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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ASIAN AMERICAN MEDICAL SOCIETY INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 10039

City or town, state or country, and ZIP + 4
MERRILLVILLE, IN 464110039

D Employer identification number
35-1487544

E Telephone number
(219) 769-8942

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 84,353

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	14,750
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	1,350
	4	Investment income		4	884
	5a	Gross amount from sale of assets other than inventory	5a 84		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	84
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 67,285 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)			
	c	Less direct expenses from gaming and fundraising events	6c 59,053		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	8,232
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	25,300
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	18,655
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	1,910
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	546
	16	Other expenses (describe in Schedule O)		16	5,618
	17	**Total expenses.** Add lines 10 through 16		17	26,729
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,429
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	46,995
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	45,566

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,995	22	45,566
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	46,995	25	45,566
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	46,995	27	45,566

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?
TO PROMOTE THE EXCHANGE OF PROFESSIONAL EXPERTISE AMONG MEMBERS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE ORGANIZATION COORDINATES ACTIVITIES USED TO PROMOTE AN EXCHANGE OF PROFESSIONAL EXPERTISE AMONG ITS MEMBERS APPROXIMATELY 362 PEOPLE ATTENDED THE DINNER AND DANCE APPROXIMATELY 65 PEOPLE ATTENDED THE GOLF OUTING AND PICNIC
(Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 0

29
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☑

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☑

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)	35b		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*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) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ IN

42a The organization's books are in care of ▶ LOURDES DENNISON Telephone no ▶ (219) 769-8942

Located at ▶ 416 SCARBOROUGH ROAD VALPARAISO, IN ZIP + 4 ▶ 46385

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b If "Yes," was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

50(f) Total number of other employees paid over $100,000 . . . . . ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — 2011-05-10 — Date

▶ LOURDES M DENNISON EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DEBRA VAN PROOYEN	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SWARTZ RETSON & CO PC 235 E 86TH AVE MERRILLVILLE, IN 46410			EIN ▶ Phone no ▶ (219) 769-3616

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ASIAN AMERICAN MEDICAL SOCIETY INC

Employer identification number
35-1487544

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 PICNIC AND GOLF OUTING AND EVENT (event type)	(b) Event #2 DINNER AND DANCE EVENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	22,030	58,005		80,035
	2 Less Charitable contributions	7,750	5,000		12,750
	3 Gross income (line 1 minus line 2)	14,280	53,005		67,285
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	11,231	22,733		33,964
	7 Food and beverages	2,400	800		3,200
	8 Entertainment				
	9 Other direct expenses	1,487	20,402		21,889
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				59,053
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				8,232

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ASIAN AMERICAN MEDICAL SOCIETY INC

Employer identification number
35-1487544

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 39 DIVIDEND INCOME 845 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 884

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CALUMET COLLEGE OF ST JOSEPH GRANTEE ADDRESS 2400 NEW YORK AVENUE WHITING, IN 46394 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/16/10 AMOUNT GIVEN 3,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME KANKAKEE VALLEY ROTARY FOUNDATION GRANTEE ADDRESS P O BOX 288 DEMOTTE, IN 46310 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/01/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SOUTH SHORE ARTS GRANTEE ADDRESS 1040 RIDGE ROAD MUNSTER, IN 46321 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/24/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME RYAN LONGFELLOW GRANTEE ADDRESS 10525 W 124TH AVE CEDAR LAKE, IN 46303 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/06/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MICHAEL WHEELER SUICIDE PREVENTION GRANTEE ADDRESS 1432 EDGEWATER ROAD CROWN POINT, IN 46307 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 08/24/10 AMOUNT GIVEN 955

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CROWN POINT HIGH SCHOOL GRANTEE ADDRESS 1500 SOUTH MAIN STREET CROWN POINT, IN 46307 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 08/31/10 AMOUNT GIVEN 200

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CATHOLIC CHARITIES GRANTEE ADDRESS 1128 BROADWAY GARY, IN 46407 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 08/03/10 AMOUNT GIVEN 150

