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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: CHINESE AMERICAN MEDICAL SOCIETY

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 265 CANAL STREET

Room/suite: 515

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK NY 10013

D Employer identification number: 13-3418133

E Telephone number: (212) 334-4760

G Gross receipts $ 1,178,232.

F Name and address of principal officer: WARREN W. CHIN M D. 254 CANAL ST, STE 3002 NEW YORK NY 10013

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.CAMSOCIETY.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1964

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Chinese American Medical Society (the "Society") was created in the State of NY in 1964 The principal purpose of the Society is to advance medical knowledge and scientific research It does this primarily through the holding of annual membership scientific meetings and special scientific meetings for the purpose of exchanging scientific and medical information All expenses of this Society during the year are directly or indirectly attributable to this program. This program benefits the Society's entire membership of approximately 1300

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	305,324.	260,956.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,222.	142,951.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	264,713.	267,768.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	677,259.	671,675.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	196,718.	123,040.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,442.	90,093.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	401,186.	353,668.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	694,346.	566,801.
19	Revenue less expenses Subtract line 18 from line 12	-17,087.	104,874.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,894,317.	1,961,300.
21	Total liabilities (Part X, line 26)	5,828.	657.
22	Net assets or fund balances Subtract line 21 from line 20	1,888,489.	1,960,643.

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Part II Signature Block

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 — Date: 8/10/15

WARREN W. CHIN M.D. — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Wallace Lau CPA	Preparer's signature	Date: 08/07/15	Check [X] if self-employed; PTIN: P00302671
Firm's name ► WALLACE LAU CPA			Firm's EIN ► 13-3599844
Firm's address ► 53 Elizabeth Street, 7th Floor NEW YORK NY 10013			Phone no (212) 941-6694

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

G21

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

The Chinese American Medical Society (the "Society") was created in the State of NY in 1964. The principal purpose of the Society is to advance medical knowledge and scientific research. It does this primarily through

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 337,262. including grants of $ 123,040.) (Revenue $ 267,768.)

THE SOCIETY MADE DONATION TO COMMUNITY HEALTH ORGANIZATIONS AND EDUCATIONAL ORGANIZATIONS. THE PURPOSE IS TO ADVANCE MEDICAL KNOWLEDGE AND TO SERVE THE COMMUNITY.

SEE ATTACHMENT I FOR DETAILS

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ► 337,262.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes', complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	3b		
4a	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)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

Part VI Governance, Management, and Disclosure *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► See Form 990, Page 6, Line 17 (continued)

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

JAMIE LOVE 265 CANAL STREET, SUITE 515 NEW YORK NY 10013 (212) 334-4760

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHMENT II										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►										
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ►

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ►

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	183,635.			
	c Fundraising events	1c	77,321.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		260,956.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest and other similar amounts)		58,501.	58,501.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	591,007.				
	b Less cost or other basis and sales expenses	506,557.				
	c Gain or (loss)	84,450.				
	d Net gain or (loss)			84,450.	84,450.	0.	0.
Other Revenue	8a Gross income from fundraising events (not including $ 77,321. of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		267,768.	267,768.	0.	0.
	e Total. Add lines 11a-11d		267,768.			
	12 Total revenue. See instructions		671,675.	410,719.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	123,040.	123,040.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	83,040.	0.	83,040.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,053.	0.	7,053.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	284.	0.	284.	0.
c Accounting	9,950.	0.	9,950.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	5,581.	0.	5,581.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	13,525.	0.	13,525.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	190,541.	190,541.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,470.	0.	1,470.	0.
23 Insurance	9,652.	0.	9,652.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING & PUBLICATION	20,138.	0.	20,138.	0.
b TELEPHONE	2,586.	0.	2,586.	0.
c CONSULTANT	3,731.	0.	3,731.	0.
d BANK CHARGES	490.	0.	490.	0.
e All other expenses	95,720.	23,681.	72,039.	0.
25 **Total functional expenses.** Add lines 1 through 24e	566,801.	337,262.	229,539.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing			1	
	2	Savings and temporary cash investments		554,048.	2	771,645.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		0.	9	0.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,254.			
	b	Less accumulated depreciation	10b 3,254.	2,816.	10c	6,000.
	11	Investments — publicly traded securities		1,337,453.	11	1,183,655.
	12	Investments — other securities See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,894,317.	16	1,961,300.
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,828.	25	657.
	26	**Total liabilities.** Add lines 17 through 25		5,828.	26	657.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		1,888,489.	32	1,960,643.
	33	Total net assets or fund balances		1,888,489.	33	1,960,643.
	34	Total liabilities and net assets/fund balances		1,894,317.	34	1,961,300.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	671,675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	566,801.
3	Revenue less expenses Subtract line 2 from line 1	3	104,874.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,888,489.
5	Net unrealized gains (losses) on investments	5	-32,720.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,960,643.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► **Attach to Form 990 or Form 990-EZ.**

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
CHINESE AMERICAN MEDICAL SOCIETY	13-3418133

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **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.**

b ☐ **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.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**

e ☐ Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five 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 **stop here** . . . . . ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . 15 %

16a **33-1/3% support test — 2014.** If the organization did not check the box on line 13, and the 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 — 2013.** 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 — 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization . . . . . ► ☐

b **10%-facts-and-circumstances test — 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization . . . . . ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	339,545.	291,826.	201,209.	305,325.	260,956.	1,398,861.
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	339,545.	291,826.	201,209.	305,325.	260,956.	1,398,861.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						1,398,861.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	339,545.	291,826.	201,209.	305,325.	260,956.	1,398,861.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,686.	80,571.	103,772.	107,222.	142,951.	486,202.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	51,686.	80,571.	103,772.	107,222.	142,951.	486,202.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11 and 12)	391,231.	372,397.	304,981.	412,547.	403,907.	1,885,063.

14 **First five 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 **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	74.21 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	78.17 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	25.79 %
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	21.83 %

19 a **33-1/3% support tests — 2014.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support tests — 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	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.*	1		
2	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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer (b) below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If 'Yes' to a, b, or c, provide detail in* ***Part VI***	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *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 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		

Section 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 the supported organization(s)*	1		

Section 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 organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), 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		

Section 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 instructions):***

a ☐ 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*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

		Yes	No
2	Activities Test ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify 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 in (a) 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 (a) and (b) below.***		
a	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? *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*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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		
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		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current 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 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		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
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		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

CHINESE AMERICAN MEDICAL SOCIETY

Employer identification number

13-3418133

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ► $

(ii) Assets included in Form 990, Part X ► $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		9,254.	3,254.	6,000.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ►				6,000.

Part VII Investments – Other Securities.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED ORGANIZATION	0.
(3) ACCRUED PAYROLL TAXES	657.
(4) ACCRUED EXPENSES	0.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	657.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

CHINESE AMERICAN MEDICAL SOCIETY

Employer identification number

13-3418133

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHARLES B. WANG COMMUNITY 268 CANAL STREET NEW YORK NY 10013	13-2739694		21,250.				MEDICAL SERVIC
(2) MOUNT SINAI SCHOOL OF MED ONE GUSTAVE L. LEVY PLACE NEW YORK NY 10029	13-6171197		5,850.				MEDICAL PROGRA
(3) NEW YORK DOWNTOWN HOSPITA 59 MAIDEN LANE, 6TH FL NEW YORK NY 10038	11-3614596		15,900.				MEDICAL SERVIC
(4) CHINESE AMERICAN SUNSHINE 837 58TH STREET, 3RD FL BROOKLYN NY 11220	27-4599610		6,000.				MEDICAL PROGRA
(5) COMMUNITY SERVICE COALITI 8706 CORONA AVE ELMHURST NY 11373	27-0769753		10,000.				EVENT SPONSORS
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
	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 990-EZ.	2014
Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	Open to Public Inspection

Name of the organization	Employer identification number
CHINESE AMERICAN MEDICAL SOCIETY	13-3418133

Pt VI, Line 11b The Form was reviewed by the Board during meeting.

Pt VI, Line 12c During the meeting, the officers. directors or trustees and key employees are required to disclose at least annully if they have any conflict of interst.

Pt VI, Line 19 The public can request the governing documents, conflict of interest policy and financial statements thru mail or email to the organization.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

CHINESE AMERICAN MEDICAL SOCIETY

Employer identification number

13-3418133

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(1) CHINESE AMERICAN MEDICAL SOCIETY EDUCATIONAL FUND INC 265 Canal Street, Suite# 515 NEW YORK, NY 10013 13-3061917	GRANTS SCHOLARSHIP, FELLOWSHIP RESEARCH GRANTS TO MEDICAL STUDENTS	NY	501(C)(3)	7	N/A		
(2)							
(3)							
(4)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)												
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) Sec 512(b)(13) controlled entity? No
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No 1545-0172

2014

Attachment Sequence No 179

Name(s) shown on return

CHINESE AMERICAN MEDICAL SOCIETY

Identifying number

13-3418133

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	805.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B – Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property						
b	5-year property						
c	7-year property		4,654.	7 YRS	MACRS	200DB	665.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C – Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20 a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	1,470.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24 a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				**43**	
44 **Total.** Add amounts in column (f) See the instructions for where to report				**44**	

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
the holding of annual membership scientific meetings and special scientific meetings for the purpose of exchanging scientific and medical information. All expenses of this Society during the year are directly or indirectly attributable to this program This program benefits the Society's entire membership of approximately 1300

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 6, Line 17 (continued)

Massachusetts
New York

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Postage & shipping	909.		909.	
Temp help	2,000.		2,000.	
Advisor fee	13,235.		13,235.	
Rent	381.		381.	
DUE	2,500.		2,500.	
FOREIGN TAX	378.		378.	
CREDIT CARD FEE	7,787.		7,787.	
GIFT	4,250.		4,250.	
MARKETING	38,803.		38,803.	
MISCELLANEOUS	590.		590.	
CAR SERVICES	1,206.		1,206.	
GOLF & SUMMER OUTING	23,681.	23,681.	0.	

