

## 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



Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

	-	-		•
	ш	w	۰	
Form	7	33	Ł	1

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

OMB No 1545-0047

Department of the Treasury

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.

		INTO THE SERVICE INTO THE STORY AND THE INSTRUCTIONS IS AT WWW			mspect	
<u>A</u> _	For the	2014 calendar year, or tax year beginning , 2014, and er	nding		, 20	
В	Check if	applicable C Name of organization Kams' Society		D Employ	er identification nu	mber
	Address	change Doing business as		L	51-0172747	
	Name cl	hange Number and street (or P O box if mail is not delivered to street address) Roor	n/suite	E Telepho	ne number	
	Initial ref	turn P. O. Box 37834			(808)5950388	
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code		1		
	Amende	d return Honolulu, HI 96837		<b>G</b> Gross r	eceipts \$	92,231
	Applicat	ion pending F Name and address of principal officer Margaret Manangan; 99-1190 Halaw	a H(a) is this a	group return for	subordinates? Tes	✓ No
		Heights Rd.; Aiea, Hl 96701	H(b) Are all	subordinate	s included? Tyes	☐ No
	Тах-ехе	mpt status	7 If "N	No," attach	a list. (see instructioi	ns)
j	Website	»: <b>&gt;</b>	H(c) Group	exemption	number <b>&gt;</b>	
K	Form of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation 1929	M State	of legal domicile	HI
Р	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: Ber	nevolent, charita	able, eleei	nosynary, non-p	rofit
9	ł	organization (persons having the las name Kam), help to perpetuate the Chinese				
ě	!	(illness and funerals).				
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	ed-of-mere that	n 25% of	its net assets.	
õ	3	Number of voting members of the governing body (Part VI, line 1a) . [ ] / [		.   з	[	20
ಷ	4	Number of independent voting members of the governing body (Part VI. line.		4		15
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	los l	5		0
Activities &	6	Total number of volunteers (estimate if necessary) . [2] . MAR.1.8.20	1.5 10	6		0
Acı	7a	Total unrelated business revenue from Part VIII, column (C), line 12	SS .	7a	<del></del> -	0
	b	Net unrelated business taxable income from Form 990-T, line 34	1 232	7b		0
		OĞDEN,	Prior Y	<del></del>	Current Ye	
_	8	Contributions and grants (Part VIII, line 1h)		20		73
Ž	9	Program service revenue (Part VIII, line 2g)				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,305		5,958
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del> </del>	54,365	<del></del>	<del></del>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		66,690	<del></del>	(4,442)
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<del> </del>	00,030	· · · · · · · · · · · · · · · · · · ·	(4,442)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<del></del>			
18	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<del></del>		<del></del>	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<del> </del>			
De.		Total fundraising expenses (Part IX, column (D), line 25) ▶	<del> </del>			
ă		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	·	24 556	<del></del>	10 567
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		24,556		19,567
		Revenue less expenses. Subtract line 18 from line 12	<del> </del>	24,656		19,567
_ g		Tiorende lees expenses, oubtract fine to notif fine 12	Beginning of Cu	42,034	End of Yea	(24,009) r
Assets or Balances	20	Total assets (Part X, line 16)	203			
Asse Bal	21	Total liabilities (Part V. Ima 26)		832,620		808,007
Fig		Net assets or fund balances. Subtract line 21 from line 20	<del></del>	5,655		5,655
	rt II	Signature Block	<del></del>	826,965	<del></del>	802,352
				ha haat af .		-1-6-4
true	e, correct	ties of perjury, I declare that I have examined this return, including accompanying schedules and st , and complete beclaration of preparer (other than officer) is based on all information of which prep	atements, and to t arer has anv knowl	ne best of r ledge .	ny knowleage and l	beliet, it is
		1/1/2/2		<del>- 11</del>		
Sig	n	Signature of officer 1 1	Da	<del></del>	15	
Hei			De	110		
01	•	Type or print name and title	<del></del>			
		Print/Type preparer's name Preparer's signature	Date	<del>-,</del>	- PTIN	
Pai			Dalo	Check [		
Pre	pare			self-emp	pioyed	
	- A-I	. Firm's name ►	l Erm	n's FIN ▶		



