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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

For the 2012 calendar year, or tax year beginning 2012, and ending , 20 <sub>12</sub> January 1 December 31 C Name of organization Kams' Society D Employer identification number Check if applicable: Doing Business As Address change 51-0172747 Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return (808)5950388 P. O. Box 37834 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return 98.773 H(a) is this a group return for affiliates? Yes No Application pending F Name and address of principal officer: Sally Kam; 1330 Hoohui St.; H(b) Are all affiliates included? Yes No Pearl City, Hi 96782 If "No," attach a list. (see instructions) **☑** 501(c) ( Tax-exempt status 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or H(c) Group exemption number ▶ Website: ▶ Form of organization: Corporation Trust Association [ L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Benevolent charitable eleemosynary non-profit organization (persons having the last name 'Kam'), help to perpetuate the Chinese culture and assist members in time of need Activities & Governance (illness and funerals), 254 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . 20 4 Number of independent voting members of the governing body (Part VI, line 1b) <u> 15</u> Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 35 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10.109 7.467 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 5.104 42.918 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,420 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 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) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19.162 20.595 Total expenses. Add lines 13-17 (must equal Part-IX, column (A), line 25) 18 19,162 20.595 19 Revenue less expenses. Subtract line 18 from line 12. (3.695)29.825 Beginning of Current Year End of Year ഗ് 20 Total assets (Part X, line 16) 760.761 790.585 Ľ. 21 Total liabilities (Part X, line 26) . 5.655 5.655 22 Net assets or fund balances. Subtract line 21 from line 20 784.530 Part II Signature Block Under penalties of perjury, I decize 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, aration of preparer/(biper than officer) is based on all information of which preparer has any knowledge. m Sign Signature of officer Here nomou Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check | if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

Form 99	0 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	· U
1	Briefly describe the organization's mission:	
	Benevolent, charitable, eleemosynary non-profit organization (persons having the last name 'Kam') helps to perpetuate the Chinest culture and assist members in time of need (illness and funerals)	
	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	<b></b> ✓ 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?	<b>☑</b> 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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$) (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 celebration.	
	(Codes \(\sigma_{\text{Conseq}}\)	
4b	(Code:) (Expenses \$	
	Insurance expense - includes Director and Officer Insurance.	
4c	(Code:) (Expenses \$) (Revenue \$)	)
	Scholarships to young members pursuing an undergraduate degree	
4d	Other program services (Describe in Schedule O.)	<del></del>
	(Expenses \$ 3.551 including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 20.595	

Part	V. Checklist of Required Schedules			
	الم مسموم ورا م و در		Yes	No
1、	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ا ا		./
_	complete Schedule A	2		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-2		<u>~</u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		✓
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		<b></b> -
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			1
	"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		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			İ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<del>-</del>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			<del>                                     </del>
• •	VII, VIII, IX, or X as applicable.	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	1	
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		<b>/</b>
С	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l <u>.</u>	[	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	├—	<b>/</b>
	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	11e	_	<b>✓</b>
T	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	ļ	<b>  *</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<del>                                     </del>	1
ı4a b		1-70	<del>                                     </del>	+
-	fundraising, business, investment, and program service activities outside the United States, or aggregate	}	İ	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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, Parts II and IV	15		<b>✓</b>
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, Parts III and IV	16		1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>—</b>		+
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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	—	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<b>✓</b>
р	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	- <u>00</u>	) (2012)
		ron	551	<i>- (</i> 2012)

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Part	V. Checklist of Required Schedules (continued)			
21.	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
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		<b>√</b>
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		✓_
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 c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	A 11 of high a suggest of family affices diseases tweeter as less completes for a family member thorough	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	-	<b>/</b>
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		1

Part	<del></del>			
	Check if Schedule O contains a response to any question in this Part V	· ·	<u></u>	<u>. U</u>
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a  0	i		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		1
<b>2</b> a	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			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	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		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No," 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			1
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶	70		├
U	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E	· · · · · · · · · · · · · · · · · · ·	50		1,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>-</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.
	required to file Form 8282?	7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7f</b>		1
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		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
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:			
 а	Onese income from members on themstalders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	-	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		l	1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	1
а	· · · · · · · · · · · · · · · · · · ·	138	<del> </del>	+*-
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		l	
IJ	all the transfer of the state o			
_	100		]	
C	Enter the amount of reserves on hand	4.4	⊢–	<b>⊢</b> -
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<b>✓</b>
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	ı	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructio	ons.
<u> </u>	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	• •	
Secu	on 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  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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		✓_
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6		<u>√</u> <u>√</u>
b	one or more members of the governing body?	7a		✓
8	stockholders, or persons other than the governing body?	7b	<b>*</b>	
a b	the year by the following:  The governing body?	8a 8b	1	
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	<b>V</b>	<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
10=	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		<b>√</b>
13 14 15	Did the organization have a written whistleblower policy?	13		<b>√</b>
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<b>√</b>
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		✓_
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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Hawaii  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Dupon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		·	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:     Tris C   Name   O   Rev 37824   Handbulk   His 95827, (200) 5950388	of the		

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Form 990 (2012)

	<del></del>	
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.

