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## <sub>Form</sub> 990

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

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public Inspection

A	For the	2016 cale	ndar year, or tax year beginning , 2016, and end	ling		, 20		
В	Check if a	applicable	C Name of organization Kams' Society		D Emplo	yer identification nu	ımber	
	Address of	change	Doing business as		1	51-0172747		
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street address) Room/	surte	E Teleph	one number		
	Initial retu		P. O. Box 37834		Ì	(808)5950388		
$\exists$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
$\exists$	Amended		Honolulu, HI 96817	G Gross receipts \$ 99				
=			F Name and address of pnncipal officer: Sandra Siu; 45-606 Kulukeoe St.;	M(a) Is the		r subordinates? Yes	99,574	
	Африсанс	on penuing	Kaneohe, HI 96744	1		es included? Yes		
	T					a list (see instruction		
-	Тах-ехеп		☐ 501(c)(3) ☐ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	<del></del> -		•	10,	
	Website:					n number ▶		
_			Corporation Trust Association Other ► L Year of form	nation 192	9 M Stat	e of legal domicile	HI	
۲	art I	Summ	<del></del>	<del></del>				
	1	Briefly de	escribe the organization's mission or most significant activities: Bene	volent, chari	table, elee	mosynary, non-p	rofit	
Activities & Governance	} 9	organizat	ion (persons with the last name Kam), help to perpetuate the Chinese cul	ture and assi	st membe	rs in times of nee	d	
ā			nd funerals)					
<u>е</u>	2 (	Check th	is box ▶☐ if the organization discontinued its operations or disposed	d of more tha	an 25% o	f its net assets.		
ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)		. 3	1		
æ	4 1	Number	of independent voting members of the governing body (Part VI, line 1	b)	. 4		-	
jes	5	Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)		. 5			
₹	1		nber of volunteers (estimate if necessary)		. 6			
Ş			elated business revenue from Part VIII, column (C), line 12		. 7a	†		
_	1		lated business taxable income from Form 990-T, line 34		. 7b	<del> </del>		
	<del> </del>			Prior		Current Ye		
	8	Contribut	tions and grants (Part VIII, line 1h)		29	<del>†</del> -		
9	1				<b>'</b>	320		
Revenue	1	•	service revenue (Part VIII, line 2g)	ļ		<del> </del>		
æ	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<del></del>	4,493		3,978	
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	(12,823		23,892	
	<del></del>		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del> </del>	(8,301)	)	28,267	
	I .		nd similar amounts paid (Part IX, column (A), lines 1-3)			<del> </del>		
	1		paid to or for members (Part IX, column (A), line 4)			<u> </u>		
98	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>		<u> </u>		
Expenses			onal fundraising fees (Part IX, column (A), line 11e)			<u> </u>		
ğ	b ·	Total fun	draising expenses (Part IX, column (D), line 25) ▶					
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	\L	21,054	1	20,043	
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,054		20,043	
	19	Revenue	less expenses. Subtract line 18 from line 12	(EX	(29,355)	)	8,224	
2 8			sets (Part X, line 16)	Beginning of	Current Year	End of Yes	ar	
et Assets or ind Balances	20	Total ass	ets (Part X, line 16)	72-	779,612	2	788,656	
88 B	21		polities (Part X, line 26)		6,005		6,205	
₹Ē	22		ts or fund balances. Subtract line 21 from line 20	1	773,607	<del> </del>	782,451	
	art II		ture Block	<del>-</del>	1.0,00.	<del>'</del>	702,101	
_			ry, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the hest of	my knowledge, and	helief it is	
tru	e, correct,	and comp	lete declaration of preparer (other than officer) is based on all information of which prepa	rer has any kno	wledge.	1	200., 120	
_			hun bon		2/1	117	<del></del>	
Sig	an l	Sign	ature of officer		Date Land	-		
_	re							
		Tvn	or print name and title					
		<u> </u>	<del></del>	Date	<del></del>	PTIN		
	iid		populario i repeate o digrattico		Check			
	eparei			<del></del>		nployed		
	e Only	Firm's r	<del></del>	F	rm's EIN ▶			
		Firm's a	ddress ▶	<u>P</u>	hone no.			
ма	v the IR	S discus	s this return with the preparer shown above? (see instructions)			Yes	☐ No	

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y

Form **990** (2016)

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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,"	ا ا		
_	complete Schedule A	1 2		<del>/</del>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		<u> </u>
_	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? 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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	i	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, VII, 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	<b>√</b>	
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		<b>√</b>
e f	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		1
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	<u> </u>	1
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		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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	The state of the s			

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	_===		<u> </u>
	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			<u> </u>
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		<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):	- 4		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N.	30		<b>-</b>
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- SE		<del>'</del>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del>-</del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<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		<b>√</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del>-</del>
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38		✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		/
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-10		<b>-</b>
2a	Statements, filed for the calendar year ending with or within the year covered by this return 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		<b> </b> ✓
Ь	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		1
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		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  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
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ė
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
þ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\ <u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>✓</b>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12	·		
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<b>/</b>
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		1
а	Note. See the instructions for additional information the organization must report on Schedule O.	a	-	+*
ь	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	l	1

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Coot:	Check if Schedule O contains a response or note to any line in this Part VI	<del>- :</del>	<u>····</u>	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 20			
ıa	If there are material differences in voting rights among members of the governing body, or			}
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			} }
b	Enter the number of voting members included in line 1a, above, who are independent . 15			} }
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		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6	<b>✓</b>	<b> </b> -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>,</b>		,
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		<del></del>
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	13		<del>                                     </del>
•	the year by the following:			}
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	-	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		$\overline{}$
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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.			-
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 use 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		<b>/</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>/</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			) )
а	The organization's CEO, Executive Director, or top management official	15a		1
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	_		L
	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		-	[ ]
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► Hawaii			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)e	OnkA
	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(	<sub>0)(</sub> 0)3	· Orny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	erest i	oolic	y, and
	financial statements available to the public during the tax year.	- / 1	- 2	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	<b>&gt;</b>	
	Lon S. C. Kam; P. O. Box 37834; Honolulu, Hi 96817; (808)5950388			

Form	oon	(2016)	

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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	nor any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
				•	C)			ľ		
(A)	(B)	(do n	ot ch		rtion more	than c	ne	(D)	(E)	(F)
Name and Title	Average	box,	do not check more that ox, unless person is b		is both an		Reportable	Reportable	Estimated amount of	
	hours per week (list any	<del> </del> -			_	or/trustee)		compensation from	compensation from related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sandra S. Y. Siu	Minimal									
President		<u> </u>	_	1	_		L_	None	None	None
(2) Wendy Mow-Taira	Minimal	}	]				1		1	
1st Vice President	<u> </u>	<u> </u>	<b>.</b>	✓		ļ	<u> </u>	None	None	None
(3) Mona McNamara	Minimal									
2nd Vice President			_	1	ļ	L	<u> </u>	None	None	None None
(4) Carin Chun Lim	Minimal	!				ŀ	l	1	i	
3rd Vice President		L	<u> </u>	✓	<b> </b>			None	None	None
(5) Lynette Kam	Minimal			/	}					
Recording Secretary	<del></del>	-	-	*	-		┝	None	None	None
(6) Paulette S. I. Ing	Minimal	1		1					<b></b>	•1
Corresponding Secretary			-	-		<del> </del>	├	None	None	None None
(7) Molly P. Y. Kam	Minimal	1	ĺ	1	1	<b>i</b> 1	İ			N
Chinese Secretary	Baineinn al	<del> </del>	├	-			┝	None	None	None
(8) Lori S. C. Kam Treasurer	Minimal		}	1		}	Ì	None	None	None
(0)	Minimal	<del>                                     </del>	<del>                                     </del>	Ϋ́	_	-	-	None	None	None
(9) Thomas K. Y. Kam Auditor			}	1	]	,		None	None	None
(40) MGHILLER K. V. Kama	Minimal	_	$\vdash$	<del>                                     </del>	1		-	1.01.0	10000	
Sqt. At-Arms		1	[	1		[		None	None	None
(11) Jan Caleen Ching	Minimal	<del>                                     </del>	<u>†                                      </u>	Ť	$\vdash$		$\vdash$	1.0110		145116
Director		1	1	1	1	}		None	None	None
(12) Valerie Kam Chong	Mınimal									
Director		1	]	ļ	)		_	None	None	None
(13) Margaret Manangan	Minimal	}		Γ		]				
Director		<b>/</b>	<u>L</u> _	L_	L		L.	None	None	None
(14) Lawerence Siu	Minimal									
Director		1	1	1	ł	ł	1	None	None	None

