

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

2009

OMB No 1545-0047

			Ur	nder sectio	on 501(c),			1) of the Int			(excep	t blac	ck lu	ung [<u>ح</u> و		,
		of the Treasury	_ ,	The ergeni	zation ma			st or private opy of this r		•	oportina		UFOR	monto	Open t		
Inter A		nue Service ne 2009 cal								nd endin						ectio	11.
			Please			on Kams'			, 2000, 6	ind Cildin	9 0 40				er identific	ation n	umber
$\overline{}$		прричивия	use IRS		usiness As									51	01	7274	7
	Name c	· ·	label or print or	Number a	nd street (or	P.O. box if m	nail is not i	delivered to street	et address)	Room/su	te		E	Telepho	ne number		-
	initial re	_	type See	1454 Kd	hou St.								(.	808	84	5-050 [.]	1
_	Termina	1	Specific Instruc-			or country,	and ZIP	+ 4		.							
		ed return	tions.	Honolul	u, HI	965	317						G	Gross red	ceipts \$	6	6,355
		on pending	F Nan	ne and addr	ess of prin	cipal officer	Cyn	thia Kam K	amakawiy	voole,	H(a)	Is this	a ore	un return	for affiliates?		
	, pp. 10 = 11.							olulu, HI 9							ncluded?		
ı	Tax-ex	empt status.	Z 5	501(c) (4)	◄ (insert n	0) 🗌 49	947(a)(1)	or 🗌 527							list (see ins		
J	Websi	ite: Þ									H(c) (aroup e	xem	ption nun	nber 🕨		
K	Form of	organization [Corpo	oration 🔲 Tr	ust 🗆 Asso	ociation 🔲	Other 🕨		L Yea	of formati	on' 19	29	М:	State of	legal domic	ile HI	
Pa	art I	Summa															
	1	Briefly des	scribe	the organ	าเzation's	s mission	or mo	st significar	nt activities	Benev	olent,	char	ital	ole, ele	eemosyn	ary	
•		non-profi	t orga	nization	(person	s having	the la	st name 'K	am') helps	to perp	etuate	the C	hir	nese c	ulture ar	ıd ass	ist
Activities & Governance		members	in tin	ne of nee	d (illnes	s and fur	nerals)	:							. 		
Ē			· :									-			. 		-
8	1							erations or disp		than 25%	of its ne	t asse	ets.	• 1			-00
e 5	1			•		•	~	y (Part VI, I						3 4			20
ţį	1			•	_		_	overning be	•)	•	.	5			15
<u>Ş</u>	1	Total num			•	•	•							6			
ĕ		Total num											.	7a			-
	7a	lotal gros:	s unre	elated bus	Iness rev	venue tro	nn Part	441-00140 1990-T, lin	NE De	12.] .		•	. }	7b			
	- 0	Net utileia	ited bi	usiiiess te	Nable III	COINE IIOI	11 (44.44	1.33U-1, IIII	5 04	163	Pr	or Ye	≟l ar	-/-	Curre	nt Year	
	١.	O			/Dark \//II	l long 1 lo	100	APR. 0.	2 2010	-0SC				290			268
9								. * * 1 N. V . *	0.2010	80.				200			
Revenue	1	_	ogram service revenue (Part VIII, line 2g)							20	,684		1:	2,951			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 3c, 10, 11, 11, 12, 11, 14, 140								5,727)							
								art VIII, col		, 12)				,114			,508)
	13	Grants and	d simi	lar amour	nts paid	(Part IX. o	column	(A), lines 1	-3) .								
	1		Grants and similar amounts paid (Part IX, column (A), lines 1–3)														
ses	1	-						rt IX, columi		i–10) L							
Expenses	ì			•		-		ine 11e) .		1	an Magai Papaga	April 1985 St. 1885	· mission · I	countries to the contri	*****	water of the sale was	Sa Maga di contan
ă	P.	Total fundr	aising	expenses	(Part IX,	column (l	D), line	25) ▶									
								ld, 11f-24f)		-				,714			0,556
								t IX, colum	n (A), line 2	25) 🗀				,714			0,556
_ 	19	Revenue le	ess exp	penses. Si	Jbtract III	ne 18 fron	n line 1	<u> 2</u>	 -	· · · ·				,400			,064)
Assets or d Balances										<u> </u>	Seginning				End (of Year	
Sas	20	Total asse	•		•					· · · -				,206			<u>8,442</u> 6,243
Net /	21	Total liabil				 tract line		 m line 20 .		• • • }-		5		,940 ,263			<u>0,243</u> 2,199
	22 rt	Signa			jes. Sub	tract line	21 110	ili lille 20.		<u> </u>			019	,203		00,	<u>L, 133</u>
					clare that I	have exam	ned this	return, includi	ng accompan	ving sched	ules and	statem	ents	and to	the best of	my kno	owledge
		and belief,	IT/S TU	e, correct, a	nd comple	te Declarat	on of pr	eparer (other t	han officer) is	based on	all inform	ation (of w	hich pre	parer has a	.ny knov	wledge
Sig	ın	 	Usa	ti_	1hm							3	-7	29-	2010		
He		Signat	re of	officer	•			4				Date			· · · · · · ·		
			<u> </u>	USTEL	JK	An	,	4005	01_								
		Турес	or print	name and ti													
		Preparer's	1						Date	Ch	eck if				lentifying nun	nber	·
Paid	ı	signature									- ployed ▶		(500	instructi	ons)		
	oarer's	l															
•	Only	Firm's nam		ours							EIN	<u> </u>	>				
		address, ar	nd ZIP								Pho	one no	>	()		
May	y the I	RS discus	s this	return w	th the pi	reparer si	hown a	above? (see	instruction	าร) <u>.</u>	<u> </u>				Y	'es 🗌	No