- 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	n nor any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	nt officer, director	r, or trustee.
				((	C)					1
(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)	<b>(F)</b>
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	뺽	Former	the	organizations	compensation
	related organizations	rect	T T	ĕ	971	lest	로	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호텔	mal		힞	, e ci		,		and related
	line)	uste	trus		8	þen	İ		l I	organizations
	ļ	Ō	tee			Highest compensated employee			[	
(1) Saliv B. H. Kam	Minimal		ļ							
President (a)		-	-	$\vdash$				None	None	None
(2) Margaret Manangan	Minimal	ł		1						
1st Vice President	<del></del>	-	├	├	<u> </u>			None	None	None None
(3) Sandra S. Y. Siu		1	}					1		
2nd Vice President			$\vdash$	┢	-			None	None	None None
(4) Wandy Mow-Taira		{		ŀ					i	
3rd Vice President		-	├	┢	⊢	├──	H	None	None	None None
(5) Linda Kam Fong		ł				1	1			
Recording Secretary		-	$\vdash$	╁	├	<u> </u>	$\vdash$	None	None	None
(6) Paulette S. I. Ing.	Minimal	ł			ł				. '	<b>8</b> 1 mm n
Corresponding Secretary		<del>                                     </del>	┢	<del> </del>	<del> </del>	<u> </u>	├	None	None	None
(7) Molly P. Y. Kam		1		ł		1				•1
Chinese Secretary		1	<del> </del>	<del>                                     </del>		<b>-</b>	<del> </del>	None	None	<u> </u>
(8) Lori S. C. Kam	Minimal	1	1	i			ļ	İ		None
Treasurer		<del>                                     </del>	<u> </u>	H				None	None	None
(9) Thomas K. Y. Kam	Minimal	1		İ				B1		Nome
Auditor					t		H	None	None None	None
(10) William K. Y. Kam.	Minimal	1			1			Name	<b>N</b>	None
Sqt. At Arms	B#::	<del>                                      </del>	┢	<u> </u>	╁		╁	None	None	NOTE
(11) Caroline Kam	Minimal	1		ļ			ł	None	None.	None
Director (12) Valerie Kam Chong	Minimal.	<del> </del>	$\vdash$	$t^-$	<del>                                     </del>	<del> </del>	<del>                                     </del>	Worle	None	MOING
		1					1	None	None	None
Oirector (13) Ralph T. Kam	Minimal			t	$\vdash$		t	Nune	Nune	140/16
Director		1				]		None	None	None
(14) Caleen J. Ching	Minimal	<b>†</b>						NOUE	HUITE	None
Director		1				1	1	None	None	None
	. I -		_	_	_		_		HUITE	5 000 5555

