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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, 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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C

Name of organization  
PHILIPPINHE MEDICAL ASSOCIATION OF HAWAI

Number and street (or P O box, if mail is not delivered to street address)  
PO BOX 1294

Room/suite

City or town, state or country, and ZIP + 4  
PEARL CITY, HI 96782

D

Employer identification number

99-0206653

E Telephone number

(808) 595-7526

F Group Exemption Number

G Accounting Method

☒Cash

☐Accrual

Other (specify) \_\_\_\_\_

H

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

I Website:

☒ N/A

J Tax-exempt status

(check only one)—☐ 501(c)(3)☒ 501(c)( 6) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

K

Check ☐ 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

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 

\$ 74,084

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

|            |    |                                                                                                                                                                                                                  |    |        |
|------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | 1  |        |
|            | 2  | Program service revenue including government fees and contracts                                                                                                                                                  | 2  |        |
|            | 3  | Membership dues and assessments                                                                                                                                                                                  | 3  | 4,500  |
|            | 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 | 0      |
|            | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | 5c |        |
|            | 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 | 0      |
| Expenses   | c  | Less direct expenses from gaming and fundraising events                                                                                                                                                          | 6c | 0      |
|            | d  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | 6d |        |
|            | 7a | Gross sales of inventory, less returns and allowances                                                                                                                                                            | 7a |        |
|            | b  | Less cost of goods sold                                                                                                                                                                                          | 7b | 0      |
|            | c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | 7c |        |
|            | 8  | Other revenue (describe in Schedule O)                                                                                                                                                                           | 8  | 69,584 |
|            | 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                           | 9  | 74,084 |
|            | 10 | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                             | 10 |        |
|            | 11 | Benefits paid to or for members                                                                                                                                                                                  | 11 |        |
|            | 12 | Salaries, other compensation, and employee benefits                                                                                                                                                              | 12 |        |
| Net Assets | 13 | Professional fees and other payments to independent contractors                                                                                                                                                  | 13 | 11,808 |
|            | 14 | Occupancy, rent, utilities, and maintenance                                                                                                                                                                      | 14 |        |
|            | 15 | Printing, publications, postage, and shipping                                                                                                                                                                    | 15 | 3,795  |
|            | 16 | Other expenses (describe in Schedule O)                                                                                                                                                                          | 16 | 47,261 |
|            | 17 | Total expenses. Add lines 10 through 16                                                                                                                                                                          | 17 | 62,864 |
|            | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                  | 18 | 11,220 |
|            | 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 | 46,854 |
|            | 20 | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                             | 20 |        |
|            | 21 | Net assets or fund balances at end of year Combine lines 18 through 20                                                                                                                                           | 21 | 58,074 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

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                                              | 46,854                | 22 | 58,074          |
| 23 Land and buildings                                                          |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets                                                                | 46,854                | 25 | 58,074          |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 46,854                | 27 | 58,074          |

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

What is the organization's primary exempt purpose?  
TO PROMOTE COMMON INTEREST OF MEMBERS IN THE PRACTICE OF MEDICINE THROUGH THE OFFERING OF CONTINUING EDUCATION(CME) SEMINARS & SUPPORT COMM HEALTH SERVICES

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 the Philippine Medical Assn of Hawaii is an association of physicians who are dedicated to the promotion and understanding among its members, fostering and improving the welfare of each other and the public they serve conducted continuing medical education to improve and assist filipino physicians in meeting problems of their professionencourage & assist members to obtain the best possible post-graduate medical training and education  
(Grants \$ ) If this amount includes foreign grants, check here

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

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

31 Other program services (describe in Schedule O )  
(Grants \$ ) If this amount includes foreign grants, check here

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

Expenses

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

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 title        | (b) 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 |
|---------------------------|------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| See Additional Data Table |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |

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  | No |
| 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  | No |
| 35a | 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 | No |
| 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 | No |
| 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 | No |
| 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  | No |
| 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 | No |
| 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 tax year covered by this return?                                                                                                                                                                                                     | 38a | No |
| 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 | 0  |
| b   | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                            | 39b | 0  |
| 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 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                                                                                                            | 40b |    |
| 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 | No |
| 41  | List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| 42a | The organization's books are in care of JERRY GARCIA MD Telephone no (808) 699-9656<br>Located at 1177 QUEEN ST APT 2906 HONOLULU, HI ZIP + 4 96814                                                                                                                                                                                                                                                                              |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside the U S ?<br>If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                               | 42c | No |
| 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  |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                               | 44a | No |
| 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 | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                           | 44c | No |
| 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 | No |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                          | 45a | No |
| 45b | 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 | No |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | Yes | No |
| 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 . . . . . |     | No |

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

|     |                                                                                                                                                                      |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                      | Yes | No |
| 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 . . . . . |     |    |
| 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? . . . . .                                                                  |     |    |
| 49b | 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 " |                                                |                                                   |                                                                                         |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| (a) Name and title of each employee paid more than \$100,000                                                                                                                                                                                              | (b) 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 |
| 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. . . . .                                                                                               |                                                          |
| 52 | Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

|                                                                                                                                                               |                                                                                                  |                                                  |                    |                                                 |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|-------------------------------------------------|-------------------|
| Sign Here                                                                                                                                                     | *****<br>Signature of officer                                                                    |                                                  | 2013-11-21<br>Date |                                                 |                   |
|                                                                                                                                                               | ARNOLD VILLAFUERTE MD President<br>Type or print name and title                                  |                                                  |                    |                                                 |                   |
| Paid Preparer Use Only                                                                                                                                        | Print/Type preparer's name                                                                       | Preparer's signature<br>TEODORA A VILLAFUERTE EA | Date               | Check <input type="checkbox"/> if self-employed | PTIN<br>P00056613 |
|                                                                                                                                                               | Firm's name <input type="checkbox"/> FMS Hawaii Inc                                              |                                                  |                    | Firm's EIN <input type="checkbox"/>             |                   |
|                                                                                                                                                               | Firm's address <input type="checkbox"/> 1449 North King St First Floor<br>Honolulu, HI 968174228 |                                                  |                    | Phone no (808) 843-0310                         |                   |
| May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                  |                                                  |                    |                                                 |                   |

## Additional Data

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 99-0206653

**Name:** PHILIPPINHE MEDICAL ASSOCIATION OF HAWAI

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| <b>(a)</b> Name and title                | <b>(b)</b> Average hours per week devoted to position | <b>(c)</b> Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b> | <b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation | <b>(e)</b> Estimated amount of other compensation |
|------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| DR MELVIN P PALALAY<br>Director          | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| DR RUSSELL KELLY<br>Secretary            | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| DR CAROLINA DAVIDE<br>Director           | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| DR RAY ROMERO<br>Director                | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| DR REUBEN GUERRERO<br>Director           | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| JOSE DE LEON MD<br>Director              | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| JERRY GARCIA MD<br>Treasurer             | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| MELVIN P PALALAY MD<br>Director          | 0                                                     | 0                                                                                        |                                                                                                |                                                   |
| ARNOLD VILLAFUERTE MD<br>President & CEO | 0                                                     | 0                                                                                        |                                                                                                |                                                   |

2012

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

PHILIPPINHE MEDICAL ASSOCIATION OF HAWAI

Employer identification number

99-0206653

| Identifier                        | Return Reference    | Explanation                                    |
|-----------------------------------|---------------------|------------------------------------------------|
| Form 990-EZ, Part I, Line 16 1007 | Other Expenses 1007 | Conferences, Conventions, and Meetings \$47261 |
| Form 990-EZ, Part I, Line 8 1     | Other Revenue 1     | EXHIBITOR'S FEES \$69584                       |