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
CHINESE AMERICAN MEDICAL SOCIETY	13-3418133
Number, street, and room or suite number If a P O box, see instructions	**Social security number (SSN)**
41 ELIZABETH STREET, #600	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
NEW YORK NY 10013	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JAMIE LOVE

  Telephone No. ► (212) 334-4760 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ► [ ]. If it is for part of the group, check this box . . . . ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 17, 20 15, to file the exempt organization return for the organization named above
The extension is for the organization's return for:
► [X] calendar year 20 14 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3 a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3 b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3 c**	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

CHINESE AMERICAN MEDICAL SOCIETY
2014 FORM 990
ATTACHMENT I : RELATING TO PART I, LINE 1 , AND PART III LINE 4A

(A) The Society has a program of making direct donations to community health organizations and to organizations devoted to providing funds for education or directly to educational institutions. During the year, the Society made such donations totally $123,040 58 as follows·

American Cancer Society	3,500.00
Alzheimer's Association	3,000 00
APAMSA Project H+EAL	1,440 00
Auxilliary of Gouverneur Hospital	5,000 00
Charles B Wang Community Health Center Inc	22,250 00
Chinese-American Planning Council Inc.	1,200 00
Chinatown Health Clinic Foundation	5,000 00
Chinatown Manpower Project Inc.	5,000 00
Chinatown Partnership Local Development Corporation	5,000 00
Coalition for Asian American Children and Families	1,665.00
Homecrest Community Services Inc	500.00
Mount Sinai School of Medicine	5,850 00
Museum of Chinese in America	2,000 00
Myanma American Medical Education Society	5,000 00
Myanmar Chinese Association of New York	1,000 00
New York Downtown Hospital	5,000.00
New York Hospital Queens	1,250 00
New York Presbyterian Fund	10,900 00
Philippine Chinese American Medical Association Inc	2,000.00
PS130M Parents Association	350 00
Student Activity Fund	1,750 00
Transfiguration School Support	400 00
Tzu Chi Foundation	1,000 00
The Chinese Chamber of Commerce	2,000.00
Community Service Coalition	10,000.00
CAMS-Education Fund	1,418 00
CAMS-Albany Chapter	14 41
CAMS-Boston Chapter	236 17
American Legion Kimlau Unit	1,917 00
Apex for Youth	5,000.00
Chinese American Sunshine House Inc	6,000 00
Other organziations	6,400 00
	123,040 58

CHINESE AMERICAN MEDICAL SOCIETY
2013 FORM 990
Attachment II relating to Part VII

(All persons listed as oficers are also Directors Terms expired at the end of calendar year as indicated)

Board of Directors

Last Name	First Name	Position	Office Address	City	State	Zip	Off. Phone	Fax	Email	Term Start	Term Expires
Chan, M D	Richard	Voting Board Member	139 Centre St , Suite 712	New York	NY	10013	212 226 8027	212 226 5034	starfishcorner@gmail com	Nov 2012	Nov 2015
Chang, M D	Victor	Voting Board Member	East Orange VA Medical Center	East Orange	NJ	07018	973 676 1000 x 1544		victor chang@va gov	Nov 2012	Nov 2015
Chang, Ph D	Ming-der	Voting Board Member					718 670 1179		mdychang@gmail com	Nov 2012	Nov 2015
Chin, M D	Warren W	Executive Director, Voting Board Member	254 Canal St , 3FL	New York	NY	10013	212 431 8808	212 431 8836	wchin@camsociety org	Nov 2013	Nov 2014
Chiu, M D	David T W	President Emeritus, Ex-Officio, Representing FCMS Foundation, Non-Voting	900 Park Ave	New York	NY	10021	212 879 8880	212 849 2572	dtwc@davidchiumd com		
Fong, M D	Danny	President, Voting Board Member	254 Canal St , Suite 5001	New York	NY	10013	212 343 9009	212 431 4856	handeyes@yahoo com	Nov 2013	Nov 2015
Fong, M D	Raymond	Advisory Council Chair Past President, Board Member Emeritus, Non Voting Member	109 Lafayette Street	New York	NY	10013	212 274 1900		rfongnyc@msn com	Nov 2013	Nov 2014
Foo, M D	Sun-hoo	Board Member Emeritus- Non-Voting Board Member	254 Canal St , Suite 5004	New York	NY	10013	212 965 8962		sunhoofoo@gmail com		
Huang, M D	Kathy	Voting Board Member	40 Broad Street Apt 12D	New York	NY	10004	212 545 5400		kathy huang@nyumc org	July 2014	Nov 2014
Ko, M D	Wilson	Past President, Non-Voting Board Member	101 W 24th St #24D	New York	NY	10011			wilsonkomd@gmail com	Nov 2013	Nov 2014
Ky, M D	Alex J	Voting Board Member	Mount Sinai Hospital	New York	NY		917 820 0182		alex ky@mountsinai org	Nov 2011	Nov 2014
Lee-Wong, M D	Mary	Treasurer; Voting Board Member	10 Union Square East #3F	New York	NY	10003	212 420 4013		mleewong@chpnet org	Nov 2013	Nov 2015
Lee, M D	Paul C	Vice President, Voting Board Member	525 E 68th St , M 404	New York	NY	10065	212 764 5043	212 746 8223	pcl9001@med cornell edu	Nov 2013	Nov 2015
Lee, M D	Yick Moon	Voting Board Member	139 Centre St , Suite 314	New York	NY	10013	212 274 1811	212 274 8457	ymjl2000@gmail com	Nov 2013	Nov 2016
Leung, M D	Blanche	Secretary, Voting Board Member	70 Bowery, Room 404	New York	NY	10013	212 343 8290	212 343 8328	bleu9999@yahoo com	Nov 2013	Nov 2015
Lu, M D	Bing	Voting Board Member	4506 8th Ave	Brooklyn	NY	11220	718 972 1233		binglu77@hotmail com	Nov 2011	Nov 2014
Pong, M D	Perry	Voting Board Member	268 Canal St	New York	NY	10013	212 379 6999	212 379 6929	ppong@cbwchc org	Nov 2011	Nov 2014
Sheng	Peggy	Ex-Officio, Representing CAIPA, Non-Voting	41 Elizabeth St , Suite 600	New York	NY	10013	212 965 9888		psheng@caipa net	Nov 2013	Nov 2014
Wang, M.D	Hsueh hwa	Executive Director Emritus, Non-Voting	281 Edgewood Ave	Teaneck	NJ	07666	201 833 1506	201 833 8252	hw5cams@gmail com	Nov 2013	
Yung, M D	Raymond	Immediate Past President, Non-Voting Member	217 Grand St , 6FL	New York	NY	10013	212 625 8069	212 431 8246	rayung@gmail com	Nov 2013	Nov 2015

CHAPTERS

Last Name	First Name	Position	Office Address	City	State	Zip	Off. Phone	Fax	Email	Term Start	Term Expires
Cheng, M D	Mabel	ALBANY CHAPTER PRESIDENT	2302 Pine Ridge Rd	Niskayuna	NY	12309	518 782 7777		mabelcheng@aol com	2012	
Liao, M D	Joshua	BOSTON Chapter President							joshualiaomd@gmail.com	Apr 2014	

Note Board members spent average of 1 5 - 2 hours per week and sometime may last up to 4 hours

CHINESE AMERICAN MEDICAL SOCIETY
2014 FORM 990
ATTACHMENT III : RELATING TO PART VIII, LINE 7

	Account number	*Sales proceed*	*Cost basis*	*Wash Sale (disallowed)*	*Gain/(Loss)*
MERRILL LYNN	805-04023	60,325	43,841	453	16,938
	805-04024	70,552	70,000		552
	805-04025	26,931	27,132		(201)
	805-04026	83,198	39,267		43,931
		241,006	180,240	453	61,219
SMITH BARNEY					
	654-133697 128	297,831	276,940	-	20,891
	654-133735 128	-	-	-	-
	654-133748 128	52,171	49,830	-	2,341
	654-021946 128	-	-	-	-
		350,001	326,770	-	23,231
	TOTAL	591,007	507,010	453	84,451
			453		
	Adjusted basis for tax purpose		506,557		

THE CHINESE AMERICAN MEDICAL

2014 ANNUAL STATEMENT SUMMARY

The following sections are provided to facilitate your review and the preparation of your return.

The 2014 Proceeds from Broker and Barter Exchange Transactions section includes both sales of positions for "covered securities" and "noncovered securities." A covered security includes securities when the purchase date of the security occurred within the following timeline: Equities acquired on or after January 1, 2011, Mutual Funds acquired on or after January 1, 2012, and Option Transactions and certain debt securities acquired on or after January 1, 2014. Legislation requires reporting the gross proceeds of the sales of "covered" and "noncovered" securities and the adjusted cost basis for "covered securities." Any sale of a security that is considered a "noncovered security" will still be included in this section with the adjusted cost basis (where available) but the adjusted basis will not be transmitted to the IRS.

In calculating gain (loss), unless otherwise noted, it was assumed that the oldest position was liquidated first, and that you have made an election to amortize the premium paid on the purchase of taxable bonds. Under the Cost Basis Reporting Regulations, brokers need not track wash sale activity for substantially identical securities, transactions across accounts, or between covered and noncovered securities. However, you as a taxpayer still have to track and report wash sales as you have in the past which would include all of the aforementioned transaction types. Securities distributed from a retirement account reflect the tax basis on the date of distribution. Other methods for calculating gain (loss) are available. The cost basis for most Original Issue Discount ("OID") obligations includes the accretion of OID.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
SHORT TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2								
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code A)								
DEERE CO	*CUSIP Number*	*244199105*						
4.0000 Sale	09/10/14	12/12/14	347.31	328.00		0.00	19.31	
EXXON MOBIL CORP COM	*CUSIP Number*	*30231G102*						
2.0000 Sale	03/01/13	02/04/14	179.71	179.00		0.00	0.71	
FRANKLIN RES INC	*CUSIP Number*	*354613101*						
8.0000 Sale	02/12/14	12/12/14	436.95	425.52		0.00	11.43	
INTL PAPER CO	*CUSIP Number*	*460146103*						
9.0000 Sale	07/01/14	12/12/14	481.67	452.11		0.00	29.56	
KNOWLES CORP SHS	*CUSIP Number*	*49926D109*						
1.0000 Sale	05/02/13	03/17/14	31.43	19.67		0.00	11.76	
1.0000 Sale	01/31/14	03/17/14	31.43	28.52		0.00	2.91	
Security Subtotal			***62.86***	***48.19***		***0.00***	***14.67***	
KELLOGG CO	*CUSIP Number*	*487836108*						
11.0000 Sale	01/17/14	04/07/14	715.75	671.55		0.00	44.20	
13.0000 Sale	01/17/14	05/13/14	883.98	793.65		0.00	90.33	
1.0000 Sale	01/23/14	05/13/14	67.99	60.60		0.00	7.39	

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
KELLOGG CO	*CUSIP Number*	*487836108*						
4.0000 Sale	01/31/14	05/13/14	272.00	233.12		0.00	38.88	
4.0000 Sale	02/05/14	05/13/14	272.00	230.16		0.00	41.84	
Security Subtotal			***2,211.72***	***1,989.08***		***0.00***	***222.64***	
MCKESSON CORPORATION COM	*CUSIP Number*	*58155Q103*						
4.0000 Sale	03/19/13	01/07/14	643.04	424.92		0.00	218.12	
MERCK AND CO INC SHS	*CUSIP Number*	*58933Y105*						
2.0000 Sale	01/07/14	12/01/14	121.30	100.42		0.00	20.88	
MATTEL INC COM	*CUSIP Number*	*577081102*						
11.0000 Sale	03/21/14	12/12/14	339.56	416.78		0.00	(77.22)	
MICRON TECHNOLOGY INC	*CUSIP Number*	*595112103*						
12.0000 Sale	08/14/13	01/17/14	278.15	177.31		0.00	100.84	
30.0000 Sale	08/14/13	06/20/14	949.50	443.28		0.00	506.22	
Security Subtotal			***1,227.65***	***620.59***		***0.00***	***607.06***	
TWENTY-FIRST CENTURY FOX INC CLASS A	*CUSIP Number*	*90130A101*						
12.0000 Sale	03/21/14	12/12/14	445.43	396.84		0.00	48.59	
NOW INC SHS WHEN ISSUED	*CUSIP Number*	*67011P100*						
1.0000 Sale	01/07/14	06/03/14	35.14	28.20		0.00	6.94	
1.0000 Sale	02/04/14	06/03/14	35.15	30.17		0.00	4.98	
Security Subtotal			***70.29***	***58.37***		***0.00***	***11.92***	
J M SMUCKER CO	*CUSIP Number*	*832696405*						
6.0000 Sale	10/07/13	07/10/14	636.44	635.22		0.00	1.22	
5.0000 Sale	10/07/13	09/23/14	495.00	529.35		0.00	(34.35)	
6.0000 Sale	10/07/13	10/06/14	590.66	635.21		0.00	(44.55)	
2.0000 Sale	10/24/13	10/14/14	196.17	218.54		0.00	(22.37)	
4.0000 Sale	11/20/13	10/14/14	392.34	412.12		0.00	(19.78)	
2.0000 Sale	01/08/14	10/14/14	196.18	198.17		0.00	(1.99)	
Security Subtotal			***2,506.79***	***2,628.61***		***0.00***	***(121.82)***	