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighes	st C	ompensated E	<b>mployees</b> (co	ntinued)	)		
			1		•	C) ition				_			-	
•	(A)	(B)	(do n	ot ch			than c	ne	(D)	(E)	İ		(F) nated	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation fr	om		unt of	
		week (list any		_				·	from	related			her	
		hours for related	호	ı st	Officer	Key employee	B	Former	the organization	organizations (W-2/1099-MIS			ensatio n the	n
		organizations	3 E	u to	ᅋ		est o	록	(W-2/1099-MISC)	(**-2) 1033-1416	<b>"</b> ]		nization	1
		below dotted	약함	) Dal		ğ	<b>6</b> 8			ł			related	
		line)	Individual trustee or director	Institutional trustee	1	8	Highest compensated employee		1			organ	ization:	5
(15) W	eslev K. H. Kam.	Minimal					<u>a</u>	-		,				
	rector		Ь			<u> </u>		_	None	No	ne			<u>None</u>
(16) Be	Patrice Kam	Minimal									- {			
Pr	operty Trustee	<u></u>	ļ		<u> </u>				None	No.	ne			None
(17) Je	fferson N. C. Kam	Minimal_			ļ	Ì								
	operty Trustee				L				None	No	ne			None
(18) Le	onard JKH Kam	Minimal_	1		ĺ									
	operty Trustee	<u> </u>			<u> </u>				None	No	ne			None
(19) Th	romas K. Y. Karo							1		ļ				
	operty Trustee								None	No.	ne			None
(20) C	mthia Kam Kamakawiwoole	Minimal												
	operty Trustee		]						None	No.	ne			None
(21)		1			ļ									
			<u> </u>		L	_		_			Щ			
(22)			1											
(23)													_	
(0.4)		-	-	⊢	⊢	<u> </u>		⊢	<del>                                     </del>		+-			
(24)		+	ł				l							
(25)		<del> </del>		<del> </del>	H	t	<u> </u>	<del> </del>	· · · · · · · · · · · · · · · · · · ·					
3==2		†	1					1			- }			
1b	Sub-total		• •					▶	None	No	ne			None
С	Total from continuation sheets to Part	t VII, Sectio	n A					<b>•</b>						
d	Total (add lines 1b and 1c)							<b>•</b>	None	No	ne			None
2	Total number of individuals (including bureportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100	,000 of	!		
	, , , , , , , , , , , , , , , , , , , ,	<del> </del>											Yes	No
3	Did the organization list any former o	fficer, direc	tor, c	or tr	rust	ee,	key e	emp	oloyee, or high	nest compens	iated [			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				.	3		✓
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	n a	ind other comp	ensation fron	n the			
	organization and related organizations	greater th	an \$1	150,	,000	)? /	f "Ye	s, "	complete Sch	nedule J for	such			
	individual										.	4		✓
5	Did any person listed on line 1a receive									zation or indiv	idual			
	for services rendered to the organization	? If "Yes," o	compl	lete	Scl	nedi	ıle J 1	for s	such person			5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business ad	dress							(B) Description of s	services		(C)	ation	
								$\vdash$						
	<del></del>							$\vdash$		<del></del>				
	<del></del>	<del></del>						$\vdash$						
								一	······					
								$\vdash$	··			<del></del>		
2	Total number of independent contract							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the o	rgai	nıza	tion	<b>•</b>						_	

Part	VIII	Statement of Reve	enue	•	·				
	Check if Schedule O contains a response to any question in this Part VIII								
•	_				, , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	· · ·	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	35				
P, G	С	Fundraising events .		1c					
ar /	d	Related organizations		1d					
S, E	е	Government grants (con		1e					
ion Si	f	All other contributions, gi							
the th		and similar amounts not inc	cluded above	1f	0				
E O	g	Noncash contributions include	ded in lines 1a	-1f: \$					
Co	h	Total. Add lines 1a-1	f		🕨	35			
$\overline{}$					Business Code				
Program Service Revenue	2a								
Re	b								
/jce	С								
)en	d								
Ē	е								
gre	f	All other program sen	vice revenu	ie.					
Pr	g	Total. Add lines 2a-2	f						
	3	Investment income		divid	ends, interest,				
		and other similar amo	•		▶	7.467			
	4	Income from investmen	t of tax-exer	npt be	ond proceeds ►				
	5	Royalties						<u> </u>	
			(i) Real		(ii) Personal			ļ	
	6a	Gross rents	9	1,271					
	b	Less: rental expenses		8.353					
	С	Rental income or (loss)		2.918				İ	
	d	Net rental income or	<del></del>			42.918		ļ	
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other	{			
	_	assets other than inventory				į			
	b	Less: cost or other basis and sales expenses .			<u> </u>				
	С	Gain or (loss)							
i	d	Net gain or (loss) .			▶				
enu	8a	Gross income from fu	undraising			!			
Other Revenue		events (not including \$ of contributions reported)				:			
Je.		See Part IV, line 18 .						1	
ਠ		Less: direct expenses						}	
		Net income or (loss) f			events . >		<del></del>	<del> </del>	
!	9a	Gross income from ga See Part IV, line 19 .							
	b	Less: direct expenses	s	. b					
	С	Net income or (loss) f	rom gamin	g acti	vities ►				
	10a	Gross sales of in							
		returns and allowance	es	· a					
	b	Less: cost of goods s	sold	. b				}	
	С	Net income or (loss) f							
		Miscellaneous F	Revenue		Business Code				
	11a								
	b								
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-	-11d		▶				
	12	Total revenue. See it	nstructions		•	50.400			