Yes No Form **990** (2014)

Phone no

Cat No 11282Y

011111	00 (20.	7	<u> </u>
Part	Ш	Statement of Program Service Accomplishments	
1	Brio	Check if Schedule O contains a response or note to any line in this Part III	Щ
•		evolent, charitable, eleemosynary non-profit organization (persons having the last name Kam)	
	help	s to perpetuate the Chinese culture and assist members in time of need (illness and death).	
2		the organization undertake any significant program services during the year which were not listed on the	
	•	r Form 990 or 990-EZ?	o
3		es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program	
3		ices?	ın
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured	by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
	the t	total expenses, and revenue, if any, for each program service reported.	
4a	(Cod	de: ) (Expenses \$ 10,589 including grants of \$ ) (Revenue \$ )	
	Meet	tings and events - cost of board meetings, gemeral membership meetings, annual spring banquet, Christmas party	
		includes the cost of Chinese cultural programs such as Night in Chinatown parade, dragon boat races and annual	
		st Ching Ming celebration.	
		***************************************	
		•••••••••••••••••••••••••••••••••••••••	
4b	(Coc	le: ) (Expenses \$ 2,256 including grants of \$ ) (Revenue \$)	
	Insu	rance expense - includes Directors and officers insurance	
4c	(Cod		
	Scho	larships to young members pursuing an undergraduate degree	
4d	Otho	r program services (Describe in Schedule O.)	_
Tu		enses \$ 3,586 including grants of \$ ) (Revenue \$ )	
4e		program convice expenses \ 19.567	

Form 99	90 (2014)			Page 3
Fart	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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	
	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>
	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		<b>√</b>
	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 167 If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<u>√</u> √
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		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		<b>√</b>
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		<u>·</u> ✓
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		✓
	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		<b>✓</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	1	<u>√</u>
		Form	990	(2014)

Part	Checklist of Required Schedules (continued)			
04	Did the comprised or served many then \$5,000 of greate or other considered to any democitie argumentics are		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	24a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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):			<del></del>
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
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	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		<u>·</u> ✓
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		<u>·</u>
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		<u>√</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<u>√</u> ✓
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,			
38	Part VI	37		<u>√</u>
		Eorn	agn.	/2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
10	February and the Day Coffee 4000 February Coffee Land	أحجا	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a    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	.	
Ū	reportable gaming (gambling) winnings to prize winners?	1c		7
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? .	2b		✓
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لمردا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		1
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3D		<b>-</b>
-10	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	, ·		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	j	1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	081		<u> </u>
_	gifts were not tax deductible?	6ь	1	1
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		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>√</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	- [	✓
ď	If "Yes," indicate the number of Forms 8282 filed during the year	76		<u> </u>
ė	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			اب
9	sponsoring organization have excess business holdings at any time during the year?	8		✓
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del>一</del> 一
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del>`</del>
10	Section 501(c)(7) organizations. Enter:			ļ
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	- 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	.		
11	Section 501(c)(12) organizations. Enter:		1	- {
	Gross income from members or shareholders	1	1	- 1
_	against amounts due or received from them.)	·	1	- 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>√</b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.		[	1
	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			
	Enter the amount of reserves on hand			-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<b>√</b>
		Form	990	(2014)

Part	0 (2014)  VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	252		Page 6	
Part	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				
Secti	on A. Governing Body and Management	<u> </u>	<del></del>	<u> </u>	
	,		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20				Ì
	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 . 1b 1s Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
2	any other officer, director, trustee, or key employee?	2	<del> </del>	1	-
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		1	-
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?.	5	<b>}</b>	1	-
6 7a	Did the organization have members or stockholders?	6		1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	1	1	
8	stockholders, or persons other than the governing body?	7b	<u> </u>	<del> </del>	Ī
	the year by the following:				į
а	The governing body?	8a	1	<b>↓</b>	-
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	<del></del>	-
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	1	ode.)	1 .	•
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		1	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
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		•
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لبدا	ĺ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1	-
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		1	
40	describe in Schedule O how this was done	12c		/	-
13 14	Did the organization have a written whistleblower policy?	13		1	
15	Did the organization have a written document retention and destruction policy?	14		1	
а	The organization's CEO, Executive Director, or top management official	15a		7	ļ
b	Other officers or key employees of the organization	15b		1	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			\ <u> </u>	i
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>-</b>	ĺ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		<del>                                     </del>	i
_	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	100			
section					
	List the states with which a copy of this Form 990 is required to be filed ► Hawaii				
17 18		501(	c)(3)s	only)	

Lori S. C. Kam; P. O. Box 37834; Honolulu, HI 96837. (808)5950388

Form 990 (2014)

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	or any relate	d org	aniz	atio	on c	ompe	ensa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average	age box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable	(F) Estimated
	week (list any hours for related organizations below dotted line)	Individua or directi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Margaret Manangan	Minimal	Ì								
President	<u> </u>	ĺ	1	1				None	None	None
(2) Sandra S. Y. Sıu 1st Vice President	Minimal			1				None	None	None
(3) Wendy Mow Taira	Minimal				_			110,,,0		
2nd Vice President	1			1				None	None	None
(4) Phyllis Kam-Young	Minimal			-						
3rd Vice President		,		<b>✓</b>				None	None	None
(5) Lynette Kam	Mınimal									
Recording secretary	1			1				None	None	None
(6) Paulette S. I. Ing	Mınimal									
Corresponding Secretary	T			1				None	None	None
(7) Molly P. Y. Kam	Minimal									
Chinese Secretary				1				None	None	None
(8) Lori S. C. Kam	Minimal									
Treasurer				✓	,			None	None	None
(9) Thomas K. Y. Kam	Minimal									
Auditor				✓				None	None	None
(10) William K. Y Kam	Minimal									
Sgt. At. Arms			, i	1				None	None	None
(11) Caroline Kam	Minimal									
Director		1						None	None	None
(12) Valerie Kam Chong	Minimal									
Director		✓						None	None	None
(13) Ralph T. Kam	Minimal									
Director		✓						None	None	None
(14) Caleen J Ching	Minimal									
Director		<b>√</b>						None	None	None

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (cont	inued)	
					•	C)						
	(A)	(B)	(do r	ot ch		ition more	e than c	one	(D)	(E)	(F)	
	Name and title	Average hours per	box,	unles	s pe	erson	is both	n an	Reportable compensation	Reportable	Estima	
		week (list any	<del>/</del>			T	or/trus	÷	from	compensation from related	n amour othe	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	the	organizations	compen	
		related organizations	900	툹	ě	E E	loye	로	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from to	
		below dotted	9 5	mal		Š	e com		,		and rel	
		line)	uste	tres		8	Pen		Į		organiza	tions
			•	tee			Highest compensated employee	ĺ				
(15) S	ally B. H. Kam	Minimal									<del> </del>	
	rector		<b>/</b>	<u> </u>				lacksquare	None	None		None
	ani Kam Katsura	Mınimal	,	,								
	operty Trustee		<b>✓</b>					├	None	None		None
	efferson N. C. Kam operty Trustee	Minimal	1					·	None	None		Nama
	ponerd I K H Kem	Minimal	<b>,</b>	-					None	None	1	None
	operty Trustee	1-1411111111111111111111111111111111111	1						None	None	.]	None
	nomas K Y. Kam	Minimal							140.10	None		140/16
	operty Trustee	1	1						None	None	,	None
	esley K. H. Kam	Minimal										
Pre	operty Trustee		✓						None	None		None
(21)	*****											
				_				<u> </u>				
(22)											İ	
(23)												
(24)												
Y-7/												
(25)										<del></del>		
1b	Sub-total								<b>1</b>			<del></del>
C	Total from continuation sheets to Part		 n Δ				•		None	None		None
d	Total (add lines 1b and 1c)							•	None	None		None
2	Total number of individuals (including but							) w			<del></del>	140110
	reportable compensation from the organi							,				
												es No
3	Did the organization list any former of							mp	loyee, or high	est compensate	ed	_
	employee on line 1a? If "Yes," complete \$							•			3	1
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	greater tha	au Þi	50,0	JUU	e ii	res	5, " (	complete Scri	eaule J for suc		_
5	Did any person listed on line 1a receive o	· · ·	 mper	Icati	· ·	fron	· ·		related organiz		4	
3	for services rendered to the organization?	If "Yes." c	omole	ete S	Sch	edu	le J fo	orsi	uch person	ation of malvidu	5	
Section	on B. Independent Contractors										1 3 1	
1	Complete this table for your five highest of	compensate	ed ind	ере	nde	ent o	contra	acto	rs that receive	d more than \$10	00,000 of	
	compensation from the organization. Rep	ort comper	nsatio	n fo	r th	e ca	alenda	ar y	ear ending with	or within the o	rganization's	s tax
	year.											
	(A) Name and business addi	ress							(B) Description of se	rvices	(C) Compensatio	n
		···						-				
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ve) who	<del></del>	
				ا ا احرى								