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
			}		•	C)			]		1			
	(A)	(8)	(do n	ot ch		ition more	than c	ne	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	_[		mated	
		hours per week (list any					or/trust		compensation from	compensation fro related	m)		unt of ther	
		hours for	Individual trustee or director	ing	Officer	<b>€</b>	결률	Former	the	organizations		comp	ensatio	n
		related	l rec	ŝ	er		S de s	릴	organization (W-2/1099-MISC)	(W-2/1099-MISC	)		n the nzation	
		organizations below dotted	호트	20		employee	8 8	ĺ	(44-2/1099-WISC)				related	
		line)	Z gg	2		8	l mg		Ì			organ	ization:	s
		}	8	institutional trustee			Highest compensated employee	}			}			
(15) Sa	lly B. H. Kam	Minimal					-	-						
	ector		1						None	Non	e			None
(16) Je	fferson N. C. Kam	Minimal							]					
	operty Trustee		/			<u> </u>	ļ	<u> </u>	None	Non	ie			None
(17) Le	onard JKH Kam	Minimal	١,			1	į							
	operty Trustee	-	/			├—	ļ	-	None	Non	ie			None
	lph Kam	Minimal	1			ł	}	ŀ			}			M
	operty Trustee	Nainimal	-	-		┝		<del> </del> -	None	Non	ie			None
	omas K. Y. Kam operty Trustee	Minimal	1			1			None	Nor				None
		Minimal	<del>'</del> -	H		$\vdash$		<u> </u>	Hone	1401				NONE
	pperty Trustee	- <del></del>	1	1			ł	l	None	Non	ie			None
(21)	sporty reaction													
								_						
(22)		ļ							ł					
(23)														
			<u> </u>	_			ļ	<u> </u>	<del> </del>	ļ	—			
(24)		<del> </del>												
(25)														
1b	Sub-total			<u>.                                    </u>	·	<u> </u>		<b>•</b>	<del> </del>		+			
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>			1			
đ	Total (add lines 1b and 1c)						· _•	<b>&gt;</b>						
2	Total number of individuals (including bur reportable compensation from the organi		to th	nose	list	ted	above	e) w	no received m	ore than \$100,	000 o	f		
													Yes	No
3	Did the organization list any former of							əmb	oloyee, or high	nest compensa	ated			
	employee on line 1a? If "Yes," complete							•				3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	ind other comp	pensation from	the			
	organization and related organizations	-		150,						nedule J for s	uch			اا
_												4		1
5	Did any person listed on line 1a receive of for services rendered to the organization											- <u>-</u> -		<b></b> _
Section	on B. Independent Contractors				_			_					L	
1	Complete this table for your five highest compensation from the organization. Rep													
	year.							,	, car on any m					
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C)	ation	
	<del></del>	-												
					_									
2	Total number of independent contractor	re (include	na hi	rt - c	ot	limit	ed to	\	nee listed ah	ove) who				
	received more than \$100,000 of compens							, u						!
								-					200	. — —

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c	20				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,					
ontribu nd Oth	g	and similar amounts not included above 11  Noncash contributions included in lines 1a-1f \$	300				
	<u>h</u>	Total. Add lines 1a-1f		320			
Program Service Revenue	20	Chiet Daymonto	Business Code				
Reve	2a b	Shirt Payments				<del> </del>	
8	c						
2	d	***************************************					
E	е						
gra	f	All other program service revenue.					
£	g	Total. Add lines 2a-2f	▶	77			
	3	Investment income (including divident					
		and other similar amounts)		3,978		<b>_</b>	
	4	Income from investment of tax-exempt b	•	-			
	5	Royalties	(ii) Personal			<del></del>	
	6a	Gross rents 95,199	<del>                                     </del>				
	b	Less: rental expenses 71,307					
	C	Rental income or (loss)					
	d		•	23,892			
	7a	Gross amount from sales of (i) Securities	(ii) Other	23,032			
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	C	Gain or (loss)	1				
90	d 8a	Net gain or (loss)	▶				1
Other Revenue		events (not including \$ of contributions reported on line 1c).					
<b>J</b>		See Part IV, line 18 a					
# 5		Less: direct expenses b					
		Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19 a					
	ь	Less: direct expenses b					
	С	Net income or (loss) from gaming act	ivities ►				·
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b			 		
	С	Net income or (loss) from sales of inv					
	4.	Miscellaneous Revenue	Business Code		<del>-</del>		
	11a						
	b						
	C	All other revenue					
	d e	Total. Add lines 11a-11d		-			
	12	Total revenue. See instructions		28 267			<u> </u>