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 to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members 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 8	Other salaries and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):			1					
a	Management			1	<del></del>				
b	Legal		· · · -						
C	Accounting	-							
d e	Lobbying		<del></del>						
f	Investment management fees		<del> </del>	1	<del></del>				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
13	Office expenses								
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	10.735		ļ					
20	Interest		<del></del>	<del>                                     </del>					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	· · · · · · · · · · · · · · · · · · ·			<del></del>				
23	Insurance	4.340		1					
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 b	Scholarship	1.969		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·				
C	Welfare Society Citts and Donations	150							
d	Society Gifts and Donations Newsletter/Supplies	1.890		+					
e	Newsletter/Supplies All other expenses Miscellaneous	805			<del></del>				
25	Total functional expenses. Add lines 1 through 24e	706 20,595	· <del>- , · · · · · · · · · · · · · · · · · · </del>	† †					
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)	20,595							

		Check if Schedule O contains a response to any question in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	39,929	1	64.225
	2	Savings and temporary cash investments	697.772	2	703,300
	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.	j		
ļ		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		1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
2		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 79,209		- 1	
	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)	760.761	16	790.585
	17	Accounts payable and accrued expenses	0	17	0
	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	
8	22	Loans and other payables to current and former officers, directors,			<del></del>
Liabilities		trustees, key employees, highest compensated employees, and	:		
abi		disqualified persons. Complete Part II of Schedule L		22	
<b>=</b>	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	5,655	25	5.655
	26	Total liabilities. Add lines 17 through 25	5.655	26	
80		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.		1	
lar	27	Unrestricted net assets	196.919	27	204.415
Ba	28	Temporarily restricted net assets		28	
<u>n</u>	29	Permanently restricted net assets	558.187	29	580,516
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
18	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	755,106	33	784.931
	34	Total liabilities and net assets/fund balances	760,761	34	790.586
					Form 990 (2012)

m 99	0 (2012)	_	Pe	ge 12
Part	X! Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>	
1.	Total revenue (must equal Part VIII, column (A), line 12)			0.420
2	Total expenses (must equal Part IX, column (A), line 25)			0.595
3	Revenue less expenses. Subtract line 2 from line 1			9.825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		7:	5.106
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))			<b>4.931</b>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash 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?			✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or	ŀ	
	reviewed on a separate basis, consolidated basis, or both:		ļ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1	1	
b	Were the organization's financial statements audited by an independent accountant?	. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а	1	
	separate basis, consolidated basis, or both:	ļ		
	☐ 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 oversigl	ht	1	ļ

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

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

Schedule O.

2c

3а

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

омв No. 1545-0047 20**12** 

Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization Kams' Society 51-0172747 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 contributions to (during year) . 3 Aggregate grants from (during year) . . 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2a a Total number of conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 ☐ Yes ☐ No 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. 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: 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: 

Part		Collections of	Art, Hist	orical T	reasures,	or Other	Similar Ass	ets (cor	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and or	ther recor	ds, chec	k any of the	following	that are a sig	<b>Jnificant</b>	use of its
а	☐ Public exhibition		d [	] Loan	or exchange	program:	s		
b	☐ Scholarly research		e [	☐ Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how t	hey further th	ne organiz	zation's exem	pt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🔲 No
Part	line 9, or reported an amoun				anization a	nswered	"Yes" to For	m 990,	Part IV,
1a	Is the organization an agent, trustee,	custodian or otl	her interm	ediary fo				1	
	included on Form 990, Part X?							☐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	lete the fo	llowing to	able:	F			
							Ar	nount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
<b>2a</b>	Did the organization include an amour								s 🔲 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the ex	planatio	n has been p	rovided in	n Part XIII .	<u> </u>	
Par	t V Endowment Funds. Comple								
		(a) Current year	(b) Pno	or year	(c) Two years	back (d)	Three years back	(e) Four	years back
1a	Beginning of year balance						<del></del>		
b	Contributions							<u> </u>	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs				ļ	j		1	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current vear e	nd balanc	e (line 1c	. column (a))	held as:		<u></u>	
а	Board designated or quasi-endowmer	•	%	•					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	· %							
	The percentages in lines 2a, 2b, and 2		00%.						
3a	Are there endowment funds not in the			zation th	at are held a	nd admin	istered for the	÷	
	organization by:		-					ſ	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi	izations listed as	required o	n Sched	lule R? .			3b	
4	Describe in Part XIII the intended uses	s of the organizati	ion's endo	wment f	unds.				
Part	t VI Land, Buildings, and Equip	ment. See For	m 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or o			or other basis other)		umulated ciation	(d) Bool	k value
1a	Land	.	23,060		23,060				23,060
b	Buildings		56,149		56,149		56,149	<del></del>	0
C	Leasehold improvements								
d	Equipment				<u>-</u>				
e	Other								
	Add lines 1a through 1e. (Column (d) n		990, Part 2	K, columi	n (B), line 10(	(c).)		<del></del>	23,060