Par	t VIII	Statement of Reve			1: !- Al-!-	D4.1/011		_
		Check if Schedule C	) contains a	response or note t	O any line in this (A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns	s	la				
ara our	b	Membership dues .	[	lb 39			[	
S, C	С	Fundraising events .	[	lc	]			
a git	d	Related organizations		ld			1	[
Si ji	е	Government grants (cor		le				
er S	f	All other contributions, g						
₽₹	]	and similar amounts not inc	<u></u>	1f 34	[		Ì	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include			i			i
	h	Total. Add lines 1a-1	<del>T</del>	Business Code	73			
ğ	2-					<del></del>		
Je Je	2a b			l l			<del></del>	<del> </del>
8	C			F		_· _ <del>-</del> -	<del> </del>	<del> </del>
ξ	d							
E	е							<del>                                     </del>
Program Service Revenue	f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2	f	>				j
	3	Investment income	(including di	vidends, interest,				
		and other similar amo	•		5,938			
	4	Income from investmen	•	•				
	5	Royalties	(i) Real					
		0		<del></del>				
	6a	Gross rents	862	<del></del>			1	ļ
	b	Less rental expenses Rental income or (loss)	966					
	d	Net rental income or (	(10,4) (loss)		(10,453)			
	7a	Gross amount from sales of	(i) Secunties		(10,433)			
		assets other than inventory		<del></del>				
	b	Less. cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	đ	Net gain or (loss) .		. <u> </u>				
ø		0 ( ( ( ( ( ( (						
venue	8a	Gross income from fu events (not including \$	indraising					
•		of contributions reporte	nd on line 1c)					
F	!	See Part IV, line 18 .		2				
Other R	ь	Less: direct expenses						
0		Net income or (loss) fi					·	
		Gross income from ga						
		See Part IV, line 19 .		а				
		Less. direct expenses						<u> </u>
		Net income or (loss) fr						
	10a	Gross sales of in						
		returns and allowance						
		Less: cost of goods so Net income or (loss) fr					<del></del>	
	<u> </u>	Miscellaneous R		Business Code				<u> </u>
1	11a			20311633 0048		<del></del>	<del></del>	<del></del>
	b			-	<del></del>		<del></del>	
	C							
	d	All other revenue .		-				
Ì		Total. Add lines 11a-						
	12	Total revenue. See in	structions.	🕨	(4,442)			

