# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For th	ne 2023 calen	dar year, or tax year beginni	ng	4/28/2023	, and	d ending	1	2/31/2	023	
В	Check	if applicable:	C Name of organization					D Em	ployer ic	dentification number	
Χ	Addres	s change	Philippine American Chaml	per of Commerce	TN Inc. (PACCT	TN)					
	Name of	change	Number and street (or P.O. box if r	nail is not delivered to	street address)		Room/suite		9:	2-3769077	
Χ	Initial re	eturn	2321 Idle Hour Road				Apt 12	E Tel	ephone n	number	
	Final retu	urn/terminated	City or town		State	ZIP cod	е				
	Amend	led return	Kingsport		TN	37660	)		42	3-491-6342	
Χ	Applica	ation pending	Foreign country name	Foreign province	e/state/county	Foreign	postal code	F Gro	oup Exe	emption	
								Nu	mber	0000	
G	Accou	nting Method:	X Cash Accrual	Other (specify)				H Check	Х	if the organization is	
ı	Websi	J	S://WWW.PACCTN.ORG	Other (opcony)						o attach Schedule B	
		empt status (che		F01(a) (	) (inport no.)	4947(a)(1)	or 527	(Form	•	o allaon conodalo B	
	rax-exe	empt status (che		501(c) (	) (insert no.)	4947(a)(1)	0 527	`			
K	Form o	f organization:	X Corporation	Trust	Association	Ot	her				
L	Add lin	es 5b, 6c, and	7b to line 9 to determine gross	receipts. If gross r	receipts are \$200,0	000 or mor	e, or if total a	ssets			
			are \$500,000 or more, file Form						\$		10
Pa	art I		e, Expenses, and Chan								
			the organization used So				in this Par	tl		<u>L</u>	
	1	Contribution	ns, gifts, grants, and similar	amounts received	1				1		
	2	Program se	rvice revenue including gove	ernment fees and	l contracts				2		
	3	Membership	p dues and assessments .						3	2′	10
	4	Investment	income			·			4		
	5a	Gross amou	unt from sale of assets other	than inventory .		5a					
	b	Less: cost of	or other basis and sales exp	enses		5b					
	С	Gain or (los	s) from sale of assets other	than inventory (s	ubtract line 5b fro	om line 5a	1)		5c		0
	6	Gaming and	d fundraising events:								
4	а	Gross incor	ne from gaming (attach Sch	edule G if greater	r than						
Ž		•				6a					
Revenue	b		ne from fundraising events (			of con	tributions				
8			ising events reported on line			ا ما					
			n gross income and contribu		,	6b					
	C		expenses from gaming and			6c					
	d		or (loss) from gaming and f			nd 6b and	subtract				_
	_	line 6c)				i .			6d		0
	7a		s of inventory, less returns a	*		7a					
	b		of goods sold			7b			7.		^
	C		or (loss) from sales of inver nue (describe in Schedule O						7c 8		0
	8 9		nue. Add lines 1, 2, 3, 4, 5c,						9	2.	10
	10		similar amounts paid (list in						10		10
	11		id to or for members						11		_
S	12		her compensation, and emp						12		
JSe	13		al fees and other payments to	-					13	19	92
per	14		, rent, utilities, and maintena						14		44
Expenses	15		blications, postage, and ship						15		
_	16		nses (describe in Schedule (						16		
	17		nses. Add lines 10 through 1						17	23	36
S	18		deficit) for the year (subtract						18		26
šet	19		or fund balances at beginnin		•						_
Net Assets			figure reported on prior yea						19	-34	46
et/	20	-	ges in net assets or fund bal	,					20		
Ž	21		or fund halances at end of v	` .	,				21	37	72