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1a. Description of Property		1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
STANLEY BLACK & DECKER INC		*CUSIP Number*	*854502101*						
4.0000	Sale	01/31/14	09/10/14	367.69	309.04		0.00	58.65	
3.0000	Sale	02/05/14	09/10/14	275.78	227.31		0.00	48.47	
	Security Subtotal			***643.47***	***536.35***		***0.00***	***107.12***	
STAPLES INC		*CUSIP Number*	*855030102*						
21.0000	Sale	04/10/13	03/21/14	240.25	286.02		0.00	(45.77)	
VERITIV CORP ISSUED		*CUSIP Number*	*923454102*						
1.0000	Sale	07/16/14	08/06/14	38.41	38.51		0.00	(0.10)	
WHIRLPOOL CORP		*CUSIP Number*	*963320106*						
2.0000	Sale	04/07/14	11/07/14	351.33	295.70		0.00	55.63	
1.0000	Sale	04/07/14	12/03/14	187.60	147.85		0.00	39.75	
2.0000	Sale	04/07/14	12/12/14	364.75	295.70		0.00	69.05	
	Security Subtotal			***903.68***	***739.25***		***0.00***	***164.43***	
Covered Short Term Capital Gains and Losses Subtotal				**10,900.09**	**9,668.56**		**0.00**	**1,231.53**	
NET SHORT TERM CAPITAL GAINS AND LOSSES				**10,900.09**	**9,668.56**		**0.00**	**1,231.53**	
LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2									
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code D)									
AMERICAN INTERNATIONAL GROUP INC		*CUSIP Number*	*026874784*						
8.0000	Sale	02/04/13	12/12/14	435.91	307.92		0.00	127.99	
CENTURYLINK INC SHS		*CUSIP Number*	*156700106*						
7.0000	Sale	01/19/12	04/23/14	242.35	262.50		0.00	(20.15)	
12.0000	Sale	01/19/12	05/07/14	416.06	450.00		0.00	(33.94)	
7.0000	Sale	01/19/12	08/11/14	280.20	262.50		0.00	17.70	
12.0000	Sale	01/19/12	12/12/14	454.31	450.00		0.00	4.31	
	Security Subtotal			***1,392.92***	***1,425.00***		***0.00***	***(32.08)***	

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1a Description of Property	1b Date of Acquisition	1c Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
CISCO SYSTEMS INC COM	*CUSIP Number*	*17275R102*						
9.0000 Sale	06/15/10	12/12/14	243.00	195.49		0.00 (V)	47.51	
DOVER CORP	*CUSIP Number*	*260003108*						
5.0000 Sale	11/22/11	04/08/14	411.04	212.83		0.00	198.21	
5.0000 Sale	11/22/11	12/12/14	342.64	212.83		0.00	129.81	
Security Subtotal			*753.68*	*425.66*		*0.00*	*328.02*	
E M C CORPORATION MASS	*CUSIP Number*	*268648102*						
14.0000 Sale	12/17/12	12/12/14	399.83	345.94		0.00	53.89	
EXXON MOBIL CORP COM	*CUSIP Number*	*30231G102*						
5.0000 Sale	03/30/11	01/23/14	483.53	423.15		0.00	60.38	
4.0000 Sale	08/11/11	01/23/14	386.84	281.96		0.00	104.88	
7.0000 Sale	08/11/11	01/30/14	654.21	493.43		0.00	160.78	
2.0000 Sale	08/11/11	02/04/14	179.69	140.98		0.00	38.71	
6.0000 Sale	08/30/11	02/04/14	539.09	443.70		0.00	95.39	
5.0000 Sale	02/01/13	02/04/14	449.24	450.60		0.00	(1.36)	
Security Subtotal			*2,692.60*	*2,233.82*		*0.00*	*458.78*	
ENSCO PLC SHS CL A	*CUSIP Number*	*G3157S106*						
12.0000 Sale	07/17/13	12/12/14	326.15	716.14	W	389.99 (W)	0.00	
1.0000 Sale	07/17/13	12/12/14	27.18	59.68		0.00	(32.50)	
Security Subtotal			*353.33*	*775.82*		*389.99*	*(32.50)*	
FREEPRT-MCMRAN CPR & GLD	*CUSIP Number*	*35671D857*						
3.0000 Sale	05/30/08	02/28/14	98.48	166.33		0.00 (V)	(67.85)	
5.0000 Sale	09/28/11	12/12/14	109.90	170.80		0.00	(60.90)	
Security Subtotal			*208.38*	*337.13*		*0.00*	*(128.75)*	
FLUOR CORP NEW DEL COM	*CUSIP Number*	*343412102*						
5.0000 Sale	06/26/13	12/12/14	285.09	294.90	W	9.81 (W)	0.00	
1.0000 Sale	06/26/13	12/12/14	57.02	58.98		0.00	(1.96)	
Security Subtotal			*342.11*	*353.88*		*9.81*	*(1.96)*	
FIFTH THIRD BANCORP	*CUSIP Number*	*316773100*						
15.0000 Sale	03/30/11	02/12/14	323.61	210.15		0.00	113.46	
52.0000 Sale	04/21/11	02/12/14	1,121.84	677.56		0.00	444.28	
20.0000 Sale	06/21/11	02/12/14	431.48	253.60		0.00	177.88	

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
FIFTH THIRD BANCORP	*CUSIP Number*	*316773100*						
14.0000 Sale	08/30/11	02/12/14	302.04	145.32		0.00	156.72	
11.0000 Sale	10/26/11	02/12/14	237.32	130.68		0.00	106.64	
Security Subtotal			***2,416.29***	***1,417.31***		***0.00***	***998.98***	
HARTFORD FINL SVCS GROUP	*CUSIP Number*	*416515104*						
11.0000 Sale	09/04/12	12/12/14	447.36	194.92		0.00	252.44	
HALYARD HEALTH INC SHS	*CUSIP Number*	*40650V100*						
1.0000 Sale	07/25/13	11/06/14	39.80	20.05		0.00	19.75	
INTEL CORP	*CUSIP Number*	*458140100*						
16.0000 Sale	05/31/12	07/16/14	543.67	413.76		0.00	129.91	
14.0000 Sale	05/31/12	12/12/14	510.87	362.04		0.00	148.83	
Security Subtotal			***1,054.54***	***775.80***		***0.00***	***278.74***	
KNOWLES CORP SHS	*CUSIP Number*	*49926D109*						
14.0000 Sale	11/22/11	03/17/14	440.01	235.00		0.00	205.01	
2.0000 Sale	07/25/12	03/17/14	62.86	33.31		0.00	29.55	
Security Subtotal			***502.87***	***268.31***		***0.00***	***234.56***	
METLIFE INC COM	*CUSIP Number*	*59156R108*						
3.0000 Sale	06/26/08	12/12/14	159.96	172.91		0.00 (M)	(12.95)	
MERCK AND CO INC SHS	*CUSIP Number*	*58933Y105*						
9.0000 Sale	03/30/11	10/09/14	539.28	299.70		0.00	239.58	
8.0000 Sale	03/30/11	11/19/14	476.91	266.40		0.00	210.51	
3.0000 Sale	02/12/13	11/19/14	178.85	124.38		0.00	54.47	
6.0000 Sale	02/12/13	12/01/14	363.89	248.76		0.00	115.13	
8.0000 Sale	03/19/13	12/01/14	485.19	350.40		0.00	134.79	
Security Subtotal			***2,044.12***	***1,289.64***		***0.00***	***754.48***	
MICROSOFT CORP	*CUSIP Number*	*594918104*						
4.0000 Sale	01/06/11	03/19/14	157.15	113.88		0.00	43.27	
22.0000 Sale	01/06/11	09/04/14	993.28	626.34		0.00	366.94	
6.0000 Sale	01/06/11	09/16/14	279.17	170.82		0.00	108.35	
9.0000 Sale	01/06/11	12/12/14	425.65	256.23		0.00	169.42	
Security Subtotal			***1,855.25***	***1,167.27***		***0.00***	***687.98***	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
MICRON TECHNOLOGY INC	*CUSIP Number*	*595112103*						
8.0000 Sale	08/14/13	12/12/14	274.55	118.21		0.00	156.34	
MURPHY OIL CORP	*CUSIP Number*	*626717102*						
2.0000 Sale	02/10/11	02/28/14	118.45	119.12	W	0.67 (W)	0.00	
5.0000 Sale	02/10/11	12/12/14	225.59	297.81		0.00	(72.22)	
2.0000 Sale	02/10/11	12/12/14	90.24	116.18		0.00 (Y)	(25.94)	
2.0000 Sale	03/07/11	12/12/14	90.24	125.51		0.00	(35.27)	
Security Subtotal			***524.52***	***658.62***		***0.67***	***(133.43)***	
NATIONAL-OILWELL VARCO INC	*CUSIP Number*	*637071101*						
5.0000 Sale	05/10/12	12/12/14	309.09	312.10		0.00	(3.01)	
NOW INC SHS WHEN ISSUED	*CUSIP Number*	*67011P100*						
4.0000 Sale	05/10/12	06/03/14	140.50	112.30		0.00	28.20	
3.0000 Sale	06/21/12	06/03/14	105.37	82.07		0.00	23.30	
1.0000 Sale	06/25/12	06/03/14	35.13	24.20		0.00	10.93	
1.0000 Sale	12/13/12	06/03/14	35.13	26.89		0.00	8.24	
Security Subtotal			***316.13***	***245.46***		***0.00***	***70.67***	
NUCOR CORPORATION	*CUSIP Number*	*670346105*						
17.0000 Sale	09/18/12	08/19/14	917.03	675.92		0.00	241.11	
7.0000 Sale	09/18/12	12/12/14	365.32	278.32		0.00	87.00	
Security Subtotal			***1,282.35***	***954.24***		***0.00***	***328.11***	
ORACLE CORP $0.01 DEL	*CUSIP Number*	*68389X105*						
5.0000 Sale	08/11/11	11/25/14	206.40	136.20		0.00	70.20	
5.0000 Sale	08/11/11	12/12/14	201.84	136.20		0.00	65.64	
Security Subtotal			***408.24***	***272.40***		***0.00***	***135.84***	
PUB SVC ENTERPRISE GRP	*CUSIP Number*	*744573106*						
12.0000 Sale	03/26/12	04/09/14	464.63	358.20		0.00	106.43	
11.0000 Sale	03/26/12	12/12/14	452.64	328.35		0.00	124.29	
Security Subtotal			***917.27***	***686.55***		***0.00***	***230.72***	