12

Form 990 (2009)

Par	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: Benevolent, charitable, eleemosynary non-profit organization (persons having the last name 'Kam') helps to perpetuate the Chinese culture and assist members in time of need (illness and funerals).	
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☐ Yes 🗹 No
4	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$ 12,438 including grants of \$) (Revenue \$ Meetings and Events – Cost of board meetings, general membership meetings, annual spring festival banquet, Christmas party. Also includes the cost of Chinese cultural programs such as Night in Chinatown parade, dragon boat races, and annual Taoist Ching Ming observation.	<u> </u>
4b	(Code:) (Expenses \$ 2,110 including grants of \$) (Revenue \$)
	Insurance Expense – Includes Director and Officer Insurance	
40		
4c		
4c	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	
4d	(Code:) (Expenses \$ 2,500 including grants of \$) (Revenue \$	

Pai	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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		\
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		\
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III.	8		1
9	Did the organization report an amount in Part X, line 21, 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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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	17		✓
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		✓
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		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II.	21	•	1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
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) and 501(c)(4) 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		1
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		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		→
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		\
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_	!	1
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a				
4.				
	the file number of forms we ze included in the fat Lines of it not applicable.			
	gaming (gambling) winnings to prize winners?	1c		1
2a				
b	Charlements, med for the calcindar year chaing with or within the year covered by this retain	2b		1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Enter the number of Forms W-2G included in line 1s. Enter -0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize winners? 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 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Solid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If "Yes," did the organization file prometics of the payor? If "Yes			1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
		5b		✓
С		5c		1
6a		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
	· · · · · · · · · · · · · · · · · · ·	7a		√
	•	7b		-
	required to file Form 8282?	7c		✓
	if tes, indicate the number of torns ozoz med during the year			
	benefit contract?	7e		1
		7f		✓
-		7g	✓	
	required?	7h	✓	
		8		1
		9a		-
	· ·	9a 9b		✓
	· · · · · · · · · · · · · · · · · · ·	- J.J		
	140-1 1140-1			
	middle rices and capital contributions moduced on rare vin, into 72			
	areas receipts, meladed on room coo, rain vin, and re, for pashe doe or side identities			
	1.4.4			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		*

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.

Sec	tion A. Governing Body and Management		,	
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
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		<u>✓</u>
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		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ì
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	9a	✓	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			,
	rise to conflicts?	12b		✓
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			,
	describe in Schedule O how this is done	12c		√
13	Does the organization have a written whistleblower policy?	13		√
14	Does the organization have a written document retention and destruction policy?	14		- ✓
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?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
	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	4.0		
	with a taxable entity during the year?	<u>16a</u>		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	466		لـــــــــــــــــــــــــــــــــــــ
	the organization's exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Hawaii			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: Clifford Kam 1454-B Kohou St., Honolulu, HI 96817. 808-845-0501	ras o	the	