	Check if the organization used Schedule C				<u> </u>	
22	Cook sovings and investments			(A) Beginning of year	22	(B) End of year
22 23	Cash, savings, and investments Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	+	0
26	<b>Total liabilities</b> (describe in Schedule O)			346	_	372
27	Net assets or fund balances (line 27 of colur			-346	+	-372
	rt III Statement of Program Service Accon	nplishments (see the instruct	ions for Part III)	<u> </u>		
	Check if the organization used Schedul				(Re	Expenses equired for section
	at is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
	cribe the organization's program service accomp					anizations; optional others.)
	neasured by expenses. In a clear and concise m sons benefited, and other relevant information fo		provided, the numbe	rot		,
	Philippine American Chamber of Commerce TN					
	exclusively for charitable and educational purpo					
	purposes, the making of distributions to organiz					
		nount includes foreign grants,			28a	1
29	,		÷			
	(Grants \$ ) If this an	nount includes foreign grants,	check here		29a	1
30						
		nount includes foreign grants	check here		30a	1
31	Other program services (describe in Schedule					
		nount includes foreign grants,	check here		31a	
	Total program service expenses. (add lines 2	<u> </u>			32	
Pa	IT IV List of Officers, Directors, Trustees, a					
	Check if the organization used Schedule	e O to respond to any questio				
		(b) Average	(c) Reportable compensation	(d) Health benefit	ts,	
	(a) Name and title	hours per week		contributions to		(e) Estimated amount of
			(Forms W-2/1099-MIS			· ·
		devoted to position	1099-NEC)	employee benefit pl	ans,	other compensation
Pav	Lyle E Hill		,	employee benefit pl	ans,	· ·
	. Lyle F Hill	devoted to position	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
	Lyle F Hill sident		1099-NEC) (if not paid, enter -0	employee benefit pl	ans,	· ·
		devoted to position  Hr/WK 10.0	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		devoted to position	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.1	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		devoted to position  Hr/WK 10.0	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.1	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK  Hr/WK  Hr/WK  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK  Hr/WK  Hr/WK  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK  Hr/WK  Hr/WK  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK  Hr/WK  Hr/WK  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0  Hr/WK 10.0  Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0  Hr/WK 10.0  Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0  Hr/WK 10.0  Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0  Hr/WK 10.0  Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation
		Hr/WK 10.0  Hr/WK 10.0  Hr/WK	1099-NEC) (if not paid, enter -0	employee benefit pl and deferred compen	ans, sation	other compensation

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa	ırt 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		Х
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		Χ
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		Χ
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		
С	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		Χ
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		Χ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		Χ
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	Χ	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
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), 501(c)(4), and 501(c)(29) 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		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	transaction? If "Yes," complete Form 8886-T	40e		Χ
41	List the states with which a copy of this return is filed:	400		
		(400) 4	04.004	10
42a	-		91-634	+2
		60-268		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40		V
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here			L
	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			
	completed instead of Form 990-EZ	44a		X
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		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			, .
4-	explanation in Schedule O	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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	AFI		V
	Form 990-EZ. See instructions.	45b		Χ

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

		ne organization engage, directly or indirectly andidates for public office? If "Yes," complete			• •		. 46	Yes	No X
Part '		Section 501(c)(3) Organizations Of All section 501(c)(3) organizations m 50 and 51.  Check if the organization used Schematic	<b>nly</b> ust answer questions 4	7–49b and 52, and	complete t	he tables		es	
		Check if the organization used Sche	uule O to respond to an	ly question in this F	ait vi				
		e organization engage in lobbying activitie If "Yes," complete Schedule C, Part II	s or have a section 501(h)		•		47	Yes	No X
	-	organization a school as described in sect					. 48		X
		e organization make any transfers to an ex					. 49a		X
		s," was the related organization a section 5	•	•			49b		X
50	Comp	ollete this table for the organization's five high	ghest compensated employ	yees (other than office	ers, directors,		and key		1
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health be contributions to benefit plans, a compens	enefits, employee nd deferred	(e) Estim	nated amo	
Name Title	None		Hr/WK .00						
Name Title			Hr/WK .00	5					
Name			•	4					
Title			Hr/WK .00						
Name Title			Hr/WK .00						
Name									
Title			Hr/WK .00						
51	Comp	number of other employees paid over \$100 plete this table for the organization's five hig 000 of compensation from the organizatio	ghest compensated indepe		o each receiv	ed more t	han		
		(a) Name and business address of each independent	ent contractor	(b) Type of servi	се	(c)	Compens	ation	
Name City	None	Str ST	ZIP						
Name City		Str ST	7IP						
Name		Str							
City Name		ST Str	ZIP						
City Name		ST Str	ZIP						
City <b>d</b>	Total	number of other independent contractors of	ZIP each receiving over \$100,0	00					
		e organization complete Schedule A? <b>Not</b> elleted Schedule A	e: All section 501(c)(3) org	anizations must attacl	n a 		ΧY	es	No
		of perjury, I declare that I have examined this return, ir d complete. Declaration of preparer (other than officer)			•	edge and beli	ief, it is		
						11	/15/202	4	
Sign		Signature of officer	MALA		Date				
Here		Rev. Lyle F Hill	TANK TO THE TANK THE		Pres	dent			
		Type or print name and title	,	,			_		
Paid	aror	Print/Type preparer's name	Preparer's signature	Date	CI	eck if-employed	f PTIN		
Prepa Use (		Firm's name	<u> </u>		Firm's	EIN			
		Firm's address			Phone	e no.			
May th	ne IRS	discuss this return with the preparer show	n above? See instructions	<u></u>	<u> </u>	<u> </u>	Y	es 🗌	No

