045	Title PRES Hr/WK 2 00	0	
AURORA A ATIENZA 14 E APPLETREE LN ARLINGTON HTS IL 60004	Title DIRECTOR Hr/WK 1 00	0	
CESAR V REYES 6530 DUNHAM DR DOWNTOWN GROVE IL 60515	Title EXECSEC Hr/WK 1.00	0	
LITO FAJARDO 1635 PRINCETON DR FLOOSSMOR IL 60422	Title DIRECTOR Hr/WK 1 00	0	
VINCE BATTUNG 7525 ARLENE DR WILLOWBROOK IL 60527	Title DIRECTOR Hr/WK 1 00	0	
ROGELIO LIBOON 701 DEER TRAIL LANE OAK BROOK IL 60523	Title DIRECTOR Hr/WK 1 00	0	
EMMA C SALAZAR 4141 RUTGERS LN NORTHBROOK IL 60062	Title DIRECTOR Hr/WK 1 00	0	
GREG TOLENTINO 8140 PLUSKATA DR ORLAND PARK IL 60462	Title DIRECTOR Hr/WK 1.00	0	
	Title Hr/WK .00	0	
	Title Hr/WK 00	0	
	Title Hr/WK 00	0	
	Title Hr/WK 00	0	

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No		
33 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	X		
34 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	X		
35 a 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	X		
b 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	X		
c 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	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	36	X		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X		
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 tax year covered by this return?	38b			
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a			
39 Section 501(c)(7) organizations Enter	39b			
a Initiation fees and capital contributions included on line 9				
b Gross receipts, included on line 9, for public use of club facilities				
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 ► _____	40b	X		
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 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				
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. ► IL				
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 NORTHBROOK	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.	42b	X		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	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				
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X		
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X		
c Did the organization receive any payments for indoor tanning services during the year?	44c	X		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X		
b 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	X		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Yes	No
46	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 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Yes	No
47	X

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

48	X
----	---

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
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 Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
f Total number of other independent contractors each receiving over \$100,000.		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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.

<b>Sign Here</b>	<i>Emma C. Salazar</i>		Date
	Signature of officer	EMMA C. YEE - SALAZAR	11 30 2011
Type or print name and title			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	CLYDE U. RAMOS	<i>CLYDE U. RAMOS</i>	11/13/12		P01415424
	Firm's name ► CLYDE U. RAMOS			Firm's EIN ►	
Firm's address ► 860 Heritage Dr, ADDISON, IL 60101			Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions.

Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

PHILIPPINE MEDICAL ASSOCIATION IN CHICAGO, INC

Employer identification number

36-3727478

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
     (ii) A family member of a person described in (i) above?  
     (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").	31,745	37,928	42,974	44,421	37,235	194,303
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	31,745	37,928	42,974	44,421	37,235	194,303
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						194,303

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	31,745	37,928	42,974	44,421	37,235	194,303
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						194,303
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	100 00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	31,745	37,928	42,974	44,421	37,235	194,303
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	31,745	37,928	42,974	44,421	37,235	194,303
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6 )						194,303

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	31,745	37,928	42,974	44,421	37,235	194,303
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
13 Total support. (Add lines 9, 10c, 11, and 12 )	31,745	37,928	42,974	44,421	37,235	194,303
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 00%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Reasonable Cause Explanation (990-EZ)****Part V (990-EZ) - Personal Benefit Contract(s) Involvement****Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U S Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

**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 7617  
 Located at 4141 RUTGERS LN City NORTHBROOK ST IL ZIP + 4 60062  
 Foreign Country \_\_\_\_\_

**Part V, Lines 42b and 42c (990-EZ) - Foreign Country Operations**

	Foreign Country Name	Check ("X") if the organization had authority over a financial account	Check ("X") if the organization maintained an office
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations**

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1										0
2										0
3										0
4										0
5										0
6										0
7										0
8										0
9										0
10										0
11										0
12										0
13										0
14										0
15										0
16										0
17										0
18										0
19										0
20										0

**Part II-A (Sch C (990/990EZ)) - 4-Year Averaging Period**

Is the organization required to complete all five columns of the 4-Year Averaging Period Schedule?  Yes  No

If "No," please provide an explanation that includes the ending date of the tax year in which the organization made its first Sec 501(h) election and state whether or not that first election was revoked before the start of the organization's tax year

**Part I (8868 Page 1) - Members Included in Extension**

	Name	Street Address	City	State	ZIP code	Foreign Country	EIN
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only



*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions PHILIPPINE MEDICAL ASSOCIATION IN CHICAGO, INC Number, street, and room or suite no. If a P O box, see instructions 4141 RUTGERS LANE City, town or post office, state, and ZIP code For a foreign address, see instructions NORTHBROOK	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-3727478 Social security number (SSN) <input type="checkbox"/>
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Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► EMMA C YEE SALAZAR

Telephone No ► 847 480 7617

FAX No ►



- If the organization does not have an office or place of business in the United States, check this box

If this is

for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for ►  calendar year \_\_\_\_\_ or



►  tax year beginning 6/1/2011, and ending 5/31/2012

- 2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

TAX YEAR: FISCAL YEAR 2011 JUNE 01 THRU MAY 31, 2012  
PHILIPPINE MEDICAL ASSOCIATION IN CHICAGO, INC

EIN/TIN: 36 3727478

ATTACHMENT TO I.R.S. FORM 990 -EZ PAGE 02

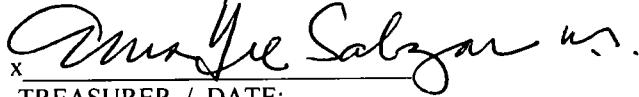
PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION'S PRIMARY OBJECTIVE(S) AS SET FORTH IN ITS ARTICLES OF INCORPORATION IS EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS OR SCIENTIFIC PURPOSE WITHIN THE MEANING OF SECTION 501 (C ) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION, HAD FOR THE PAST FIFTY (50) YEARS HAS CARRIED OUT AND HAS ALWAYS BEEN CARRYING OUT TO THE PRESENT, MEDICAL MISSION(S) HERE (IN USA) AND ABROAD REACHING THE INDIGENTS NEEDING MEDICAL TREATMENT ATTENTION, GIVING-AWAY OR DISTRIBUTING APPROPRIATE DRUGS AND MEDICINES, PERFORMING SOME ELECTIVE MINOR SURGERIES AND ON A SPECIAL ARRANGEMENTS ACCEPTING INVITATIONS IN BEHALF OF ITS MEDICAL PROFESSIONAL- MEMBERS TO CONDUCT LECTURES OVER HEALTH CARE RELATED ISSUES IN MEDICAL SCHOOLS AND COMMUNITY ORGANIZATIONS.

ALSO, THE ORGANIZATION DONATES OR PROVIDES FUNDING, WHEN ITS HELP IS SOLICITED BY OTHER NOT FOR PROFIT ORGANIZATION(S) AS LONG AS THESE ORGANIZATIONS ARE ALSO WORKING FOR CHARITABLE PURPOSE OR PURPOSES.

ITS SOURCE OF REVENUE ARE DONATIONS FROM ITS OFFICERS AND MEMBERS AND THROUGH ITS FUND RAISING EVENT BY HOLDING DINNER(S) PER PLATE.

ATTEST x   
TREASURER / DATE: