## 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)

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

**Open to Public** Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service

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.

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Name and attention   Number and attent (or P.O. box, it mail is not delivered to street address)	В	Check if ap	oplicable:	C Name of org	anization						D E	nployer ide	entification number
Number and altrage   Interior action   Recombination   Reco		Address c	change	PANIQI	JENIANS US	A, INC.						94	1-3266062
Territable   Te	Щ	Name cha	ange	Number and str	reet (or P.O. box	x, if mail is not de	livered to street a	ddress)		Room/suite	E Te	elephone nu	ımber
Program   Pro	Н			1214 3	9TH AVENUE	_						41!	5-564-3889
Application previous   SAN FRANCISCO, CA 94122-1339   Number ► 2174	H								-		F G		
According Method:	Ħ			SAN FF	RANCISCO. C	A 94122-1339	)						
Website: ►	G										H Chec	k ▶ √ if	
Tax-exempt status (check only one)					— niansusa.cor		· —						-
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 991 or Ez or Form 991 or							) ◀ (insert no.	4947(a)	(1) or	527	(Forn	n 990, 990	)-EZ, or 990-PF).
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 (8) below) are \$500,000 or more, file Form 990-EZ  Part II 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  1 Contributions, gifts, grants, and similar amounts received.  1 1 20,000  2 Program service revenue including government fees and contracts  2 2 0 0 1 2 2 Program service revenue including government fees and contracts  3 Membership dues and assessments.  4 Investment income  5 Gross amount from sale of assets other than inventory  5 Less: cost or other basis and sales expenses  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$1,000 or found fundraising events (not including									` '	27 organiz	ation <b>an</b>	d its aross	receipts are normally
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Form 990-EZ (2012) Page 2 Balance Sheets (see the instructions for Part II) 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 16620.41 22 22 Cash, savings, and investments 14966.93 0 23 23 Land and buildings . . . . . . . . . . . . . . . . 0 0 24 24 Other assets (describe in Schedule O) . . . . . 0 25 16620.41 **25** Total assets . . . . . . . . 14966.93 0 26 26 Total liabilities (describe in Schedule O) 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 16620.41 **27** 14966.93 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. SCHOLARSHIP AID 28a 8081.17) If this amount includes foreign grants, check here . . . . . (Grants \$ 8081.17 PANIQUI, TARLAC, PHILIPPINES - SCHOLARSHIP GRANTS 29a 5140.00) If this amount includes foreign grants, check here . . . . 5140.00 MEDICAL, OPTICAL & DENTAL MISSIONS & OTHER PROJECTS IN PANIQUI, TARLAC, PHILIPPINES 3308.18) If this amount includes foreign grants, check here . . . . . 30a 3308.18 ) If this amount includes foreign grants, check here . . . . 31a 16529.35 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 (c) Reportable (d) Health benefits. (b) Average contributions to employee (e) Estimated amount of compensation (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation SEE ATTACHED LIST AVERAGE HOURS PER WEEK DEVOTED TO POSITION V N Α

ARIES FROM 0 TO 20 HOURS		
ONE OF THE OFFICERS ARE COMPENSATED		
ND NO EXPENSE ACCOUNT OR ALLOWANCES		
		Form <b>990-EZ</b> (2012

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V 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 33 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a 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 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 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 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 If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 . . . . . . . . . . . . . . . . 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ► N/A ; section 4955 ► 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 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, N/A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► CALIFORNIA 41 **42a** The organization's books are in care of ► TONY SIDECO Telephone no. ▶ 415-564-3889 Located at ► 1214 39TH AVENUE, SAN FRANCISCO, CALIFORNIA ZIP + 4 ▶ 94122-1339 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes Nο a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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. 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: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a 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 45b

