Form **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

Department of the Treasury Internal Revenue Service 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inte	mal Revenu		► Go to www.irs.gov/Form990 for instructions and the lates	st information.		Inspection					
A	For the	2017 cale	ndar year, or tax year beginning , 2017, and end	ing		, 20					
В	Check if	applicable	C Name of organization_Kams' Society		D Employe	er identification number					
	Address	change	Doing business as			51-0172747					
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telephor	ne number					
	Initial retu	um	P. O. Box 37834			(808)5950388					
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
	Amended	return	Honolulu, HI 96817		G Gross re	ceipts \$ 93,900					
	Application	on pending	F Name and address of principal officer Sandra Siu, President	H(a) is this a c		subordinates? Yes Vo					
	•		45-606 Kulukeoe St , Kaneohe, HI 96744			included? Yes No					
$\overline{}$	Tax-exem	npt status:	☐ 501(c)(3)			list. (see instructions)					
J	Website:			 1	exemption	number ▶					
ĸ	Form of o	rganization [Corporation Trust Association Other ► L Year of form			of legal domicile HI					
	art I	Summ									
	_		scribe the organization's mission or most significant activities: Bene	evolent, charitat	ole, eleemo	svnarv. non-profit					
æ			on (persons with the last name Kam), help to perpetuate the Chinese culture a								
Activities & Governance			d funerals)								
Ç₩.	2	Check thi	s box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of i	its net assets					
Ç.			of voting members of the governing body (Part VI, line 1a)	or more than	3	no not abooto.					
୍ଧ			of independent voting members of the governing body (Part VI, line 1)	 h)							
C.S			nber of individuals employed in calendar year 2017 (Part V, line 2a)	o,	5						
``\``	1		nber of volunteers (estimate if necessary)		6						
्र् ष्ट्	I .		elated business revenue from Part VIII, column (C), line 12		7a						
2			ated business taxable income from Form 990-T, line 34		7b						
Ē		. 101 0111011	RECEIVED	Prior Ye		Current Year					
	8 (Contribut	ions and grants (Part VIII, line 1h)		320	6					
Revenue	1		service revenue (Part VIII, line 2g)		77	. 0					
	10	Investme	nt income (Part VIII, column (A), lines 4, and 7d) \$ 2018		3,978	906					
ريد	11	Other revi	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
n		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 23,892 58,52 Total revenue—add lines 8 through 11 (must equal Part VIII) column (A), line 12) 28,267 59,43									
			d similar amounts paid (Part IX, column (A), lines 1-3)	+	20,201						
			paid to or for members (Part IX, column (A), line 4)								
/A	ſ		other compensation, employee benefits (Part IX, column (A), lines 5–10)		-						
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	-							
E S			training expenses (Part IX, column (D), line 25) ►								
Ä			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	20,043	18,630					
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		20,043	18,630					
			less expenses. Subtract line 18 from line 12		8,224	40,805					
- g	13 1	revenue	ess expenses. Subtract line to front line 12	Beginning of Cu		End of Year					
ance	20	Total acce	ets (Part X, line 16)	Deginning of Oc	788,656	830,436					
Net Assets or Fund Balances	21		lities (Part X, line 26)		6,205	6,355					
¥.5	22 1		s or fund balances. Subtract line 21 from line 20		782,451	824,081					
	rt II		ure Block	<u> </u>	702,431	024,001					
					h - h - h - f	. I I . d d b . P. &					
true	e, correct,	and comple	y, I deplare that I have examined this return, including accompanying schedules and sta rte Declaration of pregarer (other than officer) is based on all information of which prepa	tements, and to t rer has anv knowl	ne best of m ledge	ny knowledge and belief, it is					
		- 9	1 12-		N/I	1-0-7010					
Sia	n	Sinna	ture of officer	l_ Da	1,18,	veh 1, 2010					
Sign Here) Oiging	M. 12. A.1.1.	Da	ile.	•					
		Type	I Mamas Tam / Na 1777								
_		-{		Date		¬ . PTIN					
Pa		1	riopaidi 5 signature	∠al 0	Check [_] #					
	parer			· · · · · · · · · · · · · · · · · · ·	self-emp	loyed					
Us	e Only				n's EIN ▶						
Mar	the ID	Firm's ac	this return with the preparer shown above? (see instructions)	Pho	one no.						
						Yes No					
ror	raperw(UTK MEGUC	tion Act Notice, see the separate instructions.	No 11282Y		Form 990 (2017)					