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1a. Description of Property		1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
ST JUDE MEDICAL INC		*CUSIP Number*	*790849103*						
1.0000	Sale	02/04/11	05/06/14	63.71	42.00		0.00	21.71	
6.0000	Sale	02/04/11	07/01/14	418.34	252.00		0.00	166.34	
5.0000	Sale	02/04/11	12/12/14	333.54	210.00		0.00	123.54	
2.0000	Sale	07/20/11	12/12/14	133.42	92.94		0.00	40.48	
	Security Subtotal			***949.01***	***596.94***		***0.00***	***352.07***	
J M SMUCKER CO		*CUSIP Number*	*832696405*						
3.0000	Sale	10/07/13	10/10/14	296.21	317.61		0.00	(21.40)	
STANLEY BLACK & DECKER INC		*CUSIP Number*	*854502101*						
4.0000	Sale	10/18/12	03/17/14	321.35	276.72		0.00	44.63	
4.0000	Sale	10/18/12	04/25/14	338.75	276.72		0.00	62.03	
5.0000	Sale	10/18/12	07/01/14	440.32	345.90		0.00	94.42	
4.0000	Sale	11/20/12	08/19/14	364.60	279.80		0.00	84.80	
1.0000	Sale	10/18/12	08/19/14	91.14	69.18		0.00	21.96	
4.0000	Sale	11/07/12	08/19/14	364.59	277.68		0.00	86.91	
2.0000	Sale	11/20/12	09/10/14	183.84	139.90		0.00	43.94	
3.0000	Sale	12/11/12	09/10/14	275.76	215.94		0.00	59.82	
3.0000	Sale	04/10/13	09/10/14	275.76	234.45		0.00	41.31	
3.0000	Sale	07/25/13	09/10/14	275.77	247.74		0.00	28.03	
	Security Subtotal			***2,931.88***	***2,364.03***		***0.00***	***567.85***	
STAPLES INC		*CUSIP Number*	*855030102*						
8.0000	Sale	11/22/11	02/28/14	108.23	111.44		0.00	(3.21)	
20.0000	Sale	11/22/11	03/21/14	228.79	278.60		0.00	(49.81)	
12.0000	Sale	11/22/11	03/21/14	137.27	168.55		0.00	(31.28)	(Y)
22.0000	Sale	01/10/12	03/21/14	251.67	329.56		0.00	(77.89)	
23.0000	Sale	02/29/12	03/21/14	263.11	346.73		0.00	(83.62)	
13.0000	Sale	08/15/12	03/21/14	148.72	149.57		0.00	(0.85)	
	Security Subtotal			***1,137.79***	***1,384.45***		***0.00***	***(246.66)***	
TRAVELERS COS INC		*CUSIP Number*	*89417E109*						
12.0000	Sale	03/21/12	01/30/14	988.54	702.72		0.00	285.82	
8.0000	Sale	03/21/12	01/31/14	649.99	468.48		0.00	181.51	
	Security Subtotal			***1,638.53***	***1,171.20***		***0.00***	***467.33***	

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
Covered Long Term Capital Gains and Losses Subtotal			**26,327.52**	**20,788.68**		**400.47**	**5,939.31**	
NONCOVERED TRANSACTIONS-1099-B Line 5, Cost basis not reported to IRS (Code E)								
ALLSTATE CORP DEL COM	*CUSIP Number*	*020002101*						
5.0000 Sale	03/27/09	12/12/14	339.64	103.25		0.00	236.39	
2.0000 Sale	05/05/09	12/12/14	135.86	46.74		0.00	89.12	
Security Subtotal			***475.50***	***149.99***		***0.00***	***325.51***	
AMN ELEC POWER CO	*CUSIP Number*	*025537101*						
7.0000 Sale	05/26/10	04/09/14	360.70	217.98		0.00	142.72	
8.0000 Sale	05/26/10	12/12/14	473.51	249.12		0.00	224.39	
Security Subtotal			***834.21***	***467.10***		***0.00***	***367.11***	
ARCHER DANIELS MIDLD	*CUSIP Number*	*039483102*						
6.0000 Sale	06/29/10	12/12/14	301.49	156.54		0.00	144.95	
2.0000 Sale	07/16/10	12/12/14	100.50	54.06		0.00	46.44	
Security Subtotal			***401.99***	***210.60***		***0.00***	***191.39***	
CAPITAL ONE FINL	*CUSIP Number*	*14040H105*						
2.0000 Sale	09/02/10	02/12/14	144.05	78.62		0.00	65.43	
8.0000 Sale	09/02/10	07/01/14	664.96	314.48		0.00	350.48	
4.0000 Sale	09/02/10	12/12/14	323.35	157.24		0.00	166.11	
Security Subtotal			***1,132.36***	***550.34***		***0.00***	***582.02***	
CVS CAREMARK CORP	*CUSIP Number*	*126650100*						
6.0000 Sale	05/28/09	01/07/14	417.65	174.97		0.00	242.68	
4.0000 Sale	06/19/09	01/07/14	278.44	126.81		0.00	151.63	
1.0000 Sale	10/13/09	02/28/14	72.30	36.99		0.00	35.31	
4.0000 Sale	10/13/09	03/17/14	297.39	147.95		0.00	149.44	
4.0000 Sale	10/13/09	10/29/14	339.97	147.96		0.00	192.01	
5.0000 Sale	10/13/09	12/12/14	453.04	184.94		0.00	268.10	
Security Subtotal			***1,858.79***	***819.62***		***0.00***	***1,039.17***	
CHEVRON CORP	*CUSIP Number*	*166764100*						
4.0000 Sale	05/30/08	12/12/14	412.43	396.10		0.00	16.33	

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code 1g Adjustments	Gain or (Loss)	Remarks
CONOCOPHILLIPS	*CUSIP Number*	*20825C104*					
9.0000 Sale	03/27/09	12/12/14	567 08	276.72	0.00	290.36	
CISCO SYSTEMS INC COM	*CUSIP Number*	*17275R102*					
8.0000 Sale	06/15/10	12/12/14	215.99	186.88	0.00	29.11	
DANAHER CORP DEL COM	*CUSIP Number*	*235851102*					
3.0000 Sale	11/17/09	04/07/14	223.90	109.48	0.00	114 42	
6.0000 Sale	11/17/09	04/08/14	445.07	218.95	0.00	226.12	
4.0000 Sale	11/17/09	07/01/14	318.32	145 97	0.00	172.35	
5.0000 Sale	11/17/09	12/12/14	421.14	182.45	0.00	238.69	
Security Subtotal			***1,408.43***	***656.85***	***0.00***	***751.58***	
ENTERGY CORP NEW	*CUSIP Number*	*29364G103*					
4.0000 Sale	09/09/08	04/09/14	281.51	389.96	0.00	(108.45)	
4.0000 Sale	09/09/08	10/16/14	313.54	389.96	0.00	(76.42)	
1.0000 Sale	03/27/09	10/16/14	78.39	68.21	0.00	10 18	
3.0000 Sale	03/27/09	12/12/14	261.98	204 63	0.00	57.35	
1.0000 Sale	05/05/09	12/12/14	87.32	71.56	0.00	15.76	
2.0000 Sale	10/30/09	12/12/14	174.67	156.26	0.00	18.41	
Security Subtotal			***1,197.41***	***1,280.58***	***0.00***	***(83.17)***	
FREEPORT-MCMORAN INC	*CUSIP Number*	*35671D857*					
4 0000 Sale	03/27/09	12/12/14	87.91	84.36	0.00	3.55	
2.0000 Sale	05/05/09	12/12/14	43.96	48.49	0.00	(4.53)	
Security Subtotal			***131.87***	***132.85***	***0.00***	***(0.98)***	
ISHARES RUSSELL 1000 VALUE	*CUSIP Number*	*464287598*					
1.0000 Sale	04/15/09	06/19/14	101 25	43.82	0.00	57.43	
GENL DYNAMICS CORP COM	*CUSIP Number*	*369550108*					
6.0000 Sale	11/18/08	02/05/14	589.31	315.68	0.00	273.63	
2.0000 Sale	11/18/08	10/23/14	261.45	105.23	0.00	156.22	
1.0000 Sale	11/18/08	12/12/14	138.61	52.61	0.00	86.00	
2.0000 Sale	03/27/09	12/12/14	277.24	86.34	0.00	190.90	
Security Subtotal			***1,266.61***	***559.86***	***0.00***	***706.75***	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
GOLDMAN SACHS GROUP INC	*CUSIP Number*	*38141G104*						
3.0000 Sale	07/01/09	10/06/14	564.35	446.32		0.00	118.03	
2.0000 Sale	04/21/10	12/12/14	378.13	320.76		0.00	57.37	
Security Subtotal			***942.48***	***767.08***		***0.00***	***175.40***	
HALYARD HEALTH INC SHS	*CUSIP Number*	*40650V100*						
1.0000 Sale	05/30/08	11/06/14	39.78	21.24		0.00	18.54	
1.0000 Sale	03/27/09	11/06/14	39.79	17.02		0.00	22.77	
Security Subtotal			***79.57***	***38.26***		***0.00***	***41.31***	
JPMORGAN CHASE & CO	*CUSIP Number*	*46625H100*						
7.0000 Sale	08/11/05	12/12/14	423.91	243.32		0.00	180.59	
4.0000 Sale	01/13/09	12/12/14	242.24	102.66		0.00	139.58	
Security Subtotal			***666.15***	***345.98***		***0.00***	***320.17***	
JOHNSON AND JOHNSON COM	*CUSIP Number*	*478160104*						
3.0000 Sale	05/30/08	04/28/14	303.02	200.12		0.00	102.90	
5.0000 Sale	05/30/08	12/12/14	525.09	333.54		0.00	191.55	
Security Subtotal			***828.11***	***533.66***		***0.00***	***294.45***	
KIMBERLY CLARK	*CUSIP Number*	*494368103*						
3.0000 Sale	05/30/08	12/12/14	341.20	183.94		0.00	157.26	
KOHLS CORP WISC PV 1CT	*CUSIP Number*	*500255104*						
4.0000 Sale	04/15/10	12/12/14	230.04	230.68	W	0.64 (M)	0.00	
5.0000 Sale	04/15/10	12/12/14	287.54	288.35		0.00	(0.81)	
Security Subtotal			***517.58***	***519.03***		***0.64***	***(0.81)***	
ELI LILLY & CO	*CUSIP Number*	*532457108*						
2.0000 Sale	05/30/08	02/27/14	117.21	96.51		0.00	20.70	
4.0000 Sale	05/30/08	02/28/14	239.35	193.02		0.00	46.33	
7.0000 Sale	05/30/08	12/12/14	491.39	337.79		0.00	153.60	
Security Subtotal			***847.95***	***627.32***		***0.00***	***220.63***	
METLIFE INC COM	*CUSIP Number*	*59156R108*						
6.0000 Sale	05/30/08	12/12/14	319.91	360.41		0.00	(40.50)	
1.0000 Sale	09/11/08	12/12/14	53.32	57.46		0.00	(4.14)	
Security Subtotal			***373.23***	***417.87***		***0.00***	***(44.64)***	

