

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2013 cale	ndar year, or tax year beginning , 2013, and ending			, 20
В		applicable.	C Name of organization Kams' Society		D Employ	er identification number
			Doing Business As			
H	Address	-	Number and street (or P.O box if mail is not delivered to street address) Room/suit		E Telepho	51-0172747 ne number
H	Name ch	-	· ·	Ĭ	L relepito	
\exists	Initial ret		P. O. Box 37834		· · · · · · · · · · · · · · · · · · ·	(808)5950388
님	Terminat		City or town, state or province, country, and ZIP or foreign postal code			
\Box	Amende		Honolulu, Hi 96837		G Gross re	
Ш	Applicati	on pending	F Name and address of principal officer: Sally Kam; 1330 Hoohui St.;	1	-	subordinates? ∐ Yes ☑ No
			Pearl City, HI 96782			s included? LYes No
<u></u>	Tax-exer	npt status	☐ 501(c)(3)	If "No	o," attach a	a list. (see instructions)
J	Website	: ▶		H(c) Group	exemption	number >
K	Form of o	organization	Corporation Trust Association Other ► L Year of formation	on· 1929	M State	of legal domicile: HI
P	art I	Summ	ary			
	1	Briefly de	escribe the organization's mission or most significant activities: Benevo	lent, charital	ole, eleer	nosynary, non-profit
æ		-	ion (persons having the last name 'Kam'), help to perpetuate the Chinese cu			
Ĕ			nd funerals)			
Ē	2		is box ▶☐ if the organization discontinued its operations or disposed o	f more than	25% of	its net assets.
Activities & Governance	3		of voting members of the governing body (Part VI, line 1a)		3	20
<u>ن</u>	4		of independent voting members of the governing body (Part VI, line 1b)		4	15
8	5				5	
₹	6		nber of volunteers (estimate if necessary)		6	0
큥	1		elated business revenue from Part VIII, column (C), line 12		7a	
⋖	1		• • • •			0
	Ь	Net unre	lated business taxable income from Form 990-T, line 34	Prior Ye	7b	0
				PHOT 19		Current Year
ē	8		tions and grants (Part VIII, line 1h)		35	20
5	9	_	service revenue (Part VIII, line 2g)			
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		7,467	12,305
-	11		/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and विके		42,918	54,365
	12		enue-add lines 8 through 11 (must equal-Part VIII, column (A) line 12)		50,420	66,690
	13		nd similar amounts paid (Part IX) column (A) Tines 1-3)			
	14	Benefits	paid to or for members (Part IX, column(A), line 4)			
ø	15	Salaries,	other compensation, employee, benefits (Part IX, column (A), lines 5-10)			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e) 🦜 🦲 👝 🔻 🗀			
ē	Ь		draising expenses (Part IX, column (D), line 25) ▶			
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	20,595	24,656
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		20,595	24,656
	19		less expenses. Subtract line 18 from line 12		29,825	42,034
<u>_</u>	+			eginning of Cur		End of Year
Assets or Balances	20	Total ass	ets (Part X, line 16)	<u> </u>	790,595	832,620
8 8	21		illities (Part X, line 26)		5,655	5,655
Fee	22		ts or fund balances. Subtract line 21 from line 20	····	794,930	826,965
_	art II		ture Block		734,330	020,303
			ry, I deplare that I have examined this return, including accompanying schedules and statem	onto and to th	a bact of r	my knowledge, and hallof it in
tru	e, correct	t, and compl	lete Declaration of propager (ether than officer) is based on all information of which preparer	nas any knowle	dge.	ily kilowidage and belief, it is
		1	the later	-		
Sig	10	300	aturg of officer	Dat	- 1/	'
He		J. Gigi		Dut	~ 1	20/14
ne	<i>i</i>	Turner	I homes Nam Avditor			30 11-1
_		'', ''	e or print name and title / pe preparer's name Preparer's signature Dat	•		PTIN
Pa	id	Famory	pe preparer's name Preparer's signature Dat	9	Check [] # }
	epare	r	<u> </u>	· · · · · · · · · · · · · · · · · · ·	self-emp	oloyed
	e Onl		ame >	Firm	s EIN ▶	
			ddress ▶	Phor	e no.	