#### **SCHEDULE A** (Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Philippine American Chamber of Commerce TN Inc. (PACCTN) 92-3769077 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . f Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Pa	rt II Support Schedule for Orga	nizations Des	cribed in Sec	tions 170(b)(1)	)(A)(iv) and 17	0(b)(1)(A)(vi)	<u> </u>
	(Complete only if you checke						der
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, ple	ase complete F	Part III.)	
	ction A. Public Support	ı		T	1	1	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0					0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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						0
Sec	ction B. Total Support				7		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	0	0		0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from		<b> </b>				
	similar sources		- X				0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	<b>♦</b>					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4					0
11	<b>Total support.</b> Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the orga			•	. , , ,		
_	organization, check this box and stop here						
	ction C. Computation of Public Su					1 1	2.222/
14	Public support percentage for 2023 (line 6, c					14	0.00%
15	Public support percentage from 2022 Sched					15	0.00%
16a	33 1/3% support test—2023. If the organiz						
	and <b>stop here.</b> The organization qualifies as		•				
D	33 1/3% support test—2022. If the organiz box and stop here. The organization qualifies			•			Γ
4							
1/a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets to	•					
	Part VI how the organization meets the facts						
	organization		-	•			
b	10%-facts-and-circumstances test—2022						<b>L</b>
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac				s a publicly suppor	ted	<del></del>
	organization						
18	Private foundation. If the organization did in	not check a box on	line 13 16a 16b	17a or 17b check	this box and see		

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			· 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge	0		0		0	0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
L	· ·						U
D	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						0
c	Add lines 7a and 7b	0	. • 0	0	0	0	0
8	Public support (Subtract line 7c from	-				-	<u> </u>
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	<b>♦</b>					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	ŭ				<u> </u>	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				·
15	Public support percentage for 2023 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2022 Sched	ule A, Part III, line	15			16	0.00%
	tion D. Computation of Investmer						
17	Investment income percentage for 2023 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2022 Se	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2023. If the organi						·
	not more than 33 1/3%, check this box and s	-			-		
b	33 1/3% support tests—2022. If the organi						Ι
••	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did it	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	8	X

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	NO
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
40		
10a		
10b		
1UD edule A (Fo	000	) 2023

Page **5** 

Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sooti	detail in Part VI. ion B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Saati	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	~		•
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(71) Their real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Phian Value	(B) Current Year
Section B - Willimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+		
emergency temporary reduction (see instructions).	6		Λ
7 Check here if the current year is the organization's first as a non functional		parated Type III supporting	organization (acc

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	- cago:
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive	
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	T	10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023	<u> </u>		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	<b>Total</b> of lines 3a through 3e	0		
g	Applied to underdistributions of prior years			0
<u> </u>	Applied to 2023 distributable amount			0
i	Carryover from 2018 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years			0
b	Applied to 2023 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			0
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>				
<u> </u>	Excess from 2020 0			
	Excess from 2021			
	Excess from 2022			
е	Excess from 2023			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•.0

#### **SCHEDULE L** (Form 990)

Department of the Treasury

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** Philippine American Chamber of Commerce TN Inc. (PACCTN) 92-3769077 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization No (1)(2)(3)(4)(5)(6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Original (g) In default? (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (f) Balance due (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes No Yes No Former Treasi Outstanding B (1) Lyle F. Hill 371 371 (2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 371 Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3) (4)(5)(6)(7)

(8)(9)(10)

Schedule L (	Form 990) 2023 Philip	ppine American Chamber of Cor	mmerce TN Inc. (PACC	TN) 92-37690	)77	Page 2
Part IV	Business Transactions Inve					
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organ	haring o nization's enues?
					Yes	No
(1)						
(2)					$-\!$	
(3)				A	_	-
(4) (5)					_	
(6)				181		
(7)						
(8)						
(9)					_	-
10) Part V	Supplemental Information.					
art v	Provide additional information	n for responses to questions on	Schedule L. See instru	ctions.		
				<b>/</b>		
		•				
		. (				
		<u>)</u>				
	. (7)					
	•					

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2023

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Philippine American Chamber of Commerce TN Inc. (PACCTN)	92-3769077
Form 990-EZ, Part II, Line 26, Liabilities: Outstanding Invoice 1282026: Beginning of year	
346, End of year: 372	
	<b>)</b>
	, <b>-</b>
• <u>,</u> C)	
<u> </u>	
. 01	