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
MCKESSON CORPORATION COM	*CUSIP Number*	*58155Q103*						
3.0000 Sale	10/16/09	01/07/14	482.27	183.37		0.00	298.90	
1.0000 Sale	06/29/10	01/07/14	160.75	67.49		0.00	93.26	
Security Subtotal			***643.02***	***250.86***		***0.00***	***392.16***	
MARATHON OIL CORP	*CUSIP Number*	*565849106*						
10.0000 Sale	05/30/08	12/12/14	255.09	307.06	W	51.97 (m)	0.00	
3.0000 Sale	03/27/09	12/12/14	76.53	48.52		0.00	28.01	
Security Subtotal			***331.62***	***355.58***		***51.97***	***28.01***	
MERCK AND CO INC SHS	*CUSIP Number*	*58933Y105*						
8.0000 Sale	06/29/10	02/05/14	436.79	285.36		0.00	151.43	
11.0000 Sale	06/29/10	03/17/14	619.35	392.37		0.00	226.98	
5.0000 Sale	06/29/10	07/01/14	293.10	178.35		0.00	114.75	
9.0000 Sale	06/29/10	10/03/14	539.11	321.03		0.00	218.08	
2.0000 Sale	06/29/10	10/09/14	119.83	71.34		0.00	48.49	
Security Subtotal			***2,008.18***	***1,248.45***		***0.00***	***759.73***	
ORACLE CORP $0.01 DEL	*CUSIP Number*	*68389X105*						
2.0000 Sale	05/30/08	09/23/14	78.00	45.66		0.00	32.34	
18.0000 Sale	03/27/09	09/23/14	702.08	325.44		0.00	376.64	
3.0000 Sale	03/27/09	11/25/14	123.83	54.24		0.00	69.59	
10.0000 Sale	05/05/09	11/25/14	412.79	187.98		0.00	224.81	
Security Subtotal			***1,316.70***	***613.32***		***0.00***	***703.38***	
ST JUDE MEDICAL INC	*CUSIP Number*	*790849103*						
7.0000 Sale	03/27/09	01/17/14	463.53	265.30		0.00	198.23	
4.0000 Sale	05/05/09	01/17/14	264.88	136.24		0.00	128.64	
4.0000 Sale	10/16/09	01/17/14	264.88	134.92		0.00	129.96	
4.0000 Sale	10/16/09	04/03/14	265.03	134.92		0.00	130.11	
3.0000 Sale	10/16/09	05/06/14	191.12	101.19		0.00	89.93	
1.0000 Sale	11/12/09	05/06/14	63.71	34.45		0.00	29.26	
Security Subtotal			***1,513.15***	***807.02***		***0.00***	***706.13***	
STATE STREET CORP	*CUSIP Number*	*857477103*						
6.0000 Sale	05/14/09	12/12/14	456.11	226.47		0.00	229.64	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
UNITEDHEALTH GROUP INC	*CUSIP Number*	*91324P102*						
7.0000 Sale	03/01/10	03/21/14	578.82	239.19		0.00	339.63	
6.0000 Sale	03/01/10	09/04/14	521.65	205.02		0.00	316.63	
2.0000 Sale	03/01/10	12/03/14	202.01	68.34		0.00	133.67	
5.0000 Sale	03/01/10	12/12/14	497.74	170.86		0.00	326.88	
Security Subtotal			*1,800.22*	*683.41*		*0.00*	*1,116.81*	
V F CORPORATION	*CUSIP Number*	*918204108*						
5.0000 Sale	10/28/10	12/12/14	366.29	104.15		0.00	262.14	
Noncovered Long Term Capital Gains and Losses Subtotal			**23,035.48**	**13,453.71**		**52.61**	**9,634.38**	
NET LONG TERM CAPITAL GAINS AND LOSSES			**49,363.00**	**34,242.39**		**453.08**	**15,573.69**	
OTHER TRANSACTIONS-1099-B Line 5, Cost basis not reported to IRS (Code X)								
HALYARD HEALTH INC SHS	*CUSIP Number*	*40650V100*						
Cash/Lieu	11/12/14	11/12/14	14.25	N/A		0.00	N/A	
NOW INC SHS WHEN ISSUED	*CUSIP Number*	*67011P100*						
Cash/Lieu	06/09/14	06/09/14	24.43	N/A		0.00	N/A	
VERITIV CORP ISSUED	*CUSIP Number*	*923454102*						
Cash/Lieu	07/10/14	07/10/14	23.68	N/A		0.00	N/A	
Other Transactions Subtotal			**62.36**			**0.00**		
SALES PROCEEDS AND NET GAINS AND LOSSES			**60,325.45**				**16,805.22**	

COVERED SHORT TERM GAINS/LOSSES	1,231.53
COVERED LONG TERM GAINS/LOSSES	5,939.31
NONCOVERED LONG TERM GAINS/LOSSES	9,634.38
OTHER TRANSACTIONS	N/C

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The following sections are provided to facilitate your review and the preparation of your return.

The 2014 Proceeds from Broker and Barter Exchange Transactions section includes both sales of positions for "covered securities" and "noncovered securities." A covered security includes securities when the purchase date of the security occurred within the following timeline: Equities acquired on or after January 1, 2011, Mutual Funds acquired on or after January 1, 2012, and Option Transactions and certain debt securities acquired on or after January 1, 2014. Legislation requires reporting the gross proceeds of the sales of "covered" and "noncovered" securities and the adjusted cost basis for "covered securities." Any sale of a security that is considered a "noncovered security" will still be included in this section with the adjusted cost basis (where available) but the adjusted basis will not be transmitted to the IRS.

In calculating gain (loss), unless otherwise noted, it was assumed that the oldest position was liquidated first, and that you have made an election to amortize the premium paid on the purchase of taxable bonds. Under the Cost Basis Reporting Regulations, brokers need not track wash sale activity for substantially identical securities, transactions across accounts, or between covered and noncovered securities. However, you as a taxpayer still have to track and report wash sales as you have in the past which would include all of the aforementioned transaction types. Securities distributed from a retirement account reflect the tax basis on the date of distribution. Other methods for calculating gain (loss) are available. The cost basis for most Original Issue Discount ("OID") obligations includes the accretion of OID.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code 1g Adjustments	Gain or (Loss)	Remarks
LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2							
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code D)							
MAINSTAY HIGH YIELD CORP BOND FD CL C	*CUSIP Number*	*56062F376*					
.4630 Sale	11/26/12	06/10/14	2.83	2.80	0.00	0.03	
8264.0000 Sale	11/26/12	06/10/14	50,493.04	49,997.20	0.00	495.84	
Security Subtotal			*50,495.87*	*50,000.00*	*0.00*	*495.87*	
Covered Long Term Capital Gains and Losses Subtotal			**50,495.87**	**50,000.00**	**0.00**	**495.87**	
NONCOVERED TRANSACTIONS-1099-B Line 5, Cost basis not reported to IRS (Code E)							
QWEST CORPORATION $25 PAR SR NOTES 7.0% DUE APRIL 1 2052	*CUSIP Number*	*74913G402*					
800.0000 Sale	03/23/12	03/31/14	20,056.11	20,000.00	0.00	56.11	
Noncovered Long Term Capital Gains and Losses Subtotal			**20,056.11**	**20,000.00**	**0.00**	**56.11**	
NET LONG TERM CAPITAL GAINS AND LOSSES			**70,551.98**	**70,000.00**	**0.00**	**551.98**	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
SALES PROCEEDS AND NET GAINS AND LOSSES			70,551.98				551.98	
COVERED LONG TERM GAINS/LOSSES							495.87	
NONCOVERED LONG TERM GAINS/LOSSES							56.11	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
SHORT TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2								
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code A)								
ASSOC BRIT FOODS ADR NEW	*CUSIP Number*	*045519402*						
9.0000 Sale	11/15/13	07/21/14	430.74	340.29		0.00	90.45	
ATLANTIA SPA SHS	*CUSIP Number*	*048173108*						
65.0000 Sale	11/15/13	04/15/14	800.75	705.50		0.00	95.25	
BNP PARIBAS SPONSORD ADR	*CUSIP Number*	*05565A202*						
16.0000 Sale	11/15/13	01/24/14	618.82	590.30		0.00	28.52	
BAYERISCHE MOTORENWERKE AG BMW SHS	*CUSIP Number*	*072743206*						
25.0000 Sale	11/15/13	10/07/14	861.95	916.98		0.00	(55.03)	
14.0000 Sale	11/15/13	10/14/14	468.35	513.51		0.00	(45.16)	
Security Subtotal			***1,330.30***	***1,430.49***		***0.00***	***(100.19)***	
EXPERIAN PLC SP ADR	*CUSIP Number*	*30215C101*						
38.0000 Sale	11/15/13	07/02/14	641.22	733.78		0.00	(92.56)	
FRESENIUS SE& CO-SPN ADR	*CUSIP Number*	*35804M105*						
Cash/Lieu	01/10/14	08/12/14	5.98	6.66		0.00	(0.68)	

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
HSBC HLDG PLC SP ADR	*CUSIP Number*	*404280406*						
29.0000 Sale	11/15/13	07/18/14	1,480.48	1,614.67		0.00	(134.19)	
JAPAN TOBACCO INC ADR	*CUSIP Number*	*471105205*						
29.0000 Sale	10/06/14	12/12/14	426.04	476.28		0.00	(50.24)	
31.0000 Sale	10/06/14	12/17/14	412.47	509.12		0.00	(96.65)	
Security Subtotal			***838.51***	***985.40***		***0.00***	***(146.89)***	
LADBROKES PLC SPON ADR	*CUSIP Number*	*505730101*						
219.0000 Sale	11/15/13	11/04/14	391.53	637.29		0.00	(245.76)	
3.0000 Sale	11/20/13	11/04/14	5.37	8.37		0.00	(3.00)	
Security Subtotal			***396.90***	***645.66***		***0.00***	***(248.76)***	
LIXIL GROUP CORPORATION ADR	*CUSIP Number*	*53931R103*						
7.0000 Sale	11/15/13	01/30/14	361.92	353.29		0.00	8.63	
24.0000 Sale	11/15/13	10/27/14	976.02	1,211.28		0.00	(235.26)	
Security Subtotal			***1,337.94***	***1,564.57***		***0.00***	***(226.63)***	
NOVO NORDISK A S ADR	*CUSIP Number*	*670100205*						
16.0000 Sale	11/15/13	07/18/14	724.02	555.71		0.00	168.31	
20.0000 Sale	11/15/13	10/28/14	873.25	694.63		0.00	178.62	
Security Subtotal			***1,597.27***	***1,250.34***		***0.00***	***346.93***	
PETROLEUM GEO SVS SP ADR	*CUSIP Number*	*716599105*						
65.0000 Sale	11/15/13	09/30/14	395.67	794.95		0.00	(399.28)	
2.0000 Sale	11/20/13	09/30/14	12.18	24.26		0.00	(12.08)	
Security Subtotal			***407.85***	***819.21***		***0.00***	***(411.36)***	
PRUDENTIAL PLC ADR	*CUSIP Number*	*74435K204*						
3.0000 Sale	11/15/13	09/16/14	138.17	122.84		0.00	15.33	
13.0000 Sale	11/15/13	09/17/14	597.80	532.32		0.00	65.48	
Security Subtotal			***735.97***	***655.16***		***0.00***	***80.81***	