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

☐ Yes ☐ No Form **990** (2013)

SCANNED APR I G

Form 99	0 (2013) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
. 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 death)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
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
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,321 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 celebration.
4b	(Code:) (Expenses \$ 2,615 including grants of \$) (Revenue \$)
	Insurance Expense - includes Directors and officers insurance
	<u></u>
	•
4c	(Code:) (Expenses \$ 3,757 including grants of \$) (Revenue \$)
	Scholarships to young members pursuing an undergraduate degree
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 7,963 including grants of \$) (Revenue \$)
4e	Total program service expenses > 24.656

Part	V 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	<u> </u>	✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	✓
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		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		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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, VII, 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		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1 -	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
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		<u> </u>
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		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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
-		Form	990	(2013)

Form 99	0 (2013)			Page 4
Part	V Checklist of Required Schedules (continued)			
,21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	248		1
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
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		√
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		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 35b		√
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		1
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		<u>·</u> ✓
			_ 000	M040

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		Γ
	Check is concedure of contains a respense of fact to any line in the fact v	 .	es No
` 1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1	ł
	reportable gaming (gambling) winnings to prize winners?	1c	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- * -
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	1
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?		1
_	·	4a	- •
þ	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	
Ь		5b	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-17	5c	
6a	·		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
_	gifts were not tax deductible?	6b	√
7	Organizations that may receive deductible contributions under section 170(c).		
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 required to file Form 8282?	_	
		7c	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		١.
e	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? .	7f	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	- ✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	
	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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	/
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	√
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	İ	İ
11	Section 501(c)(12) organizations. Enter:	}	
a	Gross income from members or shareholders	İ	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1	- 1
	against amounts due or received from them.)	1	ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_ <
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	- 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1
	Note. See the instructions for additional information the organization must report on Schedule O.	T	
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
C	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management	<u> </u>	•	<u>. L</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or	1		1
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			1
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		✓
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 governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	5 6		1
6 7a	Did the organization have members or stockholders?	F-	<u> </u>	-
	one or more members of the governing body?	7a		/
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	H		- "
	stockholders, or persons other than the governing body?	7b	✓	ĺ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	
	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	9	L.,	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
40-	Did the amenination have local chapters branches or affiliates?	100	163	√
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?	10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	ļ <u>.</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13		✓
14	Did 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?	150		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		
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		1
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		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Hawaii	- E04	-1/01	
18	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.	1 501(c)(3)S	only)
	·			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erect :	വിശ	, and
	financial statements available to the public during the tax year.	J. 201		,, ш
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
-	organization: ► Lori S. C. Kam; P. O. Box 37834; Honolulu, HI 96837 (808)5950388	_		

_	
Page	1

Form		

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 no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	untes	Pos neck ss pe	rson	e than the struck of the struc	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Sally B. H. Kam	Minimal			1	 	-				
President	44::		\vdash	 •	\vdash	-		None	None	None
(2) Margaret Manangan	Minimal			/				No		B1
1st Vice President (3) Sandra S. Y. Siu	Minimal			-	├─		-	None	None	None
2nd Vice President	Willian			/				None	None	None
(4) Wendy Mow Taira	Minimal			Ė			-	None	Hone	None
3rd Vice President	1	ĺ		1		1		None	None	None
(5) Linda Kam Fong	Minimal			Ė			-	No.ie	140110	None
Recording Secretary	1			1				None	None	None
(6) Paulette S. I. Ing	Minimal								110110	
Corresponding Secretary	1	1		1				None	None	None
(7) Molly P. Y. Kam	Minimal									
Chinese Secretary	1			1				None	None	None
(8) Lori S. C. Kam	Minimal									
Treasurer				1				None	None	None
(9) Thomas K. Y. Kam	Minimal									
Auditor				1				None	None	None
(10) William K. Y. Kam	Minimal									
Sgt. At Arms]		✓				None	None	None
(11) Caroline Kam	Minimal									
Director		✓						None	None	None
(12) Valerie Kam Chong	Minimal									
Director		✓						None	None	None
(13) Ralph T. Kam	Minimal									-
Director	<u> </u>	✓						None	None	None
(14) Caleen J. Ching	Minimal									
Director	<u> </u>	✓						None	None	None