Part IX Statement of Functional Expenses
--

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX									
	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 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	:								
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):  Management									
a b	Legal									
c	Accounting									
d	Lobbying	· <del></del>								
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16 17	Occupancy									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	11.738								
20	Interest	,,,,,,,,								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	2,659								
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
a	Scholarship	2,400								
b	Welfare	700								
d	Society Gifts and Donations Newsletter and Supplies	1,660 476								
a e	All other expenses Miscellaneous	4/6								
25	Total functional expenses. Add lines 1 through 24e	20,043	L-, <u> </u>							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	54,010								

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . 74,062 1 68.817 2 2 Savings and temporary cash investments . . . . . 682,490 696,779 3 3 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Assets 7 Notes and loans receivable, net . . . . . . 8 Inventories for sale or use . . . 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 23,060 10c 56,149 23,060 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . Investments-program-related. See Part IV, line 11. 13 13 14 14 Intangible assets . . . . . . . . . . . . . . . . 15 Other assets. See Part IV, line 11 . . . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 779,612 788,656 17 17 Accounts payable and accrued expenses . . . . . . 18 18 Grants payable . . . . . . . . . . 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 6,005 6,205 26 Total liabilities. Add lines 17 through 25 26 6,005 6,205 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . . . . . . . . . . . 202,273 212,078 28 Temporarily restricted net assets . . . . . . 28 29 29 571,334 570,373 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 33 Total net assets or fund balances . . . . . . . . . . . . . . . . . 33 773,607 782,451 Total liabilities and net assets/fund balances . 779,612 34 788,656 Form **990** (2016)

Form 9	0 (2016)		Pa	ge 12
Par		-		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			28,267
2	Total expenses (must equal Part IX, column (A), line 25)		2	20,043
3	Revenue less expenses. Subtract line 2 from line 1			8,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		77	73,607
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			(620)
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		71	32,451
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 ☑ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	'		1
b	Were the organization's financial statements audited by an independent accountant?	2b		<b>7</b>
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	ļ	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	130		<del>                                     </del>
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	]	ļ
			- aar	(2016)

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes" on 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

Inspection

Open to Public

Name of the organization Employer identification number 51-0172747 Kams' Society Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part 1 Complete if the organization answered "Yes" on Form 990. Part IV. line 6. Total number at end of year . . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on 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 a 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 Total acreage restricted by conservation easements . . . . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(i) 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. Part III Complete if the organization answered "Yes" on 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: 

	•					
chedul	e D (Form 990) 2016					Page <b>2</b>
Part		Collections of	Art, Historical	Treasures, or O	ther Similar Ass	
3	Using the organization's acquisition, collection items (check all that apply):					
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Othe	r		
C	☐ Preservation for future generations	6				
4	Provide a description of the organizat XIII.					
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				☐ Yes ☐ No
Part					_	_
	Complete if the organization 990, Part X, line 21.					
1a	Is the organization an agent, trustee,					
						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:	-T	
	Denieutes between			<u> </u>		ount
C	Beginning balance				<del></del>	<del></del>
ď	Additions during the year				<del></del>	
e f	Distributions during the year Ending balance				<del></del>	
-	Did the organization include an amoun				<del></del>	☐ Ves ☐ No
	If "Yes," explain the arrangement in Pa					
	V Endowment Funds.	and the state of t	o ii dio onpianago			<u> </u>
	Complete if the organization	answered "Yes	" on Form 990, I	Part IV, line 10.		
-		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and					
	losses				<u></u>	<del></del>
d	Grants or scholarships					
е	Other expenditures for facilities and				ļ	
_	programs			ļ		<del>-</del>
f	Administrative expenses	<u> </u>	<u> </u>	<del> </del>		<u> </u>
9 2	End of year balance  Provide the estimated percentage of t	ha aurent voor or	d balance (line 1s	r column (a)) hold	1	<u> </u>
۷,	Board designated or quasi-endowmen			j, column (a)) nelu	as.	
b	Permanent endowment	%	/0			
c	Temporarily restricted endowment ▶	··′″ %				
•	The percentages on lines 2a, 2b, and		00%.			
3a	Are there endowment funds not in the organization by:			at are held and ac	lministered for the	Yes No
	(i) unrelated organizations					3a(i)
	- I.I.					3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	l as required on S	chedule R?		3b
4	Describe in Part XIII the intended uses					
Part	, , ,					
	Complete if the organization					Part X, line 10.
	Description of property	(a) Cost or of	ther basis (b) Cost	or other basis (c)	Accumulated	(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
b	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	agual Form 990, Part	X. column (B), line 1	2c.)	23.060