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
· (a	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	denvatives			
	neld equity interests			
(3) Other				
(A) (B)				
(C)		·		
(D)				
<del>(E)</del>			<del> </del>	
(F)		_	<del>                                     </del>	
(G)			<u> </u>	<del></del>
(H)	·····			
(1)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related	d. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)	<del></del>			
(2)			<u> </u>	
(3)	<del></del>			
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa			
	(6	a) Description		(b) Book value
(1)				
(3)				
(4)		·		
(5)			······································	
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)				
(10)	(A) (5 000 B (V)	1 (0) 11 45)		
	mn (b) must equal Form 990, Part X, c		<u> </u>	
Part X	Other Liabilities. See Form 990,  (a) Description of liability	(b) Book value	T	
	Income taxes	(b) book value	4	
(2)		· · · · · · · · · · · · · · · · · · ·	1	
(3)	· · · · · · · · · · · · · · · · ·		₹	
(4)	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	1	
(5)			7	
(6) (7)			1	
(7)			]	
(8)			]	
(9)				
(10)			4	
(11)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		4	
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			
Z. FIN 48 (AS liability for un	C 740) Footnote. In Part XIII, provide the certain tax positions under FIN 48 (ASC 7	text of the footnote to the org 740). Check here if the text of	panization's financial statements that the footnote has been provided in P	reports the organization's art XIII

	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	$\overline{}$	um
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	↓	
C	Recoveries of prior year grants		j
d	Other (Describe in Part XIII.)	4	ļ
e	Add lines 2a through 2d	2e	<del></del>
i	Subtract line 2e from line 1	3	
}	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a	1	
b	Other (Describe in Part XIII.)	_	
Ç	Add lines 4a and 4b	40	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
ırt	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u>er R</u>	eturn
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities	1	ļ
b	Prior year adjustments	1	
С	Other losses	╛	
d	Other (Describe in Part XIII.)	╛	
е	Add lines 2a through 2d	<b>2</b> e	<u> </u>
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	]	ł
С	Add lines 4a and 4b	40	:
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information		

Schedule D (For	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
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### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

Kams' Society	51-0172747
Page 1- Gross receipts\$98,773 is the total of membership dues \$35, investment income \$7,467 and gro	oss rental income \$91,271.
Part III, Line 4d: The other program services costs are \$3,551. As detailed in Part IX, Lines 24b-24e, the services costs are \$3,551.	nis is comprised of Welfare \$150,
Society Gifts and Donations \$1,890, Newsletter/Supplies \$805, and Miscellaneous \$706.	······································
Part V, Line 13b: This organization is a benevolent, charitable, eleemosynary non-profit organization	for persons having the last name Kam.
Therefore we are not licensed or involved with the issuance of qualified health plans in any state.	
Part VI, Line 7b: The organization holds Executive Board meetings at least twice a year. Decisions an	d actions of the Executive Board are
reported to the General Membership. Likewise, General Membership meetings are held at least twice	a year. Under the organization bylaws,
the members in good standing have the ultimate authority regarding the decisions of the organization	·
Part VI, Line 8a and 8b: Minutes of the Executive Board and the General Membership meetings are ma	aintained. Standing committees report
to the Executive Board and General Membership as needed and are also documented in the meeting r	ninutes.
Part VI, Line 11b: The Organization Auditor is tasked with the preparation of the Form 990. Copies of	the return are provided to the
Organization Treasurer and the Organization Recording Secretary to be included in the permanent rec	ords of the Organization. The return
therefore is available for inspection by the members.	
Part VI, Line 18: The organization is a private benevolent, charitable, eleemosynary non-profit for per-	sons with the last name Kam. In
addition, the Organization does not accept any public funds. Therefore, we do not publicize or distrib	ute any of it's governing documents,
conflict of interest policy or financial statements. If desired, a written request should be made to the I	Executive Board.

ocaledate O (1 cm) 550 ct 550-22) (2012)	1 afta ==
Name of the organization	Employer identification number
Kams' Society	51-0172747
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