Form 99	0 (2017) Pag	e 2
Part		_
	` Check if Schedule O contains a response or note to any line in this Part III	卫
1	Briefly describe the organization's mission:	
	Benevolent, chantable, eleemosynary, non-profit organization (persons having last name Kam)	
	help to perpetuate the Chinese culture and assist members in time of need (illness and funerals)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,
	the total expenses, and revenue, if any, for each program service reported.	
-40	(Code:) (Expenses \$ 10,809 including grants of \$) (Revenue \$)	
4a	(Code:) (Expenses \$ 10,809 including grants of \$) (Revenue \$) Meetings and events - cost of board meetings, general membership meetings, annual spring banquet, Christmas party	
	Also includes the cost of Chinese cultural programs such as Night in Chinatown parade, dragon boat races and annual	
	Taoist Ching Ming celebration	
4b	(Code:) (Expenses \$ 2,455 including grants of \$) (Revenue \$)	
	Donations and Community Gifts - represents donations to organizations such as the Palolo Chinese Home	

<u></u>		
4c	(Code:) (Expenses \$ 2,346 including grants of \$) (Revenue \$)	
	Directors and Officers Insurance	
4d	Other program services (Describe in Schedule O.)	
-4-	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 18,630	

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Part	IV Checklist of Required Schedules		'	age
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		√
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, 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	√	M. 25420000
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		✓_
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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		√
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		√
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			*
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	18		>

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		<u> </u>
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		✓_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١.
•	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
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			/
24a		23		<u> </u>
440	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	i i		
	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
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		<u> </u>
	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		✓
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			
07		26		-
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
00	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		<u> </u>
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	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			,
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		√
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	<u> </u>	<u> </u>
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	502		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		✓

Form **990** (2017)

				-3
Part				
	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 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		√
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	- 1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	~ · ·
Ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?			1
		4a		
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		√
þ	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		
6 a	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		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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?	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		√
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
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		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>
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
0	Note. See the instructions for additional information the organization must report on Schedule O.	138		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
•	the organization is licensed to issue qualified health plans			
c	100			
				-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
U	ni i tes, i has it filou a form i zu to report these payments (if "No." provine an explanation in Schedule ()	14b	ı İ	1

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, as response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI				
Sooti		<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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1	
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	✓	√ √	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a b	The governing body?	8a 8b	√	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - 1	1	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1	
	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?	10a			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 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		1	
14 15	Did the organization have a written document retention and destruction policy?	14		√	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]			
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	V	
b	Other officers or key employees of the organization	15b	<u> </u>	✓	
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		/	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Section	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed Hawaii Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)	
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	y, and	
20	State the name, address, and telephone number of the person who possesses the organization's books and re Lon S. C. Kam; P. O. Box 37834; Honolulu, HI. 96817, (808)5950388	cords	:▶		

Form 990 (2017)

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees, I	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 neith	er the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and	(B) Average hours per	(do n box, office	ot ch	Pos neck ss pe d a d	c) ation more	e than o is both or/trus	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated	
		hours for related organizations below dotted line)		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		Mınımal					-	-		-	
President	***	IVIIIIIIII	ŀ	ŀ	1				None	None	None
(2) Wendy Mow-Taira		Mınımal			<u> </u>	-	-	-	None	None	None
1st Vice President					1				None	None	None
(3) Mona McNamara		Mınımal			Ť			-	710110	110110	110110
2nd Vice President					1				None	None	None
(4) Carın Chun Lim		Minimal						\vdash			
3rd Vice President		†	,		1			Ì	None	None	None
(5) Lynette Kam		Mınımal								-	
Recording Secretary					1			1	None	None	None
(6) Paulette S I. Ing		Minimal									
Corresponding Secreta	iry				1				None	None	None
(7) Molly P Y. Kam		Mınımal									
Chinese Secretary					✓				None	None	None
(8) LoriSC Kam		Minimal									
Treasurer					✓				None	None	None
(9) Thomas K Y. Kam		Minimal									
Auditor					1		_		None	None	None
(10) William K Y Kam		Mınımal									
Sgt At-Arms					✓				None	None	None
(11) Jan Caleen Ching		Minimal									
Director			✓				_		None	None	None
(12) Valerie Kam Chong		Minimal									
Director			4						None	None	None
(13) Margaret Manangan		Mınımal				,					
Director	· · · · · · · · · · · · · · · · · · ·		√						None	None	None
(14) Lawerence Siu		Mınımal									
Director			✓				L		None	None	None