Page 3

-orm 99	J-EZ (20	112)							Р	age 🖣
									Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in oppos	ition [			
		ndidates for public office? If "Yes," c						46		_/
Part \		Section 501(c)(3) organizations						70		
ı aı t		All section 501(c)(3) organizations		etione 47_40h ar	nd 52 and	d complete th	ao tah	loc fo	ar line	00
		. , . , .	s must answer que	3110113 41 -430 ai	iu 52, and	a complete ti	ie lab	163 10	אוווו וכ	53
		50 and 51								_
	-	Check if the organization used Sch	nedule O to respond	to any question i	n this Parl	: VI				
									Yes	No
47	Did th	ne organization engage in lobbying	activities or have a s	section 501(h) elec	ction in eff	ect during the	tax			
	year?	If "Yes," complete Schedule C, Part	:11				.	47		1
48	le the	organization a school as described in	section 170(b)(1)(Δ)(ii	i)? If "Ves " comple	ta Schadul	۵F	t	48		
		ne organization make any transfers to					.	49a		
49a		=		_						
b		s," was the related organization a se						49b		
50		plete this table for the organization's								d key
	emplo	oyees) who each received more than	\$100,000 of comper	isation from the or	ganization	. If there is nor	ne, ent	er "N	one."	
	(-)	Name and title of each constant	(b) Average	(c) Reportable		lealth benefits,				
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	hanafit n	tions to employee lans, and deferred			d amou pensat	
		pa.a	devoted to position	(Forms W-2/1099-MIS	S(:)   '	mpensation		01 00111	poriout	
		NONE				<u> </u>				
		NONE								
							-			
f 51 (a) l	Comp \$100,	number of other employees paid over olete this table for the organization' 000 of compensation from the organ and address of each independent contractor pain	s five highest compenies and series is not a series of the	ensated independe			h rece			than
		NONE	·							
		NONE								
				<u> </u>						
d		number of other independent contra	=		. ▶					
52		ne organization complete Schedule A			ons and 49	47(a)(1)				
	none	kempt charitable trusts must attach a	a completed Schedul	e A				Yes		No
Under pe	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements, and t	to the best of my l	nowled	ge and	belief,	it is
		d complete. Declaration of preparer (other than					•		,	
		<u> </u>								
Sign		Signature of officer				Date				
Here			ident							
······		Type or print name and title	nuent							
			Preparer's signature		Date		,   [	PTIN		
Paid		Print/Type preparer's name	reparer a signature		Date	Check	_  if	1111		
Prepa	arer					self-empl	oyed			
Use (		Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶				Phone no.				
مآلد ، ، م ۱		discuss this return with the preparer	shown above? See i	nstructions		·		Yes		No.

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

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

**Employer identification number** 

			IANS USA, INC.							66062		
Pa			rity Status (All orga			-			nstructio	ons.		
_	-	•	ation because it is: (Fo		_		-					
1			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2			170(b)(1)(A)(ii). (Attac				170/b\/4\/	(A\/:::\				
3 4	·	•	spital service organiza on operated in conjun						)/h)/1)/A)	(iii) Ente	r tha	
4		ne, city, and state		CHOIT WILL	ι α ποδριί	ai uesciii	560 III <b>56</b>	Cuon 170	J(D)( 1)(A)	(III). LITTE	uie	
5	•	-	the benefit of a colle	ae or uni	versity o	vned or	operated	l by a go	vernmen	tal unit de	escrib	ed in
		o)(1)(A)(iv). (Com		go o. a	voluely of	miod of	oporatoa	by a go		iai aini a	000110	
6			nment or government									
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental ur	nit or fror	n the gen	neral p	oublic
8	A community	trust described i	n <b>section 170(b)(1)(A</b>	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9	•	•	receives: (1) more that									_
			d to its exempt funct									
			ent income and unre fter June 30, 1975. Se						n bii ta	x) from i	busine	esses
10		=	l operated exclusively						<b>4</b> )			
11			nd operated exclusively							or to cal	rry ou	ıt the
• •			licly supported organ									
			describes the type of									
	a 🗌 Type I	<b>b</b> 🗌 Type	II <b>c</b> ☐ Type II	I–Functio	nally inte	grated	d 🗌	Type III–N	Non-funct	ionally in	tegrat	ed
e	By checking t	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	indirectl	y by one	or more	disqualifie	ed pe	rsons
			ers and other than one	e or more	e publicly	support	ed organ	izations c	described	in section	n 509	9(a)(1)
_	or section 509						_					
f	_		a written determination		the IRS t	that it is	a Type	I, Type I	ll, or Typ 	e III sup 	portir 	ng
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	<b>;</b>			
			ndirectly controls, eitl							nd	Yes	No
	(iii) below,	the governing be	ody of the supported	organizat	ion?					11g(i)		
		•	on described in (i) abo							11g(ii)		
	` '	•	a person described in	(, (,						11g(iii)		
h		1	on about the support							( )		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in		s the ion in col.	(vii) Amour su	nt of mo pport	netary
			above or IRC section (see instructions)	governing document?		col. <b>(i)</b> of your support?			zed in the S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No	-		
(A)												
(A) ——												
(B)												
(C)												
(D)												
(E)												
	-											