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
Philippine American Chamber of Commerce TN Inc. (PACCTN)	92-3769077
	<del>/.)</del>

## Form **8453-TF**

## Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year beginning 4/28 , 2023, and ending 12/31 , 20 23For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

Philippine American Chamber of Commerce TN Inc. (PACCTN) 92-3769077 Type of Return and Return Information Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 0 2a Form 990-EZ check here . **Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . . . . . . 2b 210 3a Total tax (Form 1120-POL, line 22) . . . . . 0 Form 1120-POL check her 3b 4a Form 990-PF check here . Tax based on investment income (Form 990-PF, Part V, line 5). . . 4b 0 **Balance due** (Form 8868, line 3c) . . . . . . . . . . . . . . . . 0 5a Form 8868 check here . . 6a Form 990-T check here . **Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . 6b 0 **Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . . . . 7b 0 7a Form 4720 check here . . FMV of assets at end of tax year (Form 5227, Item D) . . . . . 0 8a Form 5227 check here . . Form 5330 check here . . 9b 0 9a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 10a **Declaration of Officer or Person Subject to Tax** Part II I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that X I am an officer of the above named entity or I am the person subject to tax with Philippine American Chamber of Commerce TN Inc. (PACCTN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign 5/15/2024 President Here Signature of officer or person subject to tax Title, if applicable Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN Check if self-ERO's ERO's signature paid preparer employed Use Firm's name (or yours if self-employed), Only address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge Print/Type preparer's name Preparer's signature Date Check if self-Paid employed **Preparer** Firm's EIN Firm's name Use Only Firm's address Phone no.

## Part II (Sch L (990)) - Loans to and from Interested Persons

						Total:	371						
Check ("X")			Loan to	or from					Approve	d by the	Writ	tten	
	if a			organi	zation?	Original Principal		Loan in	Default?	Boa	ırd?	Agreer	ment?
Name	Business	Relationship with Organization	Purpose of Loan	To	From	Amount	Balance Due	Yes	No	Yes	No	Yes	No
1 Lyle F. Hill	Χ	Former Treasurer	Outstanding Bills for Professional Services	Χ		371	371	Χ			Χ		Χ

## State of Tennessee

For Office Use Only

## **AFFIDAVIT**

## **Department of State**

Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

THIS IS TO CEPTIEV LINDED THE DENALTIES OF DEDILIDY THAT	

THIS IS TO CERTIFY UNDER THE PENALTIES	OF PERJURY THAT
Philippine American Chamber of Commerce TN Inc. (PACS A CHURCH AND THE INTERNAL REVENUE SERVICE (	
AUTOMATIC EXEMPTION FROM PAYMENT OF FEDERAL	INCOME TAX UNDER PARAGRAPH 501(C)(3) OF
THE INTERNAL REVENUE CODE (26 U.S.C., PARAGRAPI	H 501(C)(3)). I FURTHER CERTIFY THAT THE
AFORESAID CORPORATION IS EXEMPT AND IS CURREI	NTLY OPERATING UNDER SAID EXEMPTION, AND
KNOW OF NO VIOLATIONS OF FEDERAL STATUTES AN	ND RULES AND REGULATIONS OF FEDERAL
DEPARTMENTS INCLUDING THE INTERNAL REVENUE S	SERVICE WHICH WOULD JEOPARDIZE THIS
EXEMPTION. THIS AFFIDAVIT IS SUBMITTED IN LIEU OF	PROVIDING THE NAMES AND ADDRESSES OF THE
PRINCIPAL OFFICERS AND BOARD OF DIRECTORS OF	THIS CORPORATION ON THE ANNUAL REPORT
REQUIRED BY TENNESSEE CODE ANNOTATED SECTIO	N 48-66-203.
	SIGNATURE OF PRESIDENT OR OTHER PRINCIPAL OFFICER OF THE CORPORATION
STATE OF	
	DATE
COUNTY OF	
SWORN TO AND SUBSCRIBED BEFORE ME	
THIS , ,	
NOTARY PUBLIC	
DATE COMMISSION E	EXPIRES