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1a. Description of Property	1b Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
RYANAIR HLDGS PLC SP ADR	*CUSIP Number*	*783513104*						
5.0000 Sale	11/15/13	03/20/14	274.83	221.60		0.00	53.23	
3.0000 Sale	11/15/13	03/21/14	167.04	132.96		0.00	34.08	
Security Subtotal			***441.87***	***354.56***		***0.00***	***87.31***	
RED ELECTRICA CORP UNSPN ADR	*CUSIP Number*	*756568101*						
39.0000 Sale	11/15/13	04/23/14	633.78	486.72		0.00	147.06	
32.0000 Sale	11/15/13	07/09/14	541.30	399.36		0.00	141.94	
Security Subtotal			***1,175.08***	***886.08***		***0.00***	***289.00***	
RYOHIN KEIKAKU CO LTD ADR	*CUSIP Number*	*78392U105*						
9.0000 Sale	05/02/14	12/05/14	205.95	200.20		0.00	5.75	
SAP AG SHS	*CUSIP Number*	*803054204*						
13.0000 Sale	11/15/13	01/22/14	1,040.22	1,071.98		0.00	(31.76)	
25.0000 Sale	11/15/13	10/30/14	1,653.67	2,061.50		0.00	(407.83)	
Security Subtotal			***2,693.89***	***3,133.48***		***0.00***	***(439.59)***	
SAMPO PLC SHS	*CUSIP Number*	*79588J102*						
23.0000 Sale	11/15/13	01/27/14	532.56	540.73		0.00	(8.17)	
SANOFI ADR	*CUSIP Number*	*80105N105*						
3.0000 Sale	12/11/13	06/03/14	158.83	150.82		0.00	8.01	
14.0000 Sale	12/12/13	06/03/14	741.21	708.11		0.00	33.10	
Security Subtotal			***900.04***	***858.93***		***0.00***	***41.11***	
SIGNET JEWELERS LTD SHS	*CUSIP Number*	*G81276100*						
4.0000 Sale	11/15/13	04/21/14	400.61	314.76		0.00	85.85	
SANDS CHINA LTD UNSP ADR	*CUSIP Number*	*80007R105*						
8.0000 Sale	11/15/13	01/21/14	675.50	595.20		0.00	80.30	
12.0000 Sale	11/15/13	09/18/14	666.61	892.80		0.00	(226.19)	
Security Subtotal			***1,342.11***	***1,488.00***		***0.00***	***(145.89)***	

Merrill Lynch
Bank of America Corporation

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1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
TULLOW OIL PLC SHS	*CUSIP Number*	*899415202*						
96.0000 Sale	11/15/13	02/13/14	599.55	690.24		0.00	(90.69)	
1.0000 Sale	11/20/13	02/13/14	6.25	7.16		0.00	(0.91)	
Security Subtotal			***605.80***	***697.40***		***0.00***	***(91.60)***	
UNILEVER PLC NEW ADR	*CUSIP Number*	*904767704*						
20.0000 Sale	11/15/13	10/24/14	780.04	799.37		0.00	(19.33)	
5.0000 Sale	11/15/13	10/27/14	195.52	199.84		0.00	(4.32)	
Security Subtotal			***975.56***	***999.21***		***0.00***	***(23.65)***	
VALEO SPONSORED ADR	*CUSIP Number*	*919134304*						
13.0000 Sale	11/15/13	01/28/14	719.84	661.59		0.00	58.25	
7.0000 Sale	11/15/13	05/15/14	448.92	356.24		0.00	92.68	
Security Subtotal			***1,168.76***	***1,017.83***		***0.00***	***150.93***	
YAHOO JAPAN CORP SHS	*CUSIP Number*	*98433V102*						
14.0000 Sale	11/15/13	01/16/14	164.13	132.30		0.00	31.83	
15.0000 Sale	11/15/13	01/17/14	176.81	141.75		0.00	35.06	
132.0000 Sale	11/15/13	05/15/14	1,102.29	1,247.40		0.00	(145.11)	
24.0000 Sale	11/15/13	05/16/14	198.73	226.80		0.00	(28.07)	
1.0000 Sale	11/20/13	05/16/14	8.29	9.97		0.00	(1.68)	
Security Subtotal			***1,650.25***	***1,758.22***		***0.00***	***(107.97)***	
Covered Short Term Capital Gains and Losses Subtotal			**22,715.21**	**23,591.43**		**0.00**	**(876.22)**	
NET SHORT TERM CAPITAL GAINS AND LOSSES			**22,715.21**	**23,591.43**		**0.00**	**(876.22)**	
LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2								
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code D)								
ENI S P A SPONSORED ADR	*CUSIP Number*	*26874R108*						
26.0000 Sale	11/15/13	12/09/14	946.40	1,270.32		0.00	(323.92)	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property		1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
HSBC HLDG PLC SP ADR		*CUSIP Number*	*404280406*						
18.0000	Sale	11/15/13	11/26/14	900.22	1,002.20		0.00	(101.98)	
2.0000	Sale	11/15/13	11/28/14	99.83	111.36		0.00	(11.53)	
	Security Subtotal			*1,000.05*	*1,113.56*		*0.00*	*(113.51)*	
SIGNET JEWELERS LTD SHS		*CUSIP Number*	*G81276100*						
5.0000	Sale	11/15/13	11/21/14	610.20	393.45		0.00	216.75	
Covered Long Term Capital Gains and Losses Subtotal				**2,556.65**	**2,777.33**		**0.00**	**(220.68)**	
NONCOVERED TRANSACTIONS-1099-B Line 5, Cost basis not reported to IRS (Code E)									
SANOFI ADR		*CUSIP Number*	*80105N105*						
12.0000	Sale	06/02/08	04/04/14	620.77	440.76		0.00	180.01	
17.0000	Sale	07/01/09	04/04/14	879.43	513.33		0.00	366.10	
3.0000	Sale	07/01/09	06/03/14	158.82	90.59		0.00	68.23	
	Security Subtotal			*1,659.02*	*1,044.68*		*0.00*	*614.34*	
Noncovered Long Term Capital Gains and Losses Subtotal				**1,659.02**	**1,044.68**		**0.00**	**614.34**	
NET LONG TERM CAPITAL GAINS AND LOSSES				**4,215.67**	**3,822.01**		**0.00**	**393.66**	
SALES PROCEEDS AND NET GAINS AND LOSSES				**26,930.88**				**(482.56)**	

COVERED SHORT TERM GAINS/LOSSES (876.22)
COVERED LONG TERM GAINS/LOSSES (220.68)
NONCOVERED LONG TERM GAINS/LOSSES 614.34

THE CHINESE AMERICAN MEDICAL

2014 ANNUAL STATEMENT SUMMARY

The following sections are provided to facilitate your review and the preparation of your return.

The 2014 Proceeds from Broker and Barter Exchange Transactions section includes both sales of positions for "covered securities" and "noncovered securities." A covered security includes securities when the purchase date of the security occurred within the following timeline: Equities acquired on or after January 1, 2011, Mutual Funds acquired on or after January 1, 2012, and Option Transactions and certain debt securities acquired on or after January 1, 2014. Legislation requires reporting the gross proceeds of the sales of "covered" and "noncovered" securities and the adjusted cost basis for "covered securities." Any sale of a security that is considered a "noncovered security" will still be included in this section with the adjusted cost basis (where available) but the adjusted basis will not be transmitted to the IRS.

In calculating gain (loss), unless otherwise noted, it was assumed that the oldest position was liquidated first, and that you have made an election to amortize the premium paid on the purchase of taxable bonds. Under the Cost Basis Reporting Regulations, brokers need not track wash sale activity for substantially identical securities, transactions across accounts, or between covered and noncovered securities. However, you as a taxpayer still have to track and report wash sales as you have in the past which would include all of the aforementioned transaction types. Securities distributed from a retirement account reflect the tax basis on the date of distribution. Other methods for calculating gain (loss) are available. The cost basis for most Original Issue Discount ("OID") obligations includes the accretion of OID.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
SHORT TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2								
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code A)								
ACTAVIS PLC SHS	*CUSIP Number*	*G0083B108*						
Cash/Lieu	07/02/14	07/02/14	133.08	49.55		0.00	83.53	
ISIS PHARMACEUTICALS INC	*CUSIP Number*	*464330109*						
21.0000 Sale	06/23/14	12/15/14	1,235.83	761.25		0.00	474.58	
NUANCE COMMUNICATIONS IN	*CUSIP Number*	*67020Y100*						
2.0000 Sale	03/14/14	12/15/14	27.89	30.69		0.00	(2.80)	
Covered Short Term Capital Gains and Losses Subtotal			1,396.80	841.49		0.00	555.31	
NET SHORT TERM CAPITAL GAINS AND LOSSES			1,396.80	841.49		0.00	555.31	
LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2								
COVERED TRANSACTIONS-1099-B Line 3, Cost basis reported to IRS (Code D)								
CITRIX SYSTEMS INC COM	*CUSIP Number*	*177376100*						
2.0000 Sale	10/19/12	12/15/14	121.15	130.41		0.00	(9.26)	

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2014 ANNUAL STATEMENT SUMMARY

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
CREE INC	*CUSIP Number*	*225447101*						
36.0000 Sale	03/23/11	03/05/14	2,178.33	1,648.80		0.00	529.53	
DOLBY LABORATORIES INC CL A	*CUSIP Number*	*25659T107*						
15.0000 Sale	04/06/11	03/05/14	645.00	724.72		0.00	(79.72)	
3.0000 Sale	08/05/11	03/05/14	129.01	92.92		0.00	36.09	
5.0000 Sale	08/05/11	12/15/14	214.89	154.86		0.00	60.03	
Security Subtotal			***988.90***	***972.50***		***0.00***	***16.40***	
FOREST LABS INC	*CUSIP Number*	*345838106*						
70.0000 Tender	04/01/11	07/01/14	1,796.90	0.00		0.00	1,796.90	
Covered Long Term Capital Gains and Losses Subtotal			**5,085.28**	**2,751.71**		**0.00**	**2,333.57**	

NONCOVERED TRANSACTIONS-1099-B Line 5, Cost basis not reported to IRS (Code E)

AMC NETWORKS INC SHS CL A	*CUSIP Number*	*00164V103*						
33.0000 Sale	05/30/08	03/05/14	2,526.77	809.31		0.00	1,717.46	
3.0000 Sale	05/30/08	12/15/14	178.52	73.57		0.00	104.95	
Security Subtotal			***2,705.29***	***882.88***		***0.00***	***1,822.41***	
ANADARKO PETE CORP	*CUSIP Number*	*032511107*						
16.0000 Sale	05/30/08	06/23/14	1,777.40	1,198.70		0.00	578.70	
AUTODESK INC DEL PV$0 01	*CUSIP Number*	*052769106*						
51.0000 Sale	05/30/08	03/05/14	2,723.35	2,102.66		0.00	620.69	
8.0000 Sale	05/30/08	06/23/14	448.73	329.83		0.00	118.90	
14.0000 Sale	05/30/08	12/15/14	824.86	577.20		0.00	247.66	
Security Subtotal			***3,996.94***	***3,009.69***		***0.00***	***987.25***	
BROADCOM CORP CALIF CL A	*CUSIP Number*	*111320107*						
27.0000 Sale	05/30/08	12/15/14	1,140.45	754.38		0.00	386.07	