Dire (16) Bea Prop (17) Jeff	trice Kam perty Trustee erson N. C. Kam perty Trustee	Average hours per week (list any hours for related organizations below dotted line) Minimal	office Individual	er and		irect	Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation frelated organizations (W-2/1099-MIS	om so co C) on a	Estimated imount of other impensation from the ganization ganization	f ion on d
Dire (16) Bea Prop (17) Jeff	ctor trice Kam perty Trustee erson N. C. Kam perty Trustee	Minimal	1				<u> </u>						
(16) Bea Proj (17) Jeff	trice Kam perty Trustee erson N. C. Kam perty Trustee	Minimal	 	1 1	1				None	No			None
(17) Jeff	erson N. C. Kam perty Trustee		1						None	140	iie		None
	perty Trustee	1	1					_	None	No	ne		None
FIOL		Minimal	/						None	No			Nama
	nard J. K. H. Kam	Minimal	-		-				None	No	ne		None
	perty Trustee		1						None	No	ne		None
	mas K. Y. Kam	Minimal											
	erty Trustee	Binimal	1						None	No	ne		None
	thia Karn Kamakawiwoole perty Trustee	Minimal	1					1	None	No	ne		None
(21)					-								-10110
(22)												 -	
(23)													
(24)				Н							<u> </u>	<u> </u>	
(24)													
(25)													
	Sub-total	· · · ·		•	-		•	\	None	No	ne		None
		· · · · ·			-	-	_		None	No	ne		None
2	Total number of individuals (including teportable compensation from the organization)	out not limited	to th					e) w					
												Yes	No
	Did the organization list any former employee on line 1a? If "Yes," complet							mp	loyee, or high	est compens	ated 3		
	For any individual listed on line 1a, is t							naı	nd other comp	ensation from		+	
	organization and related organization												
	ndividual	· · ·			•		•				· 4	_	1
	Did any person listed on line 1a receive or services rendered to the organization									ation or indivi	duai 5	.	1
	B. Independent Contractors												
c	Complete this table for your five highes compensation from the organization. Revear.												ax
	(A) Name and business a	ddress							(B) Description of se	ervices		C) insation	
													
	otal number of independent contract of other contract of the c							th	ose listed abo	ove) who			

Form **990** (2013)

Fall	VIII	Check if Schedule C		ponse or note to	any line in this	Part VIII		r
		S.ISSK II SOIIGGAIG C	201111111111111111111111111111111111111		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
5 5 5	1a	Federated campaigns	s 1a					
ara our	Ь	Membership dues .	1b	0				
Am A	С	Fundraising events .	1c		-		1	
a i	d	Related organizations			1			
ž, ž	е	Government grants (cor			1			
를 들	f	All other contributions, g						
ξ¥	1	and similar amounts not in		20				
Contributions, Giffs, Grants and Other Similar Amounts	9	Noncash contributions inclu	•					
	h	Total. Add lines 1a-1	<u>lf</u>		20			ļ
2				Business Code				
946	2a			ļ				
9	b							
Ž	C					- "		ļ <u> </u>
<i>ĭ</i> ,	d							
Program Service Revenue	f	All other program ser						
Ē	g	Total. Add lines 2a-2						<u> </u>
	3	Investment income	(including divid	ends, interest,				T
		and other similar amo	ounts)	🕨	12,305			
	4	Income from investmen	nt of tax-exempt b	ond proceeds ▶				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6a	Gross rents	84,350	1		j		
	b	Less: rental expenses	29,985		·			
	С	Rental income or (loss)				i		
	d	Net rental income or		▶	54,365			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	1			
		assets other than inventory	<u></u>		ļ			
	b	Less: cost or other basis	i					
		and sales expenses .						
	C	Gain or (loss)	L		ĺ			ł
	d	Net gain or (loss) .		▶				
venue	8a	Gross income from fuevents (not including \$	undraising					
Other Re		of contributions report See Part IV, line 18 .						
돌	Ь	Less: direct expenses	s b			Į		
_		Net income or (loss) f		events . >				
	9a	Gross income from ga		1				
		See Part IV, line 19 .	_					
		Less: direct expenses]			
		Net income or (loss) 1		ivities ▶				
	10a	Gross sales of in						
	١.	returns and allowance						
		Less: cost of goods s Net income or (loss) f						
	C	Miscellaneous F		Business Code				
	11a			Dustinoss CORB				
	b							
	C	***************************************		 				
	d	All other revenue .						
	e	Totai. Add lines 11a-		· · · · •				
	12	Total revenue. See in			66 690			