SS-4459 (Rev.11/99) RDA 1678

# Form **990-EZ**

## **Short Form** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

Α	For the	e 2023 calen	dar year, or tax year beginni	ng	4/28/2023	, an	d ending	12/31/2	.023
В	Check if	applicable:	C Name of organization					D Employer i	dentification number
Χ	Address	change	Philippine American Chamb	er of Commerce	TN Inc. (PACCT	N)			
	Name ch	nange	Number and street (or P.O. box if n				Room/suite	9	2-3769077
Χ	Initial ret	urn	2321 Idle Hour Road				Apt 12	E Telephone	
	Final return	n/terminated	City or town		State	ZIP co			
Ħ	Amende		,			2766	•	42	23-491-6342
$\vdash$		on pending	Kingsport Foreign country name	Foreign province	TN e/state/sounty	3766	n postal code	F Group Exe	
$\Delta$	Applicati	on pending	Poreign country hame	Foreign province	e/state/county	roreig	ii postai code		·
								Number	0000
G	Accoun	ting Method:	X Cash Accrual	Other (specify)			H	Check X	if the organization is
1	Websit	e: HTTPS	S://WWW.PACCTN.ORG						o attach Schedule B
л	Tav.ovom	npt status (chec	ck only one) — X 501(c)(3)	501(c) (	) (insert no.)	4947(a)(1)	or 527	(Form 990).	
<u> </u>	Tux-cxcii	ipt status (circo							
K	Form of	organization:	X Corporation	Trust	Association	C	ther		
L	Add line	s 5b. 6c. and	7b to line 9 to determine gross	receipts. If gross	receipts are \$200.0	00 or mo	re. or if total as	sets	
			re \$500,000 or more, file Form					\$	210
	rt l		e, Expenses, and Chang			alance	s (see the in	structions fo	
			the organization used So						
			<del>-</del>			ucston	HPUIIS I AIL	-	· · · · · <u> </u>
			is, gifts, grants, and similar a					. 1	
			rvice revenue including gove					. 2	
	3	Membership	dues and assessments					. 3	210
	4		income		/ · · · · · · · ·			. 4	
	5a	Gross amou	ınt from sale of assets other	than inventory .		5a			
	b	Less: cost of	r other basis and sales expe	enses		5b			
	С	Gain or (los	s) from sale of assets other t	than inventory (s	ubtract line 5b fro	m line 5	a)	. 5c	0
	6	Gaming and	I fundraising events:		•				
		_	ne from gaming (attach Sche	edule G if greater	r than				
ne						6a			
Revenue			ne from fundraising events (r		\$	of co	ntributions		
é			sing events reported on line						
œ			gross income and contribut		1	6b			
			expenses from gaming and			6c			
			or (loss) from gaming and fu	_			l cubtract		
				indiaising events	s (aud illies da all	u ob and	Subtract	64	0
			of inventory, less returns ar	d allowanese		7a		<u>6d</u>	U
			-	~	1	7a 7b			
			3		<u>.</u>				0
			or (loss) from sales of inven					. <u>7c</u>	0
	8	Other reven	ue (describe in Schedule O)					8	040
	9	l otal reven	ue. Add lines 1, 2, 3, 4, 5c, 6	oa, /c, and 8				9	210
			similar amounts paid (list in						
			d to or for members						
Expenses			ner compensation, and empl						
ž.			I fees and other payments to						192
ğ			rent, utilities, and maintena						44
ш			olications, postage, and ship						
	16	Other exper	nses (describe in Schedule C	0)				16	
	17	Total exper	nses. Add lines 10 through 1	<u>6</u> .	<u></u> .	<u></u>	<u></u> .	. 17	236
Ś	18	Excess or (d	deficit) for the year (subtract	line 17 from line	9)			. 18	-26
Net Assets			or fund balances at beginnin		•				
456			figure reported on prior year					. 19	-346
¥ /		-	ges in net assets or fund bala	•					
ž		_	or fund balances at end of ye		•				-372
									. 0,2