Part VII	Investments—Other Securities.			
<u> </u>	Complete if the organization answered "Yes" on F		ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial		·	<u></u>	
• •	neld equity interests	·		
(A)				·
(B)			<del> </del>	<del></del>
(C)			<del> </del>	<del></del>
(D)			<del></del>	<del> </del>
(E)			<del></del>	<del></del>
(F) (G)				<del>/</del>
(H)			<del> </del>	
	h) must equal Form 000 Part V and /D) line 12)			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related.	<del></del>		
rait viii	Complete if the organization answered "Yes" on F	orm 990 Part IV li	ne 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	<del></del>	hod of valuation
	as Description of investment	(2) Book value	, , ,	of-year market value
(1)		<del></del>	1	<del> </del>
(2)			<del> </del>	
(3)				
(4)				<del> </del>
(5)				
(6)				
(7)				
(8)	,			
(9)			<u> </u>	·
	b) must equal Form 990, Part X, col (B) line 13 ) ▶	<u> </u>	1	
Part IX Other Assets.				
	Complete if the organization answered "Yes" on F	orm 990, Part IV, II	ne 11a. See Form	(b) Book value
	(a) Description	<del></del>		(b) Book value
(1)				<u></u>
(2)				
(4)			<del></del>	
(5)				<u> </u>
(6)		<del> </del>	<del> , - , - , - , - , - , - , - , - </del>	<del></del>
(7)		<del></del>	<del>-, -,,,</del> ,	<del></del>
(8)		<del></del>		<del></del>
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>.</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	form 990, Part IV, li	ine 11e or 11f. See	Form 990, Part X,
	line 25		<del></del>	
1.	(a) Description of liability (b) Book value	•		
(1) Federal in	ncome taxes			
(2) Tenant (	deposits	6,205		
(3)				
(4)				
(5)		<del></del>		
(6)				
(7)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,205		
	r uncertain tax positions. In Part XIII, provide the text of the foc		on's financial stateme	ents that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). C			

Part			m.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total revenue, gains, and other support per audited financial statements	za. 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • •	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
_	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
-	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part >			turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
	Total expenses and losses per audited financial statements	1	<del></del>
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
_	Donated services and use of facilities		
	Prior year adjustments		
-	Other losses		
	Other (Describe in Part XIII.)	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	<del></del>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<del></del>
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	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 >	III Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		
		***	
<b></b>			•••••••••••••••••••••••••••••••••••••••

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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### 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.

2016

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

OMB No 1545-0047

Name of the organization	Employer identification number			
Kams' Society	51-0172747			
Part I - Gross receipts \$99,574 is the total of new member fees \$20, donations of \$300, investment income of \$3,978 and gross rents of				
\$95,199.				
Part IV, Line 4e - The program expenses not detailed are comprised of Welfare \$700, Society Gifts and	Donations of \$1,660, Newsletter and			
Supplies of \$476 and Miscellaneous of \$410				
Part VI, Line 6 - The organization is a benevolent, charitable, eleemosynary non-profit organization for	persons having the last name Kam.			
All persons related to a Kam who apply are considered members.				
Part VI, Line 8a and 8b - Minutes of the Executive Board and General Membership Meetings are maintain	ned. Standing committees report			
to the Executive Board and General Membership as needed and are also documented in the meeting m	inutes.			
Part VI, Line 11a - The organization Auditor is tasked with the preparation of the Form 990. Copies of the	he return are provided to the			
organization Treasurer and the organization Recording Secretary to be included in the permanent reco	rds of the organization. The return			
ıs 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 distrit	oute any of its governing documents,			
policies or financial statements. If desired a written request can be made to the Executive Board who	-			
Part XI, Line 8 - Last year the Building Fund balance was overstated by \$620 for an unknown reason. T	his adjustment will bring the fund			
back into line to the correct amount. The adjustment is not a material amount.				

Schedule O (Form 990 or 990-EZ) (2016)		Page Z
Name of the organization	Employer identification number	
Kams' Society	51-0172747	
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