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2014 ANNUAL STATEMENT SUMMARY

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
BIOGEN IDEC INC	*CUSIP Number*	*09062X103*						
10.0000 Sale	05/30/08	03/05/14	3,390.74	629.90		0.00	2,760.84	
3.0000 Sale	05/30/08	12/15/14	1,017.01	188.97		0.00	828.04	
Security Subtotal			***4,407.75***	***818.87***		***0.00***	***3,588.88***	
COMCAST CRP NEW CL A SPL	*CUSIP Number*	*20030N200*						
17.0000 Sale	08/11/05	06/23/14	886.02	359.80		0.00	526.22	
13.0000 Sale	05/30/08	06/23/14	677.55	289.87		0.00	387.68	
32.0000 Sale	05/30/08	12/15/14	1,751.96	713.54		0.00	1,038.42	
4.0000 Sale	06/20/08	12/15/14	219.00	78.53		0.00	140.47	
Security Subtotal			***3,534.53***	***1,441.74***		***0.00***	***2,092.79***	
CABLEVISION NY GRP CL A	*CUSIP Number*	*12686C109*						
61.0000 Sale	05/30/08	12/15/14	1,193.74	987.97		0.00	205.77	
COVIDIEN PLC SHS NEW	*CUSIP Number*	*G2554F113*						
31.0000 Sale	05/30/08	12/15/14	3,120.08	1,414.20		0.00	1,705.88	
CREE INC	*CUSIP Number*	*225447101*						
35.0000 Sale	06/02/08	03/05/14	2,117.81	874.12		0.00	1,243.69	
DOLBY LABORATORIES INC CL A	*CUSIP Number*	*25659T107*						
4.0000 Sale	10/16/08	03/05/14	171.99	113.87		0.00	58.12	
7.0000 Sale	10/23/08	03/05/14	300.99	205.84		0.00	95.15	
7.0000 Sale	10/24/08	03/05/14	300.99	209.88		0.00	91.11	
6.0000 Sale	10/27/08	03/05/14	257.99	182.74		0.00	75.25	
5.0000 Sale	10/28/08	03/05/14	214.99	146.11		0.00	68.88	
11.0000 Sale	10/29/08	03/05/14	472.99	327.14		0.00	145.85	
10.0000 Sale	05/06/09	03/05/14	429.99	390.10		0.00	39.89	
10.0000 Sale	05/27/09	03/05/14	430.00	368.11		0.00	61.89	
Security Subtotal			***2,579.93***	***1,943.79***		***0.00***	***636.14***	
DIRECTV SHS	*CUSIP Number*	*25490A309*						
12.0000 Sale	05/30/08	03/05/14	936.22	280.10		0.00	656.12	
4.0000 Sale	05/30/08	06/23/14	339.19	93.37		0.00	245.82	
4.0000 Sale	05/30/08	12/15/14	333.51	93.37		0.00	240.14	
Security Subtotal			***1,608.92***	***466.84***		***0.00***	***1,142.08***	

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2014 ANNUAL STATEMENT SUMMARY

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
FOREST LABS INC	*CUSIP Number*	*345838106*						
100.0000 Sale	05/30/08	03/05/14	9,869.84	3,594.90		0.00	6,274.94	
19.0000 Sale	05/06/09	03/05/14	1,875.27	423.79		0.00	1,451.48	
3.0000 Sale	05/06/09	06/23/14	296.63	66.91		0.00	229.72	
13.0000 Tender	05/06/09	07/01/14	333.71	0.00		0.00	333.71	
Security Subtotal			***12,375.45***	***4,085.60***		***0.00***	***8,289.85***	
L-3 COMMNCTNS HLDGS	*CUSIP Number*	*502424104*						
7.0000 Sale	05/30/08	12/15/14	844.18	722.55		0.00	121.63	
LIBERTY INTERACTIVE CORP SERIES A	*CUSIP Number*	*53071M104*						
17.0000 Sale	05/30/08	06/23/14	494.01	251.21		0.00	242.80	
9.0000 Sale	05/30/08	12/15/14	250.46	113.21		0.00	137.25	
Security Subtotal			***744.47***	***364.42***		***0.00***	***380.05***	
LIBERTY INTERACTIVE SRS A LIBERTY VENTURES SRS A.	*CUSIP Number*	*53071M880*						
Cash/Lieu	03/27/09	10/29/14	2.16	0.20		0.00	1.96	
2.0000 Sale	05/30/08	12/15/14	71.67	30.91		0.00	40.76	
Security Subtotal			***73.83***	***31.11***		***0.00***	***42.72***	
LIBERTY MEDIA CORPORATIO CL A	*CUSIP Number*	*531229102*						
15.0000 Sale	05/30/08	03/05/14	2,024.51	195.45		0.00	1,829.06	
1.0000 Sale	03/27/09	03/05/14	134.97	6.34		0.00	128.63	
Security Subtotal			***2,159.48***	***201.79***		***0.00***	***1,957.69***	
LIBERTY BROADBAND CORP SHS SERIES SER -C- CL C	*CUSIP Number*	*530307305*						
Cash/Lieu	03/27/09	11/18/14	24.46	1.06		0.00	23.40	
LIBERTY BROADBAND CORP SHS SERIES SER -A- CL A	*CUSIP Number*	*530307107*						
Cash/Lieu	03/27/09	11/18/14	36.80	1.61		0.00	35.19	
NUCOR CORPORATION	*CUSIP Number*	*670346105*						
14.0000 Sale	02/24/09	12/15/14	720.56	519.42		0.00	201.14	

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c Date of Sale or Exchange	1d. Amount	1e Cost Basis	1f. IRS Code 1g. Adjustments	Gain or (Loss)	Remarks
PALL CORP PV $0.10	*CUSIP Number*	*696429307*					
3.0000 Sale	05/30/08	06/23/14	258.03	121.88	0.00	136.15	
11.0000 Sale	05/30/08	12/15/14	1,031.46	446.90	0.00	584.56	
Security Subtotal			***1,289.49***	***568.78***	***0.00***	***720.71***	
SANDISK CORP INC	*CUSIP Number*	*80004C101*					
38.0000 Sale	05/30/08	03/05/14	2,905.81	1,082.18	0.00	1,823.63	
9.0000 Sale	05/30/08	06/23/14	920.23	256.31	0.00	663.92	
10.0000 Sale	06/25/08	06/23/14	1,022.48	210.99	0.00	811.49	
9.0000 Sale	06/25/08	12/15/14	886.12	189.89	0.00	696.23	
Security Subtotal			***5,734.64***	***1,739.37***	***0.00***	***3,995.27***	
SEAGATE TECH PLC SHS	*CUSIP Number*	*G7945M107*					
76.0000 Sale	03/27/09	03/05/14	3,992.22	475.53	0.00	3,516.69	
12.0000 Sale	03/27/09	06/23/14	671.03	75.09	0.00	595.94	
12.0000 Sale	03/27/09	12/15/14	766.90	75.08	0.00	691.82	
15.0000 Sale	05/06/09	12/15/14	958.63	126.87	0.00	831.76	
Security Subtotal			***6,388.78***	***752.57***	***0.00***	***5,636.21***	
STARZ SERIES A	*CUSIP Number*	*85571Q102*					
10.0000 Sale	05/30/08	12/15/14	287.89	17.77	0.00	270.12	
WEATHERFORD INTL PLC	*CUSIP Number*	*G48833100*					
60.0000 Sale	05/30/08	06/23/14	1,380.11	2,743.04	0.00	(1,362.93)	
13.0000 Sale	07/24/08	06/23/14	299.02	450.11	0.00	(151.09)	
74.0000 Sale	03/27/09	06/23/14	1,702.15	856.70	0.00	845.45	
Security Subtotal			***3,381.28***	***4,049.85***	***0.00***	***(668.57)***	
TYCO INTL LTD NAMEN-AKT	*CUSIP Number*	*H89128104*					
13.0000 Sale	05/30/08	06/23/14	597.73	291.31	0.00	306.42	
TE CONNECTIVITY LTD REG.SHS	*CUSIP Number*	*H84989104*					
40.0000 Sale	05/30/08	03/05/14	2,357.56	1,587.96	0.00	769.60	
9.0000 Sale	05/30/08	06/23/14	557.81	357.29	0.00	200.52	
11.0000 Sale	05/30/08	12/15/14	675.27	436.69	0.00	238.58	
1.0000 Sale	03/27/09	12/15/14	61.39	11.94	0.00	49.45	
Security Subtotal			***3,652.03***	***2,393.88***	***0.00***	***1,258.15***	

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2014 ANNUAL STATEMENT SUMMARY

1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e. Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
TYCO INTL PLC SHS	*CUSIP Number*	*G91442106*						
3.0000 Sale	05/30/08	12/15/14	125.03	67.23		0.00	57.80	
UNITEDHEALTH GROUP INC	*CUSIP Number*	*91324P102*						
9.0000 Sale	05/30/08	06/23/14	733.21	309.05		0.00	424.16	
16.0000 Sale	05/30/08	12/15/14	1,577.56	549.41		0.00	1,028.15	
17.0000 Sale	06/25/08	12/15/14	1,676.17	458.32		0.00	1,217.85	
Security Subtotal			***3,986.94***	***1,316.78***		***0.00***	***2,670.16***	
VERTEX PHARMCTLS INC	*CUSIP Number*	*92532F100*						
1.0000 Sale	10/31/08	03/05/14	82.99	25.56		0.00	57.43	
1.0000 Sale	11/11/08	03/05/14	82.99	26.96		0.00	56.03	
3.0000 Sale	11/12/08	03/05/14	248.99	80.19		0.00	168.80	
2.0000 Sale	11/13/08	03/05/14	166.00	53.26		0.00	112.74	
5.0000 Sale	11/17/08	03/05/14	415.00	134.81		0.00	280.19	
12.0000 Sale	03/27/09	03/05/14	996.00	356.11		0.00	639.89	
24.0000 Sale	03/27/09	12/15/14	2,802.15	712.23		0.00	2,089.92	
Security Subtotal			***4,794.12***	***1,389.12***		***0.00***	***3,405.00***	
WEATHERFORD INTL LTD. REG.	*CUSIP Number*	*H27013103*						
75.0000 Sale	05/30/08	03/05/14	1,271.23	3,428.80		0.00	(2,157.57)	
Noncovered Long Term Capital Gains and Losses Subtotal			**76,671.23**	**35,736.20**		**0.00**	**40,935.03**	
NET LONG TERM CAPITAL GAINS AND LOSSES			**81,756.51**	**38,487.91**		**0.00**	**43,268.60**	
OTHER TRANSACTIONS-1099-B Line 5, Cost basis not reported to IRS (Code X)								
LIBERTY BROADBAND CORP	*CUSIP Number*	*530307115*						
2.0000 Sale	12/16/14	12/30/14	19.99	N/A		0.00	N/A	
NOW INC SHS WHEN ISSUED	*CUSIP Number*	*67011P100*						
Cash/Lieu	06/09/14	06/09/14	24.43	N/A		0.00	N/A	
Other Transactions Subtotal			**44.42**			**0.00**		

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1099-B 2014 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1a. Description of Property	1b. Date of Acquisition	1c. Date of Sale or Exchange	1d. Amount	1e Cost Basis	1f. IRS Code	1g. Adjustments	Gain or (Loss)	Remarks
SALES PROCEEDS AND NET GAINS AND LOSSES			83,197.73				43,823.91	
COVERED SHORT TERM GAINS/LOSSES							555.31	
COVERED LONG TERM GAINS/LOSSES							2,333.57	
NONCOVERED LONG TERM GAINS/LOSSES							40,935.03	
OTHER TRANSACTIONS							N/C	

N/A Cost basis information is not available As a result, gain/loss will not be calculated (N/C).