	Check if the organization used Schedule O to re	spond to any question in t	his Part II...				X
				(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments					22	
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	
25	Total assets				0		0
26	Total liabilities (describe in Schedule O)				346		372
27 • 27	Net assets or fund balances (line 27 of column (B rt III Statement of Program Service Accomplisi				-346	27	-372
Ρĕ	Check if the organization used Schedule O to	•	,				Expenses
M/h2	<del>_</del>	charitable and educational					quired for section
	cribe the organization's primary exempt purpose:						(c)(3) and 501(c)(4) anizations; optional
	neasured by expenses. In a clear and concise manne		• . •			for o	others.)
	ons benefited, and other relevant information for each	•	,	4			
	Philippine American Chamber of Commerce TN Inc.						
	exclusively for charitable and educational purposes i						
	purposes, the making of distributions to organization						
	(Grants \$ ) If this amount	includes foreign grants, ch	neck here			28a	1
29							
				}			
	(Grants \$ ) If this amount	includes foreign grants, cl	neck here	·		29a	1
30							
	(Create C ) If this amount						
24	(Grants \$ ) If this amount Other program services (describe in Schedule O) .	includes foreign grants, cl				30a	
31	(Grants \$ ) If this amount	includes foreign grants, cl				24-	
22	Total program service expenses. (add lines 28a th					31a 32	0
	rt IV List of Officers, Directors, Trustees, and K						
1 6	Check if the organization used Schedule O to						
	<u>-</u>		(c) Reportable				
	(a) Name and title	(b) Average	compensation (Forms W-2/1099-N		<ul><li>(d) Health benefits contributions to</li></ul>	S,	(e) Estimated amount of
	(a) Name and title	hours per week devoted to position	1099-NEC)	1100/	employee benefit pla and deferred compens		other compensation
			(if not paid, enter	-0-)	and deferred compens	sauon	
Rev	. Lyle F Hill						
Pres	sident	Hr/WK 10.00		0		0	0
		[					
		Hr/WK					
		Hr/WK					
		:					
		Hr/WK					
		Hr/WK					
		Hr/WK					
		Hr/WK					
		I II/ YYIX					
		Hr/WK					
		Hr/WK					
		Hr/WK					
		Hr/WK					

Part	·		ort \/	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	IIIS Pa		
••	Dild I I I I I I I I I I I I I I I I I I I		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		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		^
J <del>4</del>	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		Х
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		Х
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		
С	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		Χ
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		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	00-	V	
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a	Х	
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
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), 501(c)(4), and 501(c)(29) 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		Χ
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed:	700		
42a		(423) /	91-634	12
42a				+4
		60-268		NI.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country		<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		100	110
• • •	completed instead of Form 990-EZ	44a		Х
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		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		Х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
b	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		Х

ـ ـ ـ ا ـ ـ ـ ا ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	A	Ch h	-f C	TNI 1	
milinnine	American	L.namner	or Commerce	I IXI Inc	PAUUNIN
IIIIIPPIIIC	/ tillclicali	Onamber	of Commerce	III IIIO.	(1 / (00 11)

92-3709077 Page 💠	92-3769077	Page 4
-------------------	------------	--------

46		ne organization engage, directly or indirectl ndidates for public office? If "Yes," complet						Ye	s	No X	
Part		Section 501(c)(3) Organizations O All section 501(c)(3) organizations m 50 and 51.	<b>nly</b> nust answer questions 4	7–49b and 52,	and com	plete the table			I_		
		Check if the organization used Sche	dule O to respond to ar	ly question in th	iis Part v	<u> </u>		 Ye	•	No	
47		the organization engage in lobbying activities or have a section 501(h) election in effect during the tax r? If "Yes," complete Schedule C, Part II									
48	-	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a		ne organization make any transfers to an ex		-			. 4	9a		X	
b		"Yes," was the related organization a section 527 organization?									
50		mplete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key									
	emplo	byees) who each received more than \$100	,000 of compensation from	the organization.	. If there is	s none, enter "No	ne."				
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M 1099-NEC)	cor	(d) Health benefits, tributions to employee efit plans, and deferred compensation		stimated a er compe			
Name	None										
Title			Hr/WK .00								
Name			Hr/WK .00								
Title Name			Hr/WK .00								
Title			Hr/WK .00								
Name			•								
Title			Hr/WK .00								
Name			<b>4</b> /								
Title <b>f</b>	Total	number of other employees paid over \$100	Hr/WK .00								
51	Comp	olete this table for the organization's five high 000 of compensation from the organization	ghest compensated indepe		s who eac	h received more	han				
	, ,	(a) Name and business address of each independent	*	<b>(b)</b> Type of	f service	(с	) Comp	ensation			
Name	None	Str									
City		ST	ZIP								
Name		Str	710								
City Name		ST Str	ZIP								
City		ST	ZIP								
Name		Str									
City		ST	ZIP								
Name		Str									
City	Total	ST	ZIP	00							
52	Did th	number of other independent contractors eneorganization complete Schedule A? <b>Not</b> eleted Schedule A	_		ittach a		Х	Yes [		No	
		s of perjury, I declare that I have examined this return, in ad complete. Declaration of preparer (other than officer)				my knowledge and be	lief, it is				
		Circulation of the co					/18/2	024			
Sign		Signature of officer				Date					
Here		Rev. Lyle F Hill Type or print name and title				President					
		Print/Type preparer's name	Preparer's signature		Date		PT	'IN			
Paid						Check self-employed	it				
Prep		Firm's name				Firm's EIN					
Use		Firm's address				Phone no.					
May tl	ne IRS	discuss this return with the preparer show	vn above? See instructions					Yes		No	