Part	IX Statement of Functional Expenses				(4)		
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
<u>. </u>	Check if Schedule O contains a response or note to any line 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	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits				,		
10	Payroll taxes						
11	Fees for services (non-employees):						
··a	Management			•			
b	Legal						
_	Accounting			· · · · · · · · · · · · · · · · · · ·			
C				· · · · · · · · · · · · · · · · · · ·			
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f g	Investment management fees 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		· L.				
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 .	10,321					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .						
23	Insurance	2,615					
24	Other expenses. Itemize expenses not covered				 		
24	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.)		I				
_	Cabalanahin	2 767					
a		3,757	<u> </u>				
b	Welfare	350			 		
C	Society Gifts and Donations	6,885					
d	Newsletter/Supplies	576					
е	All other expenses Miscellaneous	152					
25	Total functional expenses. Add lines 1 through 24e	24,656					
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 I if following SOP 98-2 (ASC 958-720)						

Р	art X	Balance Sheet					
		Check if Schedule O contains a response of	r note to	any line in this Par	tX	<u></u>	🗆
`					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			64,225	1	161,473
	2	Savings and temporary cash investments			703,300	2	648,087
	3	Pledges and grants receivable, net		_		3	
	4	Accounts receivable, net		<u> </u>		4	
	5	Loans and other receivables from current and	former o	officers, directors.			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqualified pers	sons (as c	lefined under section		- 	
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
		sponsoring organizations of section 501(c)(9) volur					
ιχ		organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net		L.		7	
As	8	Inventories for sale or use		-		8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		- · · · · · ·		9	
	10a	Land, buildings, and equipment: cost or	i i	· · · · · · · · · · · · · · · · · · ·		╌┼	
		other basis. Complete Part VI of Schedule D	10a	79,209			
	ь	Less: accumulated depreciation	10b	56,149	23,060	10c	23,060
	11				20,000	11	20,000
	12	Investments—other securities. See Part IV, line		12			
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets		-		14	
	15	Other assets. See Part IV, line 11				15	<u></u>
	16	Total assets. Add lines 1 through 15 (must equa			790,585	16	832,620
_	17	Accounts payable and accrued expenses			0	17	002,020
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability. Complete				21	
G	22	Loans and other payables to current and for		<u>-</u>			
Liabilities	_	trustees, key employees, highest compen					
7	ŀ	disqualified persons. Complete Part II of Schedu				22	
Ë	23	Secured mortgages and notes payable to unrela		parties		23	
	24	Unsecured notes and loans payable to unrelated		· 1		24	·
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			5,655	25	5,655
	26	Total liabilities. Add lines 17 through 25		[5,655	26	5,655
		Organizations that follow SFAS 117 (ASC 958					
ès		complete lines 27 through 29, and lines 33 and	d 34.				
ĕ	27	Unrestricted net assets			204,415	27	213,859
3al	28	Temporarily restricted net assets		[28	
ᅙ	29	Permanently restricted net assets		[580,516	29	613,106
٦		Organizations that do not follow SFAS 117 (ASC 9	58), chec	k here ▶ 🔲 and 🗍			
5		complete lines 30 through 34.					
ध	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or ed	quipmer	it fund		31	
Ž	32	Retained earnings, endowment, accumulated in	come, o	r other funds .		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	784,931	33	826,965		
_	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	790,586	34	832,620
							- 000

