

**Short Form**

**Return of Organization Exempt From Income Tax**

**2013**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** , 2013, and ending , 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
PANIQUENIANS USA, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
1214 39TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
SAN FRANCISCO, CA 94122-1339

**D** Employer identification number  
94-3266062

**E** Telephone number  
415-564-3889

**F** Group Exemption Number ▶ 2174

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ www.paniqueniansusa.com

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

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 66201.00

**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	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<u>1650.00</u>
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
<b>4</b>	Investment income . . . . .	<b>4</b>	
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b>	Gross income from fundraising events (not including \$ <u>1650.00</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<u>64351.00</u>
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<u>42755.00</u>
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<u>21596.00</u>
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<u>200.00</u>
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<u>23446.00</u>
		Expenses	
<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<u>12570.00</u>
<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	<u>0</u>
<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<u>0</u>
<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<u>0</u>
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<u>0</u>
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<u>0</u>
<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<u>4733.00</u>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<u>17303.00</u>
		Net Assets	
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<u>6143.00</u>
<b>19</b>	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) . . . . .	<b>19</b>	<u>14967.00</u>
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<u>0</u>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<u>21110.00</u>

**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
<b>22</b> Cash, savings, and investments . . . . .	14967.00	<b>22</b>	21110.00
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b>	0
<b>25</b> Total assets . . . . .	14967.00	<b>25</b>	21110.00
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27</b> Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	14967.00	<b>27</b>	21110.00

**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? \_\_\_\_\_

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.

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

<b>28</b> SCHOLARSHIP AID . . . . .				
<hr/> <hr/> <hr/>				
(Grants \$ 6870.00) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	<b>28a</b>	6870.00	
<b>29</b> PANQUI, TARLAC, PHILIPPINES - SCHOLARSHIP GRANTS . . . . .				
<hr/> <hr/> <hr/>				
(Grants \$ 5700.00) If this amount includes foreign grants, check here . . . . .	<input checked="" type="checkbox"/>	<b>29a</b>	5700.00	
<b>30</b> . . . . .				
<hr/> <hr/> <hr/>				
(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (describe in Schedule O) . . . . .				
<hr/> <hr/> <hr/>				
(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	<b>31a</b>		
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .		<b>32</b>	12570.00	

**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 ATTACHED LIST				
AVERAGE HOURS PER WEEK DEVOTED TO POSITION				
VARIES FROM 0 TO 20 HOURS				
NONE OF THE OFFICERS ARE COMPENSATED				
AND NO EXPENSE ACCOUNT OR ALLOWANCES				
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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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	46	✓

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	
<b>50</b> 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	(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 business address of each independent contractor	(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? **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>	▶ Signature of officer	Date
	▶ LOURDES D. UBALDO - President	
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

PANIQUENIANS USA, INC.

Employer identification number

94-3266062

**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)(vii)**. (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—Non-functionally integrated
- 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? . . . . .

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

h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1522	1383	350	120	1650	5025
<b>2</b> 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 . . . .	59191	38127	60485	52597	64351	274751
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	60713	39510	60835	52717	66001	279776
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						279776
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .	60713	39510	60835	52717	66001	279776
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	34	0	0	0	0	34
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	34	0	0	0	0	34
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	60747	39510	60835	52717	66001	279810
<b>14 First five years.</b> 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 <b>stop here</b> . . . .						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	100.0 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.9 %

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	.0 %
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	.1 %
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .	<input type="checkbox"/>	





PANQUENIANS USA, INC.  
 FORM 990-EZ 2013  
 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	POSITION
1	Ubaldó	Lourdes	President
2	Beltran	Tony	Executive Vice-President
3	Beltran	Zeny	Regional Vice-President
4	De Guzman	Ed	Regional Vice-President
5	Lavitoria	Joseph	Regional Vice-President
6	Palarca	Carmen	Regional Vice-President
7	Viermes	Lina	Regional Vice-President
8	Fenchuk	Evelyn	Secretary
9	Accorda	Edwin	Assistant Secretary
10	Olonan	Lilia	Treasurer
11	Palarca	Mila	Assistant Treasurer
12	Batanga	Lita	Auditor
13	Lagmay	Romy	Auditor
14	Batanga	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	Ubaldó	Rupert	Member - Board of Directors
31	Viermes	Art	Member - Board of Directors

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

**Part 1, Line 10 - Grants and similar amounts paid**

**Scholarships**

San Francisco Bay Area	\$ 6,870.00	
Paniqui, Tarlac, Philippines	<u>\$ 5,700.00</u>	\$ 12,570.00

**Total Grants and similar amounts paid** \$ 12,570.00

**SCHEDULE OF OTHER EXPENSES**

**Part 1, Line 16 - Other Expenses**

**Donations**

Bereavement-wreath/donation to families of deceased members	\$ 550.00	
Donations to other associations-program ads	<u>\$ 750.00</u>	<u>\$ 1,300.00</u>

**International Calamity Relief Donations** \$ 1,300.00

**Donation to Sister Organization Fund Raising Events** \$ 300.00

**General Expenses**

Bank fees	\$ 133.00	
Website webhosting	\$ 35.00	
Meetings-food and supplies	\$ 1,562.00	
Office supplies	\$ 73.00	
Taxes- State of California filings	<u>\$ 30.00</u>	<u>\$ 1,833.00</u>

**Total Other Expenses** \$ 4,733.00

California Exempt Organization Annual Information Return

2013

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization Name: PANIQUENIANS USA, INC. California corporation number: 1951874. Address: 1214 39TH AVENUE, SAN FRANCISCO, CA 94122-1339. FEIN: 94-3266062.