•	(A) Name and title		(C) Position (do not check more the box, unless person is officer and a director/for director for director fo					an Reportable		(E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensation		of tion on
		below dotted line)	trustee	Institutional trustee		оуее	Highest compensated employee						i relate nizatio	
	Sally B H Kam	Mınımai							None		None			None
	Director Jefferson N. C. Kam	Mınımal	/	\dashv		Н			None		None			140116
	Property Trustee		✓						None		None			None
	eonard JKH Kam	Mınımal												
	Property Trustee		'					_	None	<u>!</u>	None			None
	Ralph Kam Property Trustee	Minimal	, l						None		None			None
	Thomas K. Y. Kam	Mınımal				_	-		140110	<u> </u>	10110			
	Property Trustee		1						None	ı	None			None
(20)	Wesley K H Kam	Mınımal			-									
	Property Trustee		✓.						None	!	None			None
(21)											1			
(22)					:					:				
(23)														
(24)											- 1			
									-					
(25)														
1b	Sub-total							▶						
c	Total from continuation sheets to Part				•		Ċ	•						
d		<u> </u>				<u> </u>		>						
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,00	of of		
	reportable compensation from the organ	zation >							<u></u>				Т	T
3	Did the organization list any former of	ficer direc	tor c	r tr	uete	96	kev e	mr	alovee or high	est compe	nsate	H [Yes	s No
•	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comp	ensation fro	om th	e		1
	organization and related organizations									edule J fo	r suc			
_	individual										e e Dominio	. 4	ļ	-
5	Did any person listed on line 1a receive of for services rendered to the organization											5		
Section	on B. Independent Contractors					-							1	1
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	Iress	-						(B) Description of s	ervices		(C) Compen)
								_						

Part VIII										
		Check if Schedule C	contains a res	ponse or note to				· · · · · · · · · · · · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
ats tts	1a	Federated campaigns	s 1a]						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	6						
å, e	C	Fundraising events .	1c							
a g	d	Related organizations	s 1d							
ž į	е	Government grants (con			}					
tion w	f	All other contributions, g					,	,		
₽₹	1	and similar amounts not included above		0]		!	,		
ĔĞ	g	Noncash contributions include	· · · · · · · · · · · · · · · · · · ·							
	h	Total. Add lines 1a-1	<u>f</u>	<u> ▶</u>	6					
Program Service Revenue				Business Code						
Se .	2a					. <u></u>				
æ.	ь			<u> </u>						
Z.	C									
జ్ఞ	d						-			
眶	e	A11 - 11-					 			
o.	7	All other program sen		L		··	.l	<u> </u>		
	3	Total. Add lines 2a-2 Investment income	fincluding divid	lands interest			1			
		and other similar amo			906					
	4	Income from investment	•							
	5	Day - 181	· · · · · ·							
		Hoyamoo	(i) Real	(ii) Personal						
	6a	Gross rents	94,080							
	b	Less: rental expenses	35,557							
	c	Rental income or (loss)		 						
	d	Net rental income or	(loss)		58,523					
	7a	Gross amount from sales of	(i) Securities	(ii) Other			1			
		assets other than inventory								
	ь	Less: cost or other basis								
		and sales expenses .								
	С	Gain or (loss)								
	d	Net gain or (loss) .		>						
<i>a</i> >										
IZE	8a	Gross income from fu	ındraising							
Other Reven		events (not including \$		-						
&		of contributions reporte			}		ļ			
Ē		See Part IV, line 18 .	-					!		
ਠ		Less: direct expenses								
		Net income or (loss) f		events . ►		·	ļ			
	9a	Gross income from ga			1			j		
		See Part IV, line 19 .								
		Less: direct expenses								
	1	Net income or (loss) f		ivities		_ 	 			
	IVa	Gross sales of in returns and allowance								
	L.		-				1			
	b	Less: cost of goods s Net income or (loss) f								
	<u> </u>	Miscellaneous R		Business Code			 			
1	11a					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b				 		 			
	C						 			
	d	All other revenue .								
	е	Total. Add lines 11a-		. .	 					
	40	Tatal revenue Con in			50.425	······································	 			

