

2005

Open to Public Inspection

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)

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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, and ending 20

B Check if applicable

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization PHILIPPINE MEDICAL Society of No. California
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3470 SUNBURST CT.
City or town, state or country, and ZIP + 4 NAPA, CA 94558

D Employer identification number 94:2922490
E Telephone number (707) 255-6872
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: [X] 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 chooses to file a return, be sure to file a complete return. 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 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp from IRS-OSC, OGDEN, UT, dated MAR 31 2006.

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 41 of the instructions.)

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year.

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Medical, Surgical, Dental Mission</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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.		
28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(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
MARLENE CABRERO, MD	President	0	0	0
EMMANUEL CEPE, MD	PRESIDENT ELECT	0	0	0
CARMENCITA JOSE, M.D.	TREASURER	0	0	0
LUCIA CABREROS, MD	REC. SECRETARY	0	0	0
LEILA OLIVERA, MD	SECRETARY	0	0	0
RECTO DE LEON, MD	Chairman for Medical Mission	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
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	✓
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 unpaid at the start of the period covered by this return?	38a	✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b	✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		0

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

- 41 *List the states with which a copy of this return is filed. ▶ CALIFORNIA
- 42a The books are in care of ▶ CARMENCITA R. JOSE, M.D., TREASURER Telephone no. ▶ (707) 255-6872
 Located at ▶ 3470 SUNBURST CT. NAPA, CA 94558 ZIP + 4 ▶ 945584
- 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)?
- | | Yes | No |
|-----|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |
- If "Yes," enter the name of the foreign country: ▶ _____
- See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- If "Yes," enter the name of the foreign country: ▶ _____
- 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 |

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: [Handwritten Signature] Date: 3/30/06

Type or print name and title: CARMENCITA R. JOSE, M.D. - TREASURER (2005)

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	