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

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

1a 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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not co	ompensate	any o	cum	ent	offi	cer. d	irec	tor or trustee		
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
See Attached list for names and titles	Minimal							None	None	None

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loy	ees	, an	d Hig	hes	Compensate	d Employees (continued)
	(A) Name and title	(B) Average	Positi	on (c	-	C) k ali	that ap	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	THE LIE GIVE	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	amount of other compensation
1b	Total			•			•	•			
2	Total number of individuals (including but in reportable compensation from the organization)			ose	liste	ed a	above) wł	no received mo	ore than \$100,	000 in
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3 🗸
4	For any individual listed on line 1a, is the sthe organization and related organizations										
5	individual	or accrue	comp	oens	satio	on 1	rom	any	unrelated org	anization for	4 1
Se	services rendered to the organization? If " ction B. Independent Contractors	res, comp	nete 3	SCN	eau	ie J	TOT S	ucri	person	· · · · ·	5 /
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	cto	s that receive	d more than \$	100,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
No	ne										
								_			
2	Total number of independent contractors (impre than \$100,000 in compensation from					to 1	those	liste	ed above) who	received	

Part	VIII	Statement of Re	venue						1
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not include Noncash contributions include	ibutions). grants, ded above	1a 1b 1c 1d 1e	260				
S E		Total. Add lines 1a–1f				268			
Program Service Revenue	2a b c d				Business Code				
gran	e f	All other program servi							
<u>&</u>		Total. Add lines 2a-2f			•				
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	 of tax-exemp		►	12,951			
	b	Gross Rents Less: rental expenses Rental income or (loss)	100	6,355 6,082 ,727)	(ii) Personal	(20.727)			
	ŀ	Net rental income or (lo	(i) Secunti		►	(39,727)		<u> </u>	
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			(ii) Other				
ar Revenue	-	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1	 c). a					
Other		Less: direct expenses Net income or (loss) fro			vents >				
Ū	9a	Gross income from gam See Part IV, line 19	ning activition	es. . a	vents , .				
	þ	Less: direct expenses. Net income or (loss) fro		. b	ties ►				
	10a b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) fror	entory, le i ild m sales of i	ss . a					
	110	Wilderfulledga Fick						<u> </u>	<u> </u>
	b								
		Total. Add lines 11a-1			🟲			ļ	-
	12	Total revenue. See ins	structions.		▶	(26,508)			

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) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21		<u></u>									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members Compensation of current officers, directors,											
6	trustees, and key employees											
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		. <u> </u>									
7	Other salaries and wages											
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		·									
9	Other employee benefits											
10	Payroll taxes		<u> </u>	<u> </u>								
11	Fees for services (non-employees):											
	Management											
	Legal											
	Accounting											
	Lobbying											
	Professional fundraising services. See Part IV, line 17											
	Investment management fees											
_ g	Other											
12 13	Advertising and promotion	-			- · · · ·							
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings .	12,438										
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization.											
23	Insurance	2,110										
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together											
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)											
а	Scholarship	2,500										
b	Welfare	704										
c	Society Gifts and Donations	2,125										
d	Past President Gift	0										
e	Supplies	679										
f	All other expenses											
25	Total functional expenses. Add lines 1 through 24f	20,556										
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the											
	organization reported in column (B) joint costs			[
	from a combined educational campaign and fundraising solicitation											
				1	1							

art X	Balance Sheet	·		
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	192,251	1	138,794
2	Savings and temporary cash investments		2	676,588
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
2 7	Notes and loans receivable, net		7	
7 8	Inventones for sale or use		8	
ž g	Prepaid expenses and deferred charges	_	9	
10a	Land, buildings, and equipment: cost or 10a 79,209 other basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b 56,149	23,060	10c	23,060
11	Investments—publicly traded securities		11	
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)	884,206		838,442
17	Accounts payable and accrued expenses	338		588
18	Grants payable		18	
19			19	
20	Deferred revenue	1	20	
1	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		20	
1	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. Complete Part X of Schedule D			5,655
26	Total liabilities. Add lines 17 through 25	4943	26	6,243
<u> </u>	complete lines 27 through 29, and lines 33 and 34.	000 000	-	040.003
27	Unrestricted net assets	232,025		242,207
ă 28	Temporarily restricted net assets	047.000	28	500.000
29	Permanently restricted net assets	647,238	29	589,992
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
္ (၂၁၀	Capital stock or trust principal, or current funds		30	
ខ្លី 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	879,263	33	802,199
34	Total liabilities and net assets/fund balances	884,206	34	808,442