	90 (2014) t IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must con		All other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 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		. <u> </u>		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f 9	Investment management fees				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				<del> </del>
17	Travel				<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· <del></del> · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings .	10,589			
20	Interest	10,369		-	<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,256			
24	Other expenses. Itemize expenses not covered	2,200		-	· · · · · · · · · · · · · · · · · · ·
_	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				i
	(A) amount, list line 24e expenses on Schedule O.)				ĺ
а	Scholarship	3,136			· · · · · · · · · · · · · · · · · · ·
b	Walfara	340			
C	Society Gifts and Donations	2,121			
d	Newslatter/Sunnies	904			
e	All other expenses Miscellaneous	221			
25	Total functional expenses. Add lines 1 through 24e	19,567			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	10,007			
	from a combined educational campaign and fundraising solicitation. Check here of following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	πX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	161,473	1	82,251
	2	Savings and temporary cash investments	648,087	2	702,696
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ł	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		-	
Assets	_	organizations (see instructions). Complete Part II of Schedule L		6	
58	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	<del></del>
	9	Prepaid expenses and deferred charges		9	<del></del>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 79,209			
	b	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)	832,620	16	808,007
	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	
Ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
<u>.</u>	22	· · · · · · · · · · · · · · · · · · ·		23	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	5 655	25	
	26	<del>_</del>	5,655		5,655
	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	5,655	20	5,655
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	040.050	-	
ala	27 28	Temporarily restricted net assets	213,859	27	222,829
8	29	Permanently restricted net assets	242.402	28	F70 500
Ĕ	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	613,106	29	579,523
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30				
ět	30 31	Capital stock or trust principal, or current funds		30	
ASE	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
et.	33	Total net assets or fund balances			
Ž		<b>}−</b>	826,965	33	802,352
	34	Total liabilities and net assets/fund balances	832,620	34	808,007

FOITH 9	90 (2014)			P	age 12
Par	t 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		(	4,442)
2	Total expenses (must equal Part IX, column (A), line 25)	2			19,567
3	Revenue less expenses. Subtract line 2 from line 1			(24,009)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		82	26,965
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			(604)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		80	02,352
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Counting Method used to prepare the Form 990:  Cash Cash Cash Cash Cash Cash Cash Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	in		
	Schedule O.			.	
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 compared to the statement of the year were compared to the statement of the year were compared to the year we	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:		ŀ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			.\	
b	Were the organization's financial statements audited by an independent accountant?				1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		ĺ	]	] ]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	rersig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant'	? 2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	in 🗀		1
	Schedule O.				_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1 ,	
			For	m <b>990</b>	(2014)

## **SCHEDULE D** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

Kams'	Society			51-0172747	
Par			ds or Acco	unts.	
	Complete if the organization answered	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	
4	Total words or at and of cons	(a) Donor advised funds	(b) Ft	unds and other accounts	
1	Total number at end of year	<b></b>	<del> </del>		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)				
4	Aggregate value at end of year	<del></del>	<del> </del>	<del></del>	
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor	advised	
•	funds are the organization's property, subject to the				No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	nt funds can	be used	
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or fo	or any other	purpose	
	conferring impermissible private benefit?	<u> </u>	<u> </u>	· · 🔲 Yes 🗌	No
Par					
	Complete if the organization answered '			<del></del>	
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recreat	The state of the s		•	
	☐ Protection of natural habitat ☐ Preservation of open space	☐ Preservation of	r a certified n	istoric structure	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form	of a conservation	
_	easement on the last day of the tax year.			Held at the End of the Tax Y	ear
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	. 2b		
C	Number of conservation easements on a certified h	nistoric structure included in (a)	2c		
đ	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a		
	-		· 2d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by th	e organization during th	1e
	tax year >				
4 5	Number of states where property subject to conser Does the organization have a written policy reg		naction han	dling of	
3	violations, and enforcement of the conservation ea			· · · Yes · I	Na
6	Staff and volunteer hours devoted to monitoring, in			<b>— —</b> -	10
•	<b>&gt;</b>	opening, and officioning contourtation	ouconnonto e	idning into your	
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation ease	ments during	the year	
	▶\$		`	,	
8	Does each conservation easement reported on line		section 170(	h)(4)(B)(i)	
				· · 🗌 Yes 🗌 I	Уo
9	in Part XIII, describe how the organization reports of				
	balance sheet, and include, if applicable, the text o organization's accounting for conservation easeme		ancial statem	ents that describes the	}
Part			Other Simi	llor Accots	
rait	Complete if the organization answered "		Other Sini	iidi Assets.	
1a	If the organization elected, as permitted under SF/		revenue stat	tement and balance sho	
	works of art, historical treasures, or other similar				
	public service, provide, in Part XIII, the text of the fo				
b	If the organization elected, as permitted under SI	FAS 116 (ASC 958), to report in its i	revenue state	ement and balance she	eet
	works of art, historical treasures, or other similar		ucation, or r	esearch in furtherance	of
	public service, provide the following amounts relati	_			
	(i) Revenue included in Form 990, Part VIII, line 1			<b>\$</b>	
_	(ii) Assets included in Form 990, Part X			· \$	:
2				inancial gain, provide f	the
_	following amounts required to be reported under Si	· · · · · · · · · · · · · · · · · · ·		•	
<b>a</b> 	Revenue included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		🏲	, <u>p</u>	
D	Assets included in Fulli 350, Part A				