r On in S	90 (2013)				age 12	
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆	
, 1	Total revenue (must equal Part VIII, column (A), line 12)	1			66,690	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			42,034	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	B4,931	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		· 			
	33, column (B))	10		8:	26,965	
Part	XII Financial Statements and Reporting					
-	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n	İ		
	Schedule O.		ļ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or _			
	reviewed on a separate basis, consolidated basis, or both:			1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	1		
ь	Were the organization's financial statements audited by an independent accountant?		. 2b	1	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	†	<u> </u>	
	separate basis, consolidated basis, or both:		ļ			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiat	nt			
•	of the audit, review, or compilation of its financial statements and selection of an independent account					
	If the organization changed either its oversight process or selection process during the tax year, ex	olain i		1		
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n I			
~ .	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 under	rao th		 		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь	1		
				<u>gar</u>	(2013)	
			FUI	330	(2013)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer Identification number Name of the organization Kams' Society 51-0172747 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 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 Conservation Easements. Part II 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 Total number of conservation easements 2a Number of conservation easements on a certified historic structure included in (a) 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) 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. 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. 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:

b Assets included in Form 990, Part X

Page	2

1

Part		ollections of Art, I	listorical	Treasures,	or Othe	er Similar As	sets (continued)
	Using the organization's acquisition, accollection items (check all that apply):	cession, and other re	ecords, che	eck any of the	e followin	g that are a si	gnificant use of its
а	☐ Public exhibition	1	d 🗌 Loa	n or exchang	e prograr	ns	
b	☐ Scholarly research	1	e 🗌 Oth	er			
C	☐ Preservation for future generations						
4	Provide a description of the organization XIII.	n's collections and e	kplain how	they further	the orgar	nization's exem	pt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather that						r 📋 Yes 🗌 No
Part				-			
	Complete if the organization ar	nswered "Yes" to F	orm 990,	Part IV, line	9, or rep	oorted an ame	ount on Form
	990, Part X, line 21. Is the organization an agent, trustee, co	ustodian or other int	ermedian	for contribut	ione or o	ther accete no	
18	included on Form 990, Part X?						` ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	XIII and complete the	e following	table:			
						Ar	nount
C	Beginning balance				1c		· . · · · · · · · · · · · · · · · · · ·
d	Additions during the year				1d		
е	Distributions during the year				10		
f	Ending balance				1f		
28	Did the organization include an amount of						
	If "Yes," explain the arrangement in Part	XIII. Check here if th	e explanati	on has been	provided	in Part XIII .	<u> U</u>
Par				D-+ N/ 15	10		
	Complete if the organization ar			(c) Two years		Three years back	(e) Four years back
4		(a) Current year (b)	Pnor year	(c) I wo year:	S Dack (u.	, Tilree years back	(e) Four years back
1a	Beginning of year balance			- 		 · ·	
c	Contributions					·······························	
d	Grants or scholarships		 		<u> </u>		
e	Other expenditures for facilities and				- -		
•	programs				1		
	Administrative expenses						
f	End of year balance			+			<u> </u>
9 2	Provide the estimated percentage of the	current year end hal	ance fline 1	la column (a)	// pelq sc.		L
2 8	Board designated or quasi-endowment		ance (mie i	ig, coluisiii (a)	,, neu as.		
b	Permanent endowment	%					
C	Temporarily restricted endowment ▶	.′° %					
C	The percentages in lines 2a, 2b, and 2c s						
За	Are there endowment funds not in the p		anization t	hat are held a	and admi	nistered for the	4
•	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
ь	If "Yes" to 3a(ii), are the related organization			dule B?			3b
4	Describe in Part XIII the intended uses of						
Part							
	Complete if the organization ar		orm 990,	Part IV, line	11a. Se	e Form 990, f	Part X, line 10.
	Description of property	(a) Cost or other bas (investment)	is (b) Cos	t or other basis (other)	(c) Acc	cumulated eciation	(d) Book value
1a	Land	23,0	060	23,060			23,060
b	Buildings	56,		56,149		56,149	0
c	Leasehold improvements						
d	Equipment						· · · · · · · · · · · · · · · · · · ·
е	Other						
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Pa	art X, colun	nn (B), line 10	(c).) .	▶	23,060