Form 9	90 (2017)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
•	Check if Schedule O contains a respon-	se or note to any lin	ne in this Part IX		🛘
	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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
а	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
C	Accounting				
d e	Lobbying				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses		······································		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	10,609			
20	Interest	10,003	· - · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,346			
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.)				
а	Scholarship	1,750			<u></u>
b	Welfare	460			
C	Society Gifts and Donations	2,455			···
d	Newsletter and Supplies	634) 376			
е 25	All other expenses Miscellaneous Total functional expenses. Add lines 1 through 24e	18,630		 	
26	Joint costs. Complete this line only if the	10,030		 	
	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)				

Ш	artx					
		Check if Schedule O contains a response or	r note to any line in this Par			<u> Ц</u>
•	•			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		68,817	1	109,177
	2	Savings and temporary cash investments	, , , , , , , , , , , , , , , , , , ,	696,779	2	698,199
	3	Pledges and grants receivable, net	F		3	
	4				4	
	5	Loans and other receivables from current and	F			<u> </u>
		trustees, key employees, and highest co	ompensated employees.			
	}	Complete Part II of Schedule L	<u> </u>	····	5	······································
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd contributing employers and harry employees' beneficiary		6	! !
set	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	·-
1	_				9	···············
	9 10a	Prepaid expenses and deferred charges			9	
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	70 200			į
		'	10a 78,209			
	b	Less: accumulated depreciation	10b 56,149	23,060		23,060
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line	F		12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
_	16	Total assets. Add lines 1 through 15 (must equa		788,656		830,436
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D .		21	
es	22	Loans and other payables to current and for	ormer officers, directors,			
Ė		trustees, key employees, highest compen				
Liabilities		disqualified persons. Complete Part II of Schedu	ule L		22	
اِ ت	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D		6205	25	6,355
	26	Total liabilities. Add lines 17 through 25		6,205	26	6,355
		Organizations that follow SFAS 117 (ASC 958				
Se		complete lines 27 through 29, and lines 33 and	d 34.			
aŭ	27	Unrestricted net assets		212,078	27	222,915
39	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets		570,373	29	601,166
5		Organizations that do not follow SFAS 117 (ASC 9				· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds			30	
Set	31	Paid-in or capital surplus, or land, building, or ed			31	
Ą	32	Retained earnings, endowment, accumulated in		·····	32	<u> </u>
ŧ	33	Total net assets or fund balances		782,451		824,081
z	34	Total liabilities and net assets/fund balances	788,656		830,436	
	~~	i otal nabilities and het assets/fully balaftes .		, 00,000		333,700

m 9:	90 (2017)			Pa	ge 12
ar	t XI Reconciliation of Net Assets			·	
	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)	1		5	9,435
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	8,630
3	Revenue less expenses. Subtract line 2 from line 1	3		4	0,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		78	2,451
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			825
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		82	4,081
art	XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII			, ,	
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			{
	Schedule O.		1		1
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 com	oiled or			1
	reviewed on a separate basis, consolidated basis, or both:		1		4
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				İİ
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:		1	}	Ì
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		} .		L
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		i
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3b

Form **990** (2017)

Schedule O.