#### **SCHEDULE A** (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

		e American Chamber of Comme						69077		
Par										
	orga	anization is not a private foundat	•				,			
1		A church, convention of church	•			170(b)(1)	(A)(i).			
2		A school described in <b>section</b> 1	<b>170(b)(1)(A)(ii).</b> (Atta	ach Schedule E (Form	990).)					
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(I	b)(1)(A)(iii	i).			
4		A medical research organizatio		nction with a hospital o	lescribed i	in <b>section</b>	170(b)(1)(A)(iii). En	ter the		
_	_	hospital's name, city, and state								
5	L	An organization operated for th section 170(b)(1)(A)(iv). (Com		je or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
6	L	A federal, state, or local govern	•				1			
7		An organization that normally reduced described in <b>section 170(b)(1)</b>			m a gove	rnmental ι	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
9							conjunction with a land-grant college me, city, and state of the college or			
10	Х		to its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) r s section t	no more than 33 1/3° 511 tax) from busine	% of its		
11		An organization organized and				•				
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a	)(1) or sec	ction 509(	a)(2). See section 5	09(a)(3).		
а		Type I. A supporting organiz the supported organization(s organization. You must con	cation operated, sup s) the power to regu	pervised, or controlled believed appoint or elect a	by its supp	orted orga	anization(s), typically	by giving		
b		Type II. A supporting organized control or management of the organization(s). You must control organization(s).	e supporting organi	ization vested in the sa						
С		Type III functionally integra	ated. A supporting o	organization operated i				rated with,		
		its supported organization(s								
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att			
е		Check this box if the organize	cation received a wri	itten determination fror	n the IRS	that it is a		e III		
f		functionally integrated, or Ty Enter the number of supported							0	
q		Provide the following information						· · · <u>L</u>	U	
9		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Am	ount of	
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other sup instruc		
					Yes	No				
(A)					162	NO				
,		*								
(B)										
(C)										
D)										
(E)										
Tota	1						0			

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							der
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, ple	ase complete F	Part III.)	
	ction A. Public Support			Г	T	1	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0					0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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				<b>A</b>		0
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	, 0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		_				0
11	<b>Total support.</b> Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. 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>							
	ction C. Computation of Public Su		_			1 1	2.222/
14	Public support percentage for 2023 (line 6, c					14	0.00%
15	Public support percentage from 2022 Sched					15	0.00%
16a	6a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
			-				
b 33 1/3% support test—2022. 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 stop here. The organization qualifies as a publicly supported organization.							
17a	10%-facts-and-circumstances test—2023	•					
	10% or more, and if the organization meets to Part VI how the organization meets the facts						
	organization		-	•			
b	10%-facts-and-circumstances test—2022						<u> </u>
-	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac				s a publicly suppor	ted	<del></del>
	organization						
18	Private foundation. If the organization did r	not check a hov on	line 13 16a 16h	17a or 17h check	this hox and see		

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					~	0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
	organization without charge	0	0	0		0	0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
L	Amounts included on lines 2 and 3						0
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						0
С	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from						<u>-</u>
	line 6.)						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	<b>♦</b>					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						•
	acquired after June 30, 1975						0
-	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on.						0
12	Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)	•	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2023 (line 8, c	olumn (f), divided b	y line 13, column	(f))		15	0.00%
	Public support percentage from 2022 Sched					16	0.00%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line		-			17	0.00%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests—2023. If the organi						Г
L	not more than 33 1/3%, check this box and s	-			-		
D	<b>33 1/3% support tests—2022.</b> If the organi line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r		=				
	ato ioairaation. Ii tilo diganization ulu l	IOL OLICON A DON UIT	i -, i -d, Ui 18	~, oneon una box a	111311 UUUUI 13		

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
01		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
Ů		
9a		
9b		
9с		
10a		
10b		
 =		٠

Page **5** 

Part l	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Caati	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	N1 -
	Did the surrounding manyide to each of its surrounded surrounding how the leat day of the fifth manyth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s), or (ii) serving on the governing body of a supported organization? <i>If</i> "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