	le D (Form 990) 2014					Page 2
Par 3	Using the organizations Maintaining Using the organization's acquisition, collection items (check all that apply):	accession, and o				
a b	☐ Public exhibition☐ Scholarly research		d ☐ Loar e ☐ Othe	n or exchange proger	grams	
с 4						
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				r □ Yes □ No
Part	Complete if the organization 990, Part X, line 21.		" to Form 990, I	Part IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Pa		_			nount
c C	Beginning balance					
d e	Distributions during the year					<del> </del>
f	Ending balance					
2a	Did the organization include an amour			<u></u>		Yes No
b	If "Yes," explain the arrangement in Pa				•	
Part	V Endowment Funds.					
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		ļ	<del>                                     </del>	<del> </del>	 
b	Contributions		ļ	<u> </u>	<del> </del>	<del> </del>
	Net investment earnings, gains, and losses					
				<del> </del>		
е	Other expenditures for facilities and programs					,
	Administrative expenses			<del> </del>	<del> </del>	
g	End of year balance	<del></del>	<u></u>	<del> </del>		
2	Provide the estimated percentage of the	he current year en	nd balance (line 1	column (a)) held	ac.	L
a	Board designated or quasi-endowmen			g, column (a), noid	us.	
b	Permanent endowment ▶	%	·••			
C	Temporarily restricted endowment ▶	 %				
3a	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			at are held and ac	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
_	If "Yes" to 3a(ii), are the related organiz					3b
4 Part		ment.		<del></del>		
	Complete if the organization					
	Description of property	(a) Cost or ot	, , ,		Accumulated epreciation	(d) Book value

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	23,060	23,060		23,060
ь	Buildings	56,149	56,149	56,149	0
С	Leasehold improvements				
d	Equipment				
е	Other				
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part )	C. column (B), line 10	)c.)	23.060