Part VII	Investments—Other Securities				441.0.5	200 5 11/1 42
	Complete if the organization ans), Part IV, line		990, Part X, line 12.
· 	(a) Description of security or categor (including name of security)	y 	(1)) BOOK Value		of-year market value
(1) Financial						
-	neld equity interests					
(3) Other			<u></u>		·· - ·· · · · · · ·	
(A) (B)						
(C)			 			
(D)			 		· ·	
(E)						
(F)			<u> </u>			
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨					
Part VIII	Investments—Program Relate					
	Complete if the organization ans	wered "Yes" to For	1	· · · · · · · · · · · · · · · · · · ·	·	
	(a) Description of investment		(b)	Book value		thod of valuation: -of-year market value
(1)						
(2)			ļ			
(3)			ļ			······································
_(4)						
(5)						
(6)						
<u>(7)</u>						
(9)						* 1
	b) must equal Form 990, Part X, col. (B) line 13)		†			
Part IX	Other Assets.		1	······································		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization ans	swered "Yes" to For	m 990	, Part IV, line	11d. See Form	990, Part X, line 15.
		(a) Description				(b) Book value
(1)		·····				
(2)			.,			
(3)				· · · · · · · · · · · · · · · · · · ·		
(4)						
(5)		 				
(6)		 				
_(7) _(8)						
(9)						
	mn (b) must equal Form 990, Part X, o	col. (B) line 15.)				
Part X	Other Liabilities.					
	Complete if the organization ans	swered "Yes" to For	m 990), Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.	· · · · · · · · · · · · · · · · · · ·				
1.	(a) Description of liability	(b) Book value				
	ncome taxes					
	Deposits	 	5,655			
(3)						
(5)	·- ·- · · · · · · · · · · · · · · · · ·					
(6)		 				
(7)		 	$\neg \neg$			
(8)		<u> </u>				
(9)		†				
	b) must equal Form 990, Part X, col. (B) line 25.)		5,655			
	r uncertain tax positions. In Part XIII, prov					
organization'	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Che	eck her	e if the text of th	e footnote has bee	n provided in Part XIII 🔲

Part		keturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1
1	Total revenue, gains, and other support per audited financial statements	
2	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		
d	Other (Describe in Part XIII.)	20
е 3	Subtract line 2e from line 1	2e 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
1 art	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	i iiciaiii.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
-		
-		•••••••

Schedule D (Fon	n 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
•		
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**13**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Kams' Society	51-0172747
Page 1 - Gross Receipts \$96,675 is the total of donations \$20, investment income \$12,305 and gross re	ental income \$84,350
Part III, Line 4d: The other program services costs are \$7,963. As detailed in Part IX, Lines 24b-24e, the	is is comprised of Welfare \$350
Society Gifts and Donations \$6,885 (the bulk of this amount \$5,000 is a donation to the Palolo Chinese	nome capital campaign),
Newsletter/Supplies \$576 and Miscellaneous \$152.	
Part V, Line 13b: This organization is a benevolent, charitable, eleemosynary non-profit organization f	or 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	intained. Standing committees report
to the Executive Board and General Membership as needed and are also documented in the meeting m	
Don't M. Line 44a. The Openingtion Auditor is tested with the proportion of the Form 000. Coming at	
Part VI, Line 11a: The Organization Auditor is tasked with the preparation of the Form 990. Copies of t	
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 pers	ons with the last name Kam. In
addition, the Organization does not accept any public funds. Therefore we do not publicize or distribu	te any of it's governing documents,
conflict of interest policy or financial statements. If desired, a written request could be made to the Ex	ecutive Board.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Employer identification number
Kams' Society	51-0172747
•	
	~~~~~~~
**	
······································	
	***************************************
	***************************************
***************************************	