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME FOLDS OF HONOR FOUNDATION GRANTEE ADDRESS 5800 N PATRIOT DRIVE OWASSO, OK 74055 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 09/01/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CLOTHING OUR CHILDREN - MERRILLVILLE EXCHANGE GRANTEE NAME CLOTHING OUR CHILDREN - MERRILLVILLE EXCHANGE GRANTEE ADDRESS 384 W 80TH PLACE MERRILLVILLE, IN 46410 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 09/01/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME LAKE AREA UNITED WAY GRANTEE ADDRESS 221 W RIDGE ROAD MUNSTER, IN 46321 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 02/01/10 AMOUNT GIVEN 2,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME AMERICAN RED CROSS GRANTEE ADDRESS 431 18TH STREET NORTHWEST WASHINGTON, DC 20006 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 02/01/10 AMOUNT GIVEN 2,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME INDIANA UNIVERSITY FOUNDATION GRANTEE ADDRESS 1500 N STATE ROAD BLOOMINGTON, IN 47408 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 09/30/10 AMOUNT GIVEN 2,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME GARY EDUCATION DEVELOPMENT FOUNDATION, INC GRANTEE ADDRESS P O BOX 641257 GARY, IN 46401 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 10/16/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME S S CONSTANTINE GREEK ORTHODOX CHURCH GRANTEE ADDRESS 8000 MADISON MERRILLVILLE, IN 46410 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/02/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME ST JUDE CHILDREN'S RESEARCH HOSPITAL GRANTEE ADDRESS 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/24/10 AMOUNT GIVEN 5,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME GREATER DESTINY BIBLE CHURCH GRANTEE ADDRESS 1920 E COLUMBUS DR EAST CHICAGO, IN 46312 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/06/10 AMOUNT GIVEN 300 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 18,655

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION AUTO EXPENSE AMOUNT 1,137 DESCRIPTION ADVERTISING AMOUNT 200 DESCRIPTION AWARDS & GIFTS AMOUNT 73 DESCRIPTION BANK CHARGES AMOUNT 400 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,659 DESCRIPTION TELEPHONE AMOUNT 1,591 DESCRIPTION MEETINGS AMOUNT 558 TOTAL TO FORM 990-EZ, LINE 16 5,618

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492130016341

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ASIAN AMERICAN MEDICAL SOCIETY INC

EIN: 35-1487544

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 35-1487544
Name: ASIAN AMERICAN MEDICAL SOCIETY INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WAYEL KAAKAJI PO BOX 10039 MERRILLVILLE,IN 464110039	BOARD MEMBER 1 00	0	0	0
THOMAS TARIN PO BOX 10039 MERRILLVILLE,IN 464110039	PRESIDENT 1 00	0	0	0
FERDINAND RAMOS PO BOX 10039 MERRILLVILLE,IN 464110039	SECRETARY 1 00	0	0	0
RAYMUNDO BILLENA PO BOX 10039 MERRILLVILLE,IN 464110039	TREASURER 1 00	0	0	0
AMY W HAN PO BOX 10039 MERRILLVILLE,IN 464110039	HISTORIAN 1 00	0	0	0
LOURDES M DENNISON PO BOX 10039 MERRILLVILLE,IN 464110039	EXECUTIVE DIRECTOR 1 00	0	0	0
DENNIS HAN PO BOX 10039 MERRILLVILLE,IN 464110039	ADVISORY BOARD MEMBER 1 00	0	0	0
PANAYOTIS IATRIDIS PO BOX 10039 MERRILLVILLE,IN 464110039	ADVISORY BOARD MEMBER 1 00	0	0	0
HYTHAM RIFAI PO BOX 10039 MERRILLVILLE,IN 464110039	ADVISORY BOARD MEMBER 1 00	0	0	0
EVELYN SANTOS PO BOX 10039 MERRILLVILLE,IN 464110039	ADVISORY BOARD MEMBER 1 00	0	0	0
KOSIN THUPVONG PO BOX 10039 MERRILLVILLE,IN 464110039	ADVISORY BOARD MEMBER 1 00	0	0	0
MOHAMMAD A ABBAS PO BOX 10039 MERRILLVILLE,IN 464110039	BOARD MEMBER 1 00	0	0	0