Part I: A First Return, B Amended Information Return, C IRC Section 4947(a)(1) trust, D Final Information Return, E Check accounting method, F Federal return filed, G Is this a group filing, H Is this organization in a group exemption, I Did the organization have any changes, J If exempt under R&TC Section 23701d, K Is the organization exempt under R&TC Section 23701g, L If organization is exempt under R&TC Section 23701d, M Is the organization a Limited Liability Company, N Did the organization file Form 100 or Form 109, O Is the organization under audit by the IRS.

Part II Complete Part II unless not required to file this form. See General Instructions B and C.

Table with 5 columns: Description, Line Number, Amount, and Balance Due. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-14).

Sign Here: Declaration of preparer. Signature of officer: President. Date: [blank]. Telephone: (415) 867-7553. Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's name and address, Telephone.

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1	64,351	00
	2	Interest . . . . .	●	2	0.	00
	3	Dividends . . . . .	●	3	0.	00
	4	Gross rents . . . . .	●	4	0.	00
	5	Gross royalties . . . . .	●	5	0.	00
	6	Gross amount received from sale of assets (See Instructions) . . . . .	●	6	0.	00
	7	Other income. Attach schedule . . . . .	●	7	200.	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	●	8	64,551.	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9	12,570.	00
	10	Disbursements to or for members . . . . .	●	10	0.	00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	●	11	0.	00
	12	Other salaries and wages . . . . .	●	12	0.	00
	13	Interest . . . . .	●	13	0.	00
	14	Taxes . . . . .	●	14	0.	00
	15	Rents . . . . .	●	15	0.	00
	16	Depreciation and depletion (See instructions) . . . . .	●	16	0.	00
	17	Other Expenses and Disbursements. Attach schedule . . . . .	●	17	4,733.	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	●	18	17,303.	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		14,967.	●	21,110.
2 Net accounts receivable . . . . .			●	
3 Net notes receivable . . . . .			●	
4 Inventories . . . . .			●	
5 Federal and state government obligations . . . . .			●	
6 Investments in other bonds . . . . .			●	
7 Investments in stock . . . . .			●	
8 Mortgage loans . . . . .			●	
9 Other investments. Attach schedule . . . . .			●	
10 a Depreciable assets . . . . .				
b Less accumulated depreciation . . . . .	( )	( )		
11 Land . . . . .			●	
12 Other assets. Attach schedule . . . . .			●	
13 Total assets . . . . .		14,967.		21,110.
<b>Liabilities and net worth</b>				
14 Accounts payable . . . . .			●	
15 Contributions, gifts, or grants payable . . . . .			●	
16 Bonds and notes payable . . . . .			●	
17 Mortgages payable . . . . .			●	
18 Other liabilities. Attach schedule . . . . .			●	
19 Capital stock or principle fund . . . . .			●	
20 Paid-in or capital surplus. Attach reconciliation . . . . .			●	
21 Retained earnings or income fund . . . . .		14,967.	●	21,110.
22 Total liabilities and net worth . . . . .		14,967.		21,110.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books . . . . .	●	
2	Federal income tax . . . . .	●	
3	Excess of capital losses over capital gains . . . . .	●	
4	Income not recorded on books this year. Attach schedule . . . . .	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●	
6	Total. Add line 1 through line 5 . . . . .		
7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●	
8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●	
9	Total. Add line 7 and line 8 . . . . .		
10	Net income per return. Subtract line 9 from line 6 . . . . .		

**PANIQUENIANS USA, INC. - CORPORATION NO. 1951874**  
**SUPPORTING SCHEDULES**  
**2013 FORM 199**

**COST OF GOODS SOLD (FUND RAISING EVENT) Page 1, Line 5**

**Annual Fund Raising - Traditional Fiesta**

Banquet	28,425
Band	1,750
Crowns, throphy, plaques, etc.	2,435
Souvenir program printing	6,250
Ticket printing & mailing	1,090
Post fiesta reception	880
Fund raising trip bus rental	1,925

Total Fiesta Expenses

42,755

**TOTAL COST OF GOODS SOLD**

**42,755**

**CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS, Page 2, Part II, Line 9**

Scholarship grants to 38 students in the Philippines	5,700
Scholarship aid to Bay Area students	6,870

**TOTAL CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS**

**12,570**

**OTHER EXPENSES, Page 2, Part II, Line 17**

Bank fees	133
Meetings	1,562
Taxes	30
Advertising expenses to other organizations	750
Bereavement donations & wreath/bouquet of flowers	550
Donation to sister organization's fund raising events	300
International Calamity Relief Donations	1,300
Website webhosting	35
Office supplies	73

**TOTAL OTHER EXPENSES**

**4,733**