Morgan Stanley

Corporate Tax Statement
Tax Year 2014

CHINESE AMER. MED SOCIETY
CAMS/CAIPA COMMUNITY SERV. FD
41 ELIZABETH ST
STE 600
NEW YORK NY 10013-4637

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number: 26-4310632

Taxpayer ID Number XX-XXX8133
Account Number: 654 133697 128

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part I with box A checked)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
AT&T INC	CUSIP: 00206R102		Symbol: T					
	333.000	11/18/13	01/23/14	$11,233 53	$11,854.03	$0 00	($620 50)	$0 00
	228.000	11/18/13	01/23/14	$7,691.42	$8,120.29	$0.00	($428.87)	$0.00
Security Subtotal	**561.000**			**$18,924.95**	**$19,974.32**	**$0.00**	**($1,049.37)**	**$0.00**
FIRST TRST HLTH CARE ALPHA ETF	CUSIP: 33734X143		Symbol: FXH					
	53 000	06/20/13	03/18/14	$2,799 39	$2,080 67	$0 00	$718.72	$0 00
FIRST TRUST CONSUMER DISCRET	CUSIP: 33734X101		Symbol: FXD					
	148 000	10/01/13	03/18/14	$4,841 44	$4,444.28	$0 00	$397 16	$0.00
FIRST TRUST DJ INTERNET IDX	CUSIP: 33733E302		Symbol: FDN					
	51.000	10/01/13	03/18/14	$3,246.07	$2,781.54	$0 00	$464 53	$0 00
ISHARES NASDAQ BIOTECH ETF	CUSIP: 464287556		Symbol: IBB					
	23.000	08/22/13	02/03/14	$5,581.71	$4,464 53	$0 00	$1,117 18	$0.00
ISHARES RUSSELL 2000 GRWTH ETF	CUSIP: 464287648		Symbol: IWO					
	62.000	01/29/14	03/18/14	$8,818 68	$8,170 04	$0 00	$648 64	$0 00
	196.000	01/29/14	05/01/14	$25,216.31	$25,827.86	$0.00	($611.55)	$0.00
Security Subtotal	**258.000**			**$34,034.99**	**$33,997.90**	**$0.00**	**$37.09**	**$0.00**
IVY HIGH INCOME I	CUSIP: 466000122		Symbol: IVHIX					
	445.529	06/20/13	03/18/14	$3,889 47	$3,822 64	$0 00	$66 83	$0 00

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Morgan Stanley

Corporate Tax Statement
Tax Year 2014

CHINESE AMER. MED SOCIETY
CAMS/CAIPA COMMUNITY SERV FD
41 ELIZABETH ST
STE 600
NEW YORK NY 10013-4637

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number 26-4310632

Taxpayer ID Number: XX-XXX8133
Account Number: 654 133697 128

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part I with box A checked)
(Continued)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
JP MORGAN SMALL CAP VAL SEL	**CUSIP:** 4812C1793		**Symbol:** PSOPX					
	1,003 532	06/20/13	03/18/14	$29,032 17	$24,706.96	$0 00	$4,325 21	$0.00
PIMCO HIGH INCOME FUND	**CUSIP:** 722014107		**Symbol:** PHK					
	632 000	03/18/14	10/27/14	$7,763 38	$7,944 24	$0 00	($180 86)	$0 00
SUNAMERICA SR FLOATING RATE A	**CUSIP:** 86703X502		**Symbol:** SASFX					
	7,026.784	07/09/13	01/29/14	$58,743 84	$58,181.70	$0.00	$562 14	$0 00
	13 173	07/31/13	01/29/14	$110.13	$109.60	$0 00	$0 53	$0 00
	25 427	08/30/13	01/29/14	$212 57	$210 79	$0 00	$1.78	$0 00
	21.760	09/30/13	01/29/14	$181 91	$180.17	$0 00	$1.74	$0 00
	23 707	10/31/13	01/29/14	$198 19	$197 24	$0.00	$0 95	$0 00
	23 768	11/29/13	01/29/14	$198 70	$197.99	$0 00	$0 71	$0 00
	20.422	12/31/13	01/29/14	$170.80	$170.32	$0.00	$0.48	$0.00
Security Subtotal	**7,155.041**			**$59,816.14**	**$59,247.81**	**$0.00**	**$568.33**	**$0.00**
VANGUARD EUROPEAN MSCI ETF	**CUSIP:** 922042874		**Symbol:** VGK					
	517 000	08/06/13	03/18/14	$30,659 95	$27,095.19	$0 00	$3,564.76	$0 00
Total Short Term Covered Securities				**$200,589.66**	**$190,560.08**	**$0.00**	**$10,029.58**	**$0.00**

Morgan Stanley

Corporate Tax Statement
Tax Year 2014

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CAMS/CAIPA COMMUNITY SERV. FD
41 ELIZABETH ST
STE 600
NEW YORK NY 10013-4637

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX8133
Account Number: 654 133697 128

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part II with box D checked)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f))	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
PIMCO HIGH INCOME FUND	CUSIP: 722014107		Symbol: PHK					
	394.000	06/05/13	10/27/14	$4,839 83	$4,562 42	$0 00	$277 41	$0.00
	6,656 000	06/20/13	10/27/14	$81,761 16	$73,602 98	$0 00	$8,158.18	$0 00
	412.000	08/22/13	10/27/14	$5,060.94	$4,721.50	$0.00	$339.44	$0.00
Security Subtotal	**7,462.000**			**$91,661.93**	**$82,886.90**	**$0.00**	**$8,775.03**	**$0.00**
SUNAMERICA FOC ALP GROWTH A	CUSIP: 86704E800		Symbol: FOCAX					
	214 827	02/01/13	03/18/14	$5,579 07	$4,315 87	$0 00	$1,263.20	$0 00
Total Long Term Covered Securities				**$97,241.00**	**$87,202.77**	**$0.00**	**$10,038.23**	**$0.00**
Total Short and Long Term, Covered and Noncovered Securities				**$297,830.66**	**$277,762.85**	**$0.00**	**$20,067.81**	**$0.00**

Form 1099-B Total Reportable Amounts - Does not include cost basis or adjustment amounts for noncovered securities

Total IRS Reportable Proceeds (Box 1d)	**$297,830.66**			
Total IRS Reportable Cost or Other Basis for Covered Securities (Box 1e)		**$277,762.85**		
Total IRS Reportable Adjustments (Box 1g)			**$0.00**	
Total Fed Tax Withheld (Box 4)				**$0.00**

Morgan Stanley

Corporate Tax Statement
Tax Year 2014

CHINESE AMER. MED SOCIETY
C/O RAYMOND L YUNG
41 ELIZABETH ST
STE 600
NEW YORK NY 10013-4637

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX8133
Account Number: 654 133748 128

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part I with box A checked.)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
AT&T INC	CUSIP: 00206R102		Symbol: T					
	158 000	11/18/13	01/23/14	$5,330 02	$5,627 22	$0.00	($297.20)	$0 00
	70.000	11/18/13	01/23/14	$2,361.40	$2,491.84	$0.00	($130.44)	$0.00
Security Subtotal	**228.000**			**$7,691.42**	**$8,119.06**	**$0.00**	**($427.64)**	**$0.00**
ISHARES NASDAQ BIOTECH ETF	CUSIP: 464287556		Symbol: IBB					
	16 000	10/01/13	02/03/14	$3,882 93	$3,410 24	$0 00	$472 69	$0 00
ISHARES RUSSELL 2000 GRWTH ETF	CUSIP: 464287648		Symbol: IWO					
	45 000	01/29/14	05/01/14	$5,789.46	$5,929 87	$0 00	($140 41)	$0 00
SUNAMERICA SR FLOATING RATE A	CUSIP: 86703X502		Symbol: SASFX					
	1,400.521	07/09/13	01/29/14	$11,708 36	$11,596 30	$0 00	$112 06	$0 00
	2 626	07/31/13	01/29/14	$21.95	$21 85	$0.00	$0 10	$0 00
	5 066	08/30/13	01/29/14	$42.35	$42.00	$0.00	$0 35	$0 00
	4 338	09/30/13	01/29/14	$36 27	$35.92	$0 00	$0 35	$0 00
	4.726	10/31/13	01/29/14	$39 51	$39 32	$0 00	$0 19	$0 00
	4 738	11/29/13	01/29/14	$39.61	$39.47	$0 00	$0 14	$0 00
	4.071	12/31/13	01/29/14	$34.03	$33.95	$0.00	$0.08	$0.00
Security Subtotal	**1,426.086**			**$11,922.08**	**$11,808.81**	**$0.00**	**$113.27**	**$0.00**
Total Short Term Covered Securities				**$29,285.89**	**$29,267.98**	**$0.00**	**$17.91**	**$0.00**

IMPORTANT TAX INFORMATION – PLEASE RETAIN FOR YOUR RECORDS

Morgan Stanley

Corporate Tax Statement
Tax Year 2014

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C/O RAYMOND L YUNG
41 ELIZABETH ST
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OMB NO. 1545-0715

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Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section These transactions should be reported on Form 8949 Part II with box D checked)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f))	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
PIMCO HIGH INCOME FUND	CUSIP: 722014107	Symbol: PHK						
	1,450 000	06/20/13	10/27/14	$17,811 55	$16,034 31	$0 00	$1,777 24	$0 00
	413.000	08/22/13	10/27/14	$5,073.22	$4,732.95	$0.00	$340.27	$0.00
Security Subtotal	**1,863.000**			**$22,884.77**	**$20,767.26**	**$0.00**	**$2,117.51**	**$0.00**
Total Long Term Covered Securities				**$22,884.77**	**$20,767.26**	**$0.00**	**$2,117.51**	**$0.00**
Total Short and Long Term, Covered and Noncovered Securities				**$52,170.66**	**$50,035.24**	**$0.00**	**$2,135.42**	**$0.00**

Form 1099-B Total Reportable Amounts - Does not include cost basis or adjustment amounts for noncovered securities

Total IRS Reportable Proceeds (Box 1d)	**$52,170.66**			
Total IRS Reportable Cost or Other Basis for Covered Securities (Box 1e)		**$50,035.24**		
Total IRS Reportable Adjustments (Box 1g)			**$0.00**	
Total Fed Tax Withheld (Box 4)				**$0.00**

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