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the or	ganization		Employer identification number			
Kams	Society	y		51-0172747			
Pa	rt i	Organizations Maintaining Donor Adv Complete if the organization answered					
			(a) Donor advised funds	(b) Funds and other accounts			
1	Total	number at end of year					
2		egate value of contributions to (during year)					
3		egate value of grants from (during year) .					
4		egate value at end of year					
5	Did t	he organization inform all donors and donors are the organization's property, subject to the					
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?		or any other purpose			
Par	t II	Conservation Easements. Complete if the organization answered	"Ves" on Form 990 Part IV line 7				
1	Purn	ose(s) of conservation easements held by the					
•		reservation of land for public use (e.g., recrea		f a historically important land area			
		rotection of natural habitat		f a certified historic structure			
	P	reservation of open space					
2	Com	olete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation			
	easer	ment on the last day of the tax year.	·	Held at the End of the Tax Year			
а	Total	number of conservation easements		2a			
b	Total	acreage restricted by conservation easement	ts	2b			
C	Numb	per of conservation easements on a certified I	nistoric structure included in (a)	2c			
d		per of conservation easements included in its included in its included in the National Register	(c) acquired after 7/25/06, and not	on a			
3	Numb tax ye	per of conservation easements modified, trans ear ►	sferred, released, extinguished, or terr	ninated by the organization during the			
4		per of states where property subject to conse					
5	Does violat	the organization have a written policy re- ions, and enforcement of the conservation ea	garding the periodic monitoring, ins sements it holds?	pection, handling of			
6	Staff a	and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year			
7	Amou ►\$	nt of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year			
8	Does and s	each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of				
9	balan	nt XIII, describe how the organization reports of ce sheet, and include, if applicable, the text of exation's accounting for conservation easeme	of the footnote to the organization's fir	e and expense statement, and nancial statements that describes the			
Par		Organizations Maintaining Collections Complete if the organization answered '					
1a	works	organization elected, as permitted under SF, s of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its assets held for public exhibition, ed	revenue statement and balance sheet ducation, or research in furtherance of			
L		service, provide, in Part XIII, the text of the f					
Б	works public	organization elected, as permitted under S of art, historical treasures, or other similar service, provide the following amounts relati	assets held for public exhibition, eding to these items:	ducation, or research in furtherance of			
	(i) Re	evenue included on Form 990, Part VIII, line 1		▶ \$			
	(ii) As	evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		▶ \$			
2	follow	organization received or held works of art, ring amounts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	r assets for financial gain, provide the tems:			
a	Rever	nue included on Form 990, Part VIII, line 1 .		<u>• \$</u>			

_						
٠,	hor	drila	n (Form	OOU)	2017

_	•
Page	2

Par	Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	rds, ched	k any of the	follow	ing that are a si	gnificant u	se of its
а	☐ Public exhibition		d	□ Loan	or exchange	e progr	ams		
b	☐ Scholarly research								
c	Preservation for future generations		•		• ••••				
4	Provide a description of the organizati		and eval	ain how t	hev further t	he ora	anızation'e even	nt nurnose	in Part
	XIII.		ina oxpii	2	noy rantinon t	ilo olgi	anization o exem	ipi puiposi	, III , Q, C
5	During the year, did the organization s	solicit or receive	donation	s of art	historical tre	age irae	or other simila	r	
	assets to be sold to raise funds rather								☐ No
Par	IV Escrow and Custodial Arrai				o organizatio			res	
	Complete if the organization 990, Part X, line 21.	answered "Yes'		-	•		·		orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intern	nediary fo	or contribution	ons or	other assets no		☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing to	able:				
	_	·		-			Ar	nount	
C	Beginning balance					1c	1		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount						account liability	? Tyes	□ No
b	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.	Train Chook hore	<i>y</i> u.i.o o.	pianatio	ao been p	2101100	d oil i dit xiii .	• • •	<u> </u>
	Complete if the organization	answered "Yes"	on For	m 990 F	Part IV line	10			
	9	(a) Current year	(b) Pri		(c) Two years		(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,		(0, 1)		(-,	(0) . 02. 70.	
b	Contributions								
C	Net investment earnings, gains, and								
·	losses								
	·	·						-	
d	Grants or scholarships						·		
е	Other expenditures for facilities and					j		Ì	
	programs						· · · · · · · · · · · · · · · · · · ·		
f	Administrative expenses							ļ	
g	End of year balance	L					 	<u> </u>	
2	Provide the estimated percentage of th		d balanc	e (line 1g	, column (a))	held a	s:		
8	Board designated or quasi-endowment	t ▶ <u></u>	_%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	possession of the	e organi:	zation tha	at are held a	nd adn	ninistered for the	·	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	wment fu	ınds.				
Part									
	Complete if the organization a	answered "Yes"	on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line	e 10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		ccumulated preciation	(d) Book va	alue
1a	Land		23,060		23,060				23,060
b	Buildings		56,149		56,149		56,149		0
c	Leasehold improvements								
d	Equipment		-					· · · · · · · · · · · · · · · · · · ·	
e	Other								
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 99	0. Part >	. column	(B), line 10c	:.) .			23,060
			,						