Pai	t XI Financial Statements and Reporting								
			Yes	No					
1	Accounting method used to prepare the Form 990:								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?								
	Were the organization's financial statements audited by an independent accountant?	2b		1					
	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							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis								
За	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_		1					
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							

Form **990** (2009)

2009 KAMS' SOCIETY OFFICERS

					PHC	PHONE		
	NAME	ADDRESS	CITY	diz	HOME	CELL	BUS.	Email
		1200 Queen Emma Street						
PRESIDENT	Cynthia Kam Kamakawiwooie	Apt. 1107	Honolulu	96813	637-5251			k <u>ษยา tiny@gmail com</u>
18T VICE-PRESIDENT	Wesley Kam	1643 Palolo Avenue	Honotulu	96816	735-2572	222-5321		kamw oo onawall.rr.com
2ND VICE-PRESIDENT	June Kam Tong	3280 Ullani Place	Honolulu	96816	734-1063			
SRD VICE-PRESIDENT	Allen G.W. Kam	1408 Ihiloa Loop	Honolulu	96821	373-4739	291-8678		allon kam@gmail.com
CORRESPONDING								
SECRETARY	Sandra Seu Yin Siu	45-606 Kulukece Street	Kanoohe	96744	247-0262		·	റി യറ @ <u>മൂര്ഷ്മയവി! ന.com</u>
RECORDING SECRETARY	Linda Fong	1065 Kalikimaka St.	Honolulu	96817	96817 595-6127			[™] മില് ഇയ് പുറത്തം മേത്ത
CHINESE SECRETARY	Molly P.Y.T. Kam	1454-B Kohou St.	Honolulu	96817	845-0501			മിദ് ന്ദേഷ്.പ്രാസ ൗർച്ചായവിള്ളമാണ്
TREASURER	Cilford Y.C. Kam	1454-B Kohou St.	Honolulu	96817	845-0501	271-6871		ಕರಿಗಿತ್ತುತ್ತು ಭವಷ್ಯಾತಿ ವಿವ್ಯಾಪ್ತಾಗಿ ಪಾತ್ರವಾಗಿ ಪಾತ್ರವಾಗಿ
AUDITOR	William Kam	1728 Alpanko St.	Honolulu	11886	836-1272			billiom@hawali.rr.com
SOT-AT-ARMS	Henrietta Kam	98-1041 Kaamilo Street	Alon	96701	488-8262			<u>hkmk@hawaii.rr com</u>
DIRECTORS	Caroline H. Kam	1470 Apona St.	Honolulu	96819	839-4779	489-4883		
	Thomas K.Y. Kam	1330 Hoohul St.	Pearl City	86782	455-6522		844-9348	គាំង្គប•ិ៣៧ស្វិស្វាមបារារូវ
	Lori S.C. Kam	P.O. Box 37144	Honolulu	96837	595-0388	285-5674	547-5911	547-5911 shottominminmin.com
	Valerie Kam Chong	540 Uluoa St.	Kailua	96734	96734 262-0642			respaxi7@yahoo com
	Raiph T. Kam	47-761 Hui Kelu St. #5	Kaneoho	96744	239-8862	96744 239-8562 561-5894	239-4444	239-4444 kam@hawaii edu
				ı				
TRUSTEES OF PROPERTY	Leonard J.K.H. Kam	P.O. Box 37144	Honotutu	96837	595-0388	479-9331		<u>്രം ഒമ്പ് പ്രാസ് ചുന്നവി.com</u>
	Grover M.Y. Kam	1408 Ihiloa Loop	Honolulu	96821	373-4739			grovitam@hawailantol.not
	Beatrice W. Kam	99-065 Hokio PI.	Alea	96701	488-8232			be <u>co</u> navail.rr.com
	Jefferson N.C. Kam	3045 Ala Napuaa St. #1319	Honolulu	96818	833-5720		945-9300	945-9300 <u> ฏิโษกะ</u> ภทกอนติฉ <u>ดไ.com</u>
	Lani Kam Katsura	2342 Akepa St.	Pearl City	96782	96782 455-2227			lopikatsura@howaiiantol.not