4   Charlebore if the examination actiofied the Integral Dort Test as a gualific		izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting org	ganizatio	ons must complete Sections			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4	0	0		
5 Depreciation and depletion	5	<b>A</b>			
6 Portion of operating expenses paid or incurred for production or collection of					
gross income or for management, conservation, or maintenance of property					
held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
<b>b</b> Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	_ 1c	$\Lambda$			
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other factors					
(explain in detail in <b>Part VI</b> ):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		-			
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 0.035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount	•		Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0		
2 Enter 0.85 of line 1.	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6		0		
7 Check here if the current year is the organization's first as a non-function instructions).	nally inte	grated Type III supporting o			

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	1	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ations 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	1	10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023	<u> </u>		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
c	From 2020			
<u>d</u>	From 2021			
е	From 2022			
f	<b>Total</b> of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		(	
<u>h</u>	Applied to 2023 distributable amount	Α		0
<u>i</u>	Carryover from 2018 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
<u>a</u>	Applied to underdistributions of prior years		(	)
b	Applied to 2023 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j	_		
	and 4c.	0		
8	Breakdown of line 7.			
a				
<u>b</u>	Excess from 2020			
	Excess from 2022			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE L** (Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Philip	pine American Chamb	per of Commerc	ce TN Inc. (PAC	CTN)				92-37	69077	7				
Par	Excess Benef Complete if the	it Transactions e organization a	s (section 501(c nswered "Yes"	)(3), se on For	ection 50 m 990, F	11(c)(4), and Part IV, line	secti 25a o	on 501(c)(29) orç r 25b; or Form 99	ganiza 90-EZ	itions , Part	only). V, line	e 40b.		
1	(a) Name of diagnalifi	ied nersen	(b) Relationship be			person and		(c) Description	of tran	oootion			(d) Cor	rected?
	(a) Name of disqualifi	led person		organiza	ition			(c) Description	i oi tiali	·			Yes	No
(1)									•					
(2)														
(3)										7				
(4)											<u> </u>			
(5)														
(6)														
2	Enter the amount of	tax incurred by	the organizatio	n man	agers or	disqualified	d perso	ons during the ye	ar					
	under section 4958										\$			
3	Enter the amount of	tax, if any, on I	ine 2, above, re	imburs	ed by th	e organizati	ion .				. \$			
_							4							
Par		or From Intere			000 [		20		) - ut 1\	/ li	00	:£ 41		
	organization re	e organization a eported an amo	unt on Form 990	on For 0, Part	m 990-E X, line 5	, 6, or 22.	ne 38	a, or Form 990, F	art iv	, line	26; or	if the		
(a)	Name of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origin		(f) Balance due	( <b>g)</b> In d	lefault?	<b>(h)</b> Ap	proved	(i) W	ritten
		with organization	loan		m the nization?	principal an	nount					ard or ittee?	agree	ment?
				organ	iizatioi1:					•	COITIII	iittoo:		
				То	From				Yes	No	Yes	No	Yes	No
(1)	Lyle F. Hill	Former Treas	ι Outstanding B	X			371	371	Χ			Χ		Х
(2)					V									
(3)														
(4)					•									
(5)			•											
(6)														
(7)														
(8)					*									
(9)														
(10)														
Total							\$	371						
Part			ting Interested nswered "Yes"			Part IV, line	27.							
(a	a) Name of interested person		iship between intere and the organization		c) Amount	of assistance		(d) Type of assistance	•	(е	e) Purpo	se of a	ssistand	ce
(1)														
(2)		. (/)												
(3)	•	V												
(4)														
(5)														
(6)	V													
(7)		<b>V</b>												
(8)														
(9)														

(10)

(9) (10)	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven Yes	ation's
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.	Yes	No
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
(3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
(4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
(5) (6) (7) (8) (9) (10)  Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
(7) (8) (9) (10) Part V Supplemental Information.	sponses to questions or	n Schedule L. See inst	tructions.		
(8) (9) (10) Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
(9) (10) Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
(10) Part V Supplemental Information.	sponses to questions or	n Schedule L. See inst	tructions.		
Part V Supplemental Information.	sponses to questions or	n Schedule L. See ins	tructions.		
Provide additional information for re	sponses to questions or	n Schedule L. See ins	tructions.		
Trovide additional information for re	sportages to questions of				
\$	O				
(C)					

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2023

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Philippine American Chamber of Commerce TN Inc. (PACCTN)	92-3769077
Form 990-EZ, Part II, Line 26, Liabilities: Outstanding Invoice 1282026: Beginning of year:	
346, End of year: 372	
<b>(</b>	
<u>, O</u>	

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
Philippine American Chamber of Commerce TN Inc. (PACCTN)	92-3769077
<i>C</i> .	
• ( )	