Part VII	Investments—Other Securities.	000 B-+W E	44b O F	000 Dark V Ear 40
	Complete if the organization answered "Yes" on Formula Description of security or category	, 		990, Part X, line 12.
·	(including name of security)	(b) Book value		of-year market value
(1) Financial			<u> </u>	
	neld equity interests	<u> </u>	<u> </u>	
			<u> </u>	
(A)			 	
(B) (C)				
(D)				
(E)		 	 	
(F)		 		
(G)	***************************************		 	
(H)	***************************************	 	 	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		 	
Part VIII	Investments Program Related.	 		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation.
			Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
(7)			<u> </u>	
(8)				
(9)			 	
	n) must equal Form 990, Part X, col. (B) line 13.) ▶	L <u> </u>		
Part IX	Other Assets.	000 D+ IV II	44 d Coo Form	000 Dark V line 15
	Complete if the organization answered "Yes" on For	m 990, Part IV, III	ne 11a. See Form	(b) Book value
74\	(a) Description	 		(b) BOOK Value
(1)				<u> </u>
(2)				
(3) (4)		<u>-</u>		
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability (b) Book value			
(1) Federal in				
(2) Tenant de	eposits	6,355		!
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)	·			
(9)	a) must aqual Form 000. Part V. ant. (D) line 05 1 h	6.255		
	b) must equal Form 990, Part X, col. (B) line 25.) ► uncertain tax positions. In Part XIII, provide the text of the footr	6,355	nn'e financial state	ente that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Che			
Signification is	s massing for an octain tax positions unual FIN 40 (A30 /40). Off	SOUTH OF THE PROPERTY OF	and recurrence mas bee	promoco in rait Air L

ar	Reconciliation of Revenue per Audited Financial Stateme			Return.	
1	Complete if the organization answered "Yes" on Form 990, I				
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	
a	Net unrealized gains (losses) on investments	2a		1 -	
b	Donated services and use of facilities	2b		-	
c	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIII.)	2d		· ".··	
8	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:	ĹĹ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
art	XII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses po	er Retur	ຠ.
	Complete if the organization answered "Yes" on Form 990, F				
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:			>4	
а	Donated services and use of facilities	2a		الشريرا و ا	
b	Prior year adjustments	2b		7 - 49 -	
C	Other losses	2c		37.00	
d	Other (Describe in Part XIII.)	2d		أستست	
e	Add lines 2a through 2d			2e	
3 1	Subtract line 2e from line 1			3	
• а	Investment expenses not included on Form 990, Part VIII, line 7b	40			
b	Other (Describe in Part XIII.)	4a 4b		1	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	 e 18.) .		5 -	
art	XIII Supplemental Information.	<i></i>	<u> </u>	1 9 1-	· · · · · · · · · · · · · · · · · · ·
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				

Schedule D (For	m 990) 2017	Page 3
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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

51-0172747

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Kams' Society Part IV, Line 4e - The program expenses not detailed are comprised of Welfare \$460, Newsletter & Supplies \$634, Scholarships \$1,750 and Miscellaneous \$376 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, Lines 8a and 8b - Minutes of the Executive Board and General Membership Meetings are maintained Standing committees report to the Executive Board and General Membership as needed and are also documented in the meeting minutes. Part VI, Line 11a - The organization Auditor is tasked with the preparation of the Form 990 Copies of the return are provided to the organization Treasurer and the organization Recording Secretary to be included in the permanent records of the organization. The return is available for inspection by the members Part VI, Line 18 - The organization is a private benevolent, charitable, eleemosynary non-profit 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 its governing documents, policies or financial statements If desired a written request can be made to the Executive Board who will make the final decision Part XI, Line 8 - Last year the Building Fund balance was understated by \$825 for an unknown reason This adjustment will bring the fund back into line to the correct amount. The adjustment is not a material amount

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