	(Complete only if you checked th Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	quality arrac	51 ti 10 tooto iic	otod Bolow, p	ioaco compi	oto i dit iii.j	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(0) 2000	(2)	(4)	(4) = 5 : 1	(0)	(4)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	on B. Total Support	( ) 0000	# > 0000		( 1) 0044	( ) 0040	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth			
Cooti	organization, check this box and stop her on C. Computation of Public Support	t Darsantas	· · · · ·				
<u> 14</u>	Public support percentage for 2012 (line 6			1 column (f)		14	%
15	Public support percentage for 2012 (interest Public support percentage from 2011 Sch					15	<del></del>
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2012. If the organize box and stop here. The organization qual	ation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, o	heck this
b	331/3% support test—2011. If the organicheck this box and stop here. The organization					2 15 is 33 <sup>1</sup> /3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization mosupported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	<b>Private foundation.</b> If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

### 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.)

Secti	on A. Public Support			,		/	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	`,	. ,	`,	` ,	. ,	.,
	received. (Do not include any "unusual grants.")	3160	1522	1383	350	120	6535
2	Gross receipts from admissions, merchandise	3100	1322	1303	330	120	0333
	sold or services performed, or facilities						
	furnished in any activity that is related to the	70040	50404	00407	(0.105	50507	000040
3	organization's tax-exempt purpose  Gross receipts from activities that are not an	72942	59191	38127	60485	52597	283342
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	76102	60713	39510	60835	52717	289877
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
O	line 6.)						000077
Sooti	on B. Total Support						289877
	• • • • • • • • • • • • • • • • • • • •	(-) 0000	(h) 0000	(-) 0010	(4) 0011	(-) 0010	(f) Tatal
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	76102	60713	39510	60835	52717	289877
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	237	34	0	0	0	271
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	237	34	0	0	0	271
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	76339	60747	39510	60835	52717	290148
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8			3. column (fl)		15	99.9 %
16	Public support percentage from 2011 Sch					16	99.7 %
	on D. Computation of Investment In					1 .0	77.1 70
17	Investment income percentage for 2012 (			v line 13 colum	nn (f))	17	.1 %
18	Investment income percentage from 2011					18	.1 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2012. If the organ						
198	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
1.		_	_	-		-	_
b	331/3% support tests—2011. If the organiz						
00	line 18 is not more than 33½%, check this l		_				_
20	Private foundation. If the organization di	u not check a l	oox on line 14,	, iga, or igb, c	THECK THIS DOX	and see instru	CUONS 🟲 📋

Part IV	<b>Supplemental Information.</b> 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).

### PANIQUENIANS USA, INC.

### Fed ID No. 94-3266062

2012 Form 990EZ

### SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Part 1, Line 10 - Grants and similar amounts paid

Scholarships				
San Francisco Bay Area	\$	8,081.17	•	
Paniqui, Tarlac, Philippines	\$	5,140.00	\$	13,221.17
Medical, Optical & Dental Mission				
Paniqui, Tarlac, Philippines			\$	2,433.00
Inter High School Debate Sponsorship				
in Paniqui, Tarlac, Philippines			\$	875.18
Total Grants and similar amounts paid				16,529.35
ULE OF OTHER EXPENSES Line 16 - Other Expenses				
Christmas Barty for Mombors! Children & Soniors				
Christmas Party for Members' Children & Seniors Food	¢	846.77		
Gifts to children & seniors	\$ \$	410.00		
Hall rental	\$	790.00	\$	2,046.77
			•	_,
Donations				
Bereavement-wreath/donation to families of deceased members	\$	900.00		
Donations to other associations-program ads	\$	200.00	\$	1,100.00
Trip to Sister Organizations Fund Raising Events			\$	792.46
Namelattan, Christman Isana			•	70.00
Newsletter - Christmas Issue			\$	72.02
General Expenses				
Bank fees	\$	141.33		
Website webhosting	\$	166.80		
Meetings-food and supplies	\$	1,087.60		
Office supplies	\$	267.21		
Taxes- State of California filings	\$	10.00	_\$	1,672.94
Total Oil on Formance			•	F 00 1 10
Total Other Expenses			\$	5,684.19

# PANIQUENIANS USA, INC. FORM 990-EZ 2012 PAGE 2, PART IV - List of Officers and Directors

# NONE OF THE FOLLOWING OFFICERS ARE COMPENSATED - ALL ARE ON A VOLUNTARY BASIS TIME SPENT VARIES - RANGING FROM 0 TO 20 HOURS PER WEEK FOR MOST

