

Form **990-EZ**

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)

OMB No. 1545-1150

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2004 calendar year, or tax year beginning _____, **2004, and ending** _____, **20** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number _____
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number () _____
		City or town, state or country, and ZIP + 4		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: ► _____

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

J Organization type (check only one)— 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

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 Investment income		4
	5a Gross amount from sale of assets other than inventory	5a	5c
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).		
	6 Special events and activities (attach schedule). If any amount is from gaming , check here <input type="checkbox"/>		6c
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (line 6a less line 6b)		6c	
7a Gross sales of inventory, less returns and allowances	7a	7c	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)			
8 Other revenue (describe ► _____)		8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	
Expenses	10 Grants and similar amounts paid (attach schedule)		10
	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
	16 Other expenses (describe ► _____)		16
17 Total expenses (add lines 10 through 16)		17	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)		18
	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
	20 Other changes in net assets or fund balances (attach explanation)		20
	21 Net assets or fund balances at end of year (combine lines 18 through 20)		21

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets		25
26 Total liabilities (describe ► _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

Expenses

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

What is the organization's primary exempt purpose? 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, or other relevant information for each program title.

Table with 2 columns: Program Title (lines 28-31) and Expenses (lines 28a-31a). Includes 'Total program service expenses' on line 32.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

Table with 5 columns: (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.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Yes No

Table with 3 columns: Question (lines 33-43), Yes, No. Includes questions about IRS reporting, business income, liquidation, political expenditures, loans, and tax-exempt interest.

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.

Please Sign Here: Signature of officer, Date, Type or print name and title.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP + 4, EIN, Phone no.

PANIQUENIANS USA, INC.
SCHEDULE OF OTHER EXPENSES
Page 1, Line 16 - Other Expenses
Form 990-EZ 2004

Fed ID No. 94-3266062

Christmas Party			
Food and supplies	\$	1,723	
Gifts to children and seniors	\$	611	
Hall & music	\$	540	\$ 2,874
Newsletter			
Fiesta and Christmas issues			\$ 991
Missions - Charitable activities and projects			
Deep Well Repairs	\$	100	
Medical and Dental Mission	\$	1,305	
Flood Relief Donation	\$	1,394	\$ 2,799
Miscellaneous Expense - Affiliated association participation			
Annual fiesta of Los Angeles Paniquenians			\$ 940
Donations			
Bereavement-crown/donation to families of deceased members	\$	870	
Donations to other associations-program ads	\$	550	\$ 1,420
General Expenses			
Bank fees	\$	64	
Meetings-food and supplies	\$	785	
Taxes- State of California filings	\$	10	
Office supplies	\$	305	\$ 1,164
TOTAL OTHER EXPENSES			\$ 10,188