Part VII	Investments — Other Securitie Complete if the organization and		n 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	thod of valuation: I-of-year market value
(1) Financial	derivatives		<del></del>		
	neld equity interests				
3) Other	•	Ī			
(A)	·				
(B)	***************************************				
(C)					
(D)			·		
(E)					
(F)					
(G)					
(H)					
Fotal. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments—Program Relate Complete if the organization and		900 Part IV line	11c See Form	000 Part V line 13
	(a) Description of investment	swered res to rolli	(b) Book value		thod of valuation
	(a) Description of investment		(b) Book value		l-of-year market value
(1)					
(2)					· · · · · · · · · · · · · · · · ·
(3)					
(4)					
(5)					<del></del>
(6)					
<u>(7)</u>	<del></del>			<u></u>	
(8)	<del></del>				
(9)	Name of Francisco Post V and Philips 401			ļ	
	b) must equal Form 990, Part X, col. (B) line 13 )			<u> </u>	
Part IX	Other Assets.		. 000 D-4 IV II	444 0 5	000 D-4V B 4F
	Complete if the organization ans	(a) Description	1990, Part IV, line	i i a. See Form	(b) Book value
(4)		(a) Description	<del></del>	<del></del>	(b) Book value
(1)					<u> </u>
(2)			<del></del>		
(3)			<del></del>		
(4)				<del></del>	
(5)	<del></del>				<del></del>
(6)	<del></del>	<del></del>			
<u>(7)</u>		<del> </del>	<del></del>		
(8)	<del></del>	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·
(9)	mn (b) must equal Form 990, Part X, o	ol (R) line 15.)	<del></del>		<del></del>
Part X	Other Liabilities.	JOI. (D) IIIIE 13.)	<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
rartA	Complete if the organization ans line 25.	swered "Yes" to Form	990, Part IV, line	11e or 11f. See	Form 990, Part X,
i.	(a) Description of liability	(b) Book value	<del></del>	<del></del>	
(1) Federal in		† · · · · · · · · · · · · · · · · · · ·			
(2) Tenant d		1	,655		
(3)		† <u>`</u>			
(4)					
(5)		<del>                                     </del>			
(6)					
(7)		<del>                                     </del>			
(8)					
(9)		<del> </del>			
	) must equal Form 990, Part X, col. (B) line 25.)	<del> </del>	,655		
	uncertain tax positions. In Part XIII, prov			's financial stateme	nts that reports the
	s liability for uncertain tax positions unde				

Par	t XI Reconciliation of Revenue per Audited Financial Statemen		Return.
	Complete if the organization answered "Yes" to Form 990, Par		<del>,</del>
1	Total revenue, gains, and other support per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	<u> </u>	2a	
b		2b	
C	· , 5	2c	
d	•	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	. ,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		4a	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		4c
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part	Reconciliation of Expenses per Audited Financial Statement		r Return.
	Complete if the organization answered "Yes" to Form 990, Par		
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:	•	
а	Donated services and use of facilities	2a	
b		2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	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.)	<b>4</b> b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		
	,,,,		

Schedule D (Form 990) 2014 Page 5				
Part XIII	Supplemental Information (continued)			
	***************************************			
·				
	~	·		
<b></b>	***************************************			

### 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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Chiprojer identatioation (tarriber
Kams' Society	51-0172747
Part 1 - Gross receipts \$92,231 is the total of donations \$34, new member fees 0f \$39, investr	nent income \$5,938 and gross rental income
of \$86,220.	
Part III, Line 4d: The other program service costs are \$3,596. As detailed in Part IX, Lines 24	o-24e, this is comprised of Welfare \$340,
Society Gifts and Donations \$2,121, Newsletter /Supplies \$904, and Miscellaneous \$221	
Part V, Line 13b: This organization is a benevolent, charitable, eleemosynary nmon-profit organization	anization for persons having the last name Kam.
Therefore we are not licensed or involved with the issuance of qualified health plans in any s	ate.
Part VI, Line 7b: The organization holds Executive Board meetings at least twice a year. Dec	isions and actions of the Executive Board are
reported to the General Membership. Likewise, General Membership meetings are held at lea	
the members in good standing have the ultimate authority regarding the decisions of the org	nization.
Part VI, Lines 8a and 8b: Minutes of the Executive Board and General Membership Meetings to the Executive Board and General Membership as needed and are also documented in the results.	
Part VI, Line 11a: The organization Auditor is tasked with the preparation of the Form 990. C	opies of the return are provided to the
organization Treasurer and the organization Recording Secretary to be included in the perma	
therefore is available for inspection by the members.	
Part VI, Line 18: The organization is a private benevolent, charitable, eleemosynary non-profi	for persons with the last name Kam. In
addition, the organization does not accept any public funds. Therefore we do not publicize or	distribute any of it's governing documents,
conflict of interest policy or financial statements. If desired a written request could be made	o the Executive Board.
Part XI, Line 9: Last year the Building Fund balance was overstated by \$604 for an unknown in	eason. This adjustment will bring the fund
balance back in line to the correct amount.	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Kams' Society	51-0172747
***************************************	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3
······································	
,	
***************************************	
•	