→ NO	LAST NAME	FIRST NAME	President	ADDRESS
2 -	Ubaldo	Lourdes	President  Executive Vice-President	
ω	Beltran	Zeny	Regional Vice-President	
4	De Guzman	Ed	Regional Vice-President	
Ŋ	Lavitoria	Joseph	Regional Vice-President	
6	Palarca	Carmen	Regional Vice-President	
7	Viernes	Lina	Regional Vice-President	
8	Fenchuk	Evelyn	Secretary	
9	Acorda	Edwin	Assistant Secretary	
10	Olonan	Lilia	Treasurer	
11	Palarca	Mila	Assistant Treasurer	
12	Batenga	Lita	Auditor	
13	Lagmay	Romy	Auditor	
14	Batenga	Conrad	Business Manager	
15	Eliares	Gil	Business Manager	
16	Sibal	Nick	PRO	
17	Alegado	Generosa	Member - Board of Directors	
18	Alonzo, Jr.	Bruno	Member - Board of Directors	
19	Beltran	Pete	Member - Board of Directors	
20	Beltran	Presito	Member - Board of Directors	
21	De Guzman	Eleazer	Member - Board of Directors	
22	Lamorena	Constantino	Member - Board of Directors	
23	Lumaquin	Purita	Member - Board of Directors	
24	Manalo	Freddie	Member - Board of Directors	
25	Manalo	Victoria	Member - Board of Directors	
26	Olonan	Manuel	Member - Board of Directors	
27	Palarca	Cesar	Member - Board of Directors	
28	Sideco	Antonio	Member - Board of Directors	
29	Sideco	Linda	Member - Board of Directors	
30	Ubaldo	Rupert	Member - Board of Directors	
31	Viernes	Art	Member - Board of Directors	

TAXABLE YEAR

FORM

# California Exempt Organization Annual Information Return

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7	u	u
	$\overline{}$	$\overline{}$

201	2 Annual Information Retu	ırn				199
	Year 2012 or fiscal year beginning monthday	yea	r, and ending mor	nthc	layye	ar
Corporation	n/Organization Name			California	a corporation nur	nber
Address (si	uite, room, or PMB no.)			FEIN		
Address (si	ile, footi, of Fivid fio.)				_	
City		State	ZIP Code			
A First Re	eturn	□No	J If exempt under R&TC S	ection 23701c	I, has the organ	ization
	ed Return● □Yes		during the year: (1) parti			
C IRC Se	ction 4947(a)(1) trust	□No	or (2) attempted to influe			
<b>D</b> Final R	eturn? ● ☐ Dissolved ● ☐ Surrendered (Withdrawn)		or (3) made an election to (relating to lobbying by p			
	Merged/Reorganized Enter date: ●//		If "Yes," complete and at			
	accounting method:		K Is the organization exem			1α2 ■ □Ves □No
	Cash (2) ☐ Accrual (3) ☐ Other		If "Yes," enter the gross			ig: • ics ino
	return filed?		sources			\$
	☐ 990T (2) ● ☐ 990(PF) (3) ● ☐ Sch H (990)		■ If organization is exempt			
	a group filing for the subordinates/affiliates? ● ☐ Yes	□NO	exclusively religious, edu			
	" attach a roster. See instructions	□No	supported primarily (50%			
	3		check box. No filing fee i			
ii res,	" what is the parent's name?		M Is the organization a Lim	-		
■ Did the	organization have any changes in its activities,		N Did the organization file taxable income?			
	ing instrument, articles of incorporation, or bylaws		• Is the organization under			
that ha	ve not been reported to the Franchise Tax Board? • 🗆 Yes	□No	IRS audited in a prior year			● □Yes □No
If "Yes,	" explain, and attach copies of revised documents.		o addited in a pilot yet			= 2.00 2.00
Part I	Complete Part I unless not required to file this form. See Ger	neral Ins	tructions B and C.			
	1 Gross sales or receipts from other sources. From Side 2,	Part II, I	ne 8			00
	2 Gross dues and assessments from members and affiliate					00
Receipts and	<b>3</b> Gross contributions, gifts, grants, and similar amounts re				● 3	00
Revenues	4 Total gross receipts for filing requirement test. Add line 1					00
	This line must be completed. If the result is less than \$5  5 Cost of goods sold				00	00
	6 Cost or other basis, and sales expenses of assets sold				00	
	7 Total costs. Add line 5 and line 6.				100	00
	8 Total gross income. Subtract line 7 from line 4					00
Expenses	O Tatal amazana and diabamanana Engar Oide O Dant II I					00
Exhelises	10 Excess of receipts over expenses and disbursements. Sul					00
	11 Filing fee \$10 or \$25. See General Instruction F				11	00
Filing	12 Total payments				12	00
Fee	13 Penalties and Interest. See General Instruction J					00
	14 Use tax. See General Instruction K					00
	15 Balance due. Add line 11, line 13, and line 14. Then subt Under penalties of perjury, I declare that I have examined this return					00
Sign	true, correct, and complete. Declaration of preparer (other than taxpe	ayer) is ba	sed on all information of which pr	eparer has any	knowledge.	lowledge and belief, it is
Here		Title	Da	te	<ul><li>Telephone</li></ul>	
	Signature of officer		1-		( )	
	Preparer's			eck if self-	● PTIN	
Paid Preparer'	signature •		em	ployed ▶ □	• FEIN	
Use Only	Firm's name (or yours,				● FEIN	
	if self-employed) and address				● Telephone	
					( )	
			0.0			
	May the FTB discuss this return with the preparer show	<u>/n above</u>	? See instructions		. ● ⊔ Yes ∟	INO

Part II	Organizations with gross receipts of more than \$50,000 and private foundations
	regardless of amount of gross receipts — complete Part II or furnish substitute information.

	regardless of amount of gross receipts — complet		ubstitute information.		
	1 Gross sales or receipts from all business activiti	ies. See instructions.		1	00
	2 Interest			• <u>2</u>	00
	<b>3</b> Dividends				00
Receipts from	<b>4</b> Gross rents			4	00
Other	<b>5</b> Gross royalties				00
Sources	<b>6</b> Gross amount received from sale of assets (See	Instructions)			00
	<b>7</b> Other income. Attach schedule				00
	8 Total gross sales or receipts from other sources.				00
	<b>9</b> Contributions, gifts, grants, and similar amounts	s paid. Attach schedu	ıle		00
					00
	11 Compensation of officers, directors, and trustee				00
	12 Other salaries and wages				00
Expenses					00
and	<b>14</b> Taxes				00
Disburse-					00
ments	<b>16</b> Depreciation and depletion (See instructions)				00
	17 Other Expenses and Disbursements. Attach scho				00
	18 Total expenses and disbursements. Add line 9 to				00
Schedu	ıle L Balance Sheets	Beginning o	f taxable year	End of tax	able year
Assets		(a)	(b)	(c)	(d)
					•
	ccounts receivable				•
	otes receivable				•
	tories				•
	al and state government obligations				•
	tments in other bonds				•
	tments in stock				•
-	gage loans				•
	investments. Attach schedule				•
				,	
	s accumulated depreciation			( )	
					•
12 Other	assets. Attach schedule				•
	assets				
Liabilities	s and net worth				
<b>14</b> Accou	unts payable				•
	ibutions, gifts, or grants payable				•
	s and notes payable				•
	gages payable				•
	liabilities. Attach schedule				
	al stock or principle fund				•
	in or capital surplus. Attach reconciliation				•
	ned earnings or income fund				•
	liabilities and net worth	income ner return			
Schedu	Do not complete this schedule if the amo	unt on Schedule L, li	ne 13, column (d), is less	s than \$50,000.	
<b>1</b> Net ir	ncome per books	,	1	·	
	ral income tax				•
	ss of capital losses over capital gains		8 Deductions in this return not charged		
	ne not recorded on books this		against book income this year.		
	Attach schedule			-	•
-	nses recorded on books this year not			id line 8	
	cted in this return. Attach schedule		10 Net income per retu		
	Add line 1 through line 5		1	n line 6	
Utal.	Add into 1 tillough lillo o		I Gantiage IIIIG 3 IIUII	i iiii0 0	

### PANIQUENIANS USA, INC. - CORPORATION NO. 1951874 SUPPORTING SCHEDULES 2012 FORM 199

COST OF GOODS SOLD (FUND RAISING EVENT) Page 1, Line 5		
Annual Fund Raising - Traditional Fiesta		
Banquet	21,208	
Band	1,400	
Crowns, throphy, plaques, etc.	1,707	
Souvenir program printing	5,903	
Ticket printing	498	
Postage-Tickets	327	
Post fiesta reception	1,114	
Total Fiesta Expenses		32,157
TOTAL COST OF GOODS SOLD		32,157
CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS, Page 2, Part II, Line 9		
Scholarship grants to 38 students in the Philippines	5,140	
Scholarship aid to Bay Area students	8,081	
Medical, Optical & Dental Mission in the Philippines	2,433	
Inter High Scholl Debate sponsorship in the Philippines	875	
TOTAL CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS		16,529
OTHER EXPENSES, Page 2, Part II, Line 17		
Bank fees	141	
Meetings	1,088	
Taxes	10	
Advertising expenses to other organizations	200	
Bereavement donations & wreath/bouquet of flowers	900	
Trip to sister organization's fund raising events	792	
Website webhosting	167	
Office supplies	267	
Newsletter - Christmas issue	72	
Christmas party	2,047	
TOTAL OTHER EXPENSES		5,684