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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

|  |  |
|--|--|
| <b>A</b> For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009   |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE KOREAN-AMERICAN FAMILY SERVICE CENTER, INC.<br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>P.O. BOX 541429<br>City, town, or country State ZIP + 4<br>FLUSHING NY 11354 |
| <b>D</b> Employer identification number<br>13-3609811  | <b>E</b> Telephone number<br>(718) 539-7682  |
| <b>F</b> Group Exemption Number. ►   |  |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ►

**I** Website: ► WWW.KAFSC.ORG

**J** Organization type (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 931,386

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|  |  |           |         |
|--|--|-----------|---------|
| <b>Revenue</b>   | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | 478,045 |
|  | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  | 399,751 |
|  | <b>3</b> Membership dues and assessments   | <b>3</b>  |         |
|  | <b>4</b> Investment income   | <b>4</b>  | 1,558   |
|  | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b> | 0       |
|  | <b>b</b> Less cost or other basis and sales expenses   | <b>5b</b> | 0       |
|  | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)   | <b>5c</b> | 0       |
|  | <b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>        |           |         |
|  | <b>a</b> Gross revenue (not including \$ 200,029 of contributions reported on line 1)  | <b>6a</b> | 50,000  |
| <b>b</b> Less direct expenses other than fundraising expenses                                    | <b>6b</b>  | 39,496    |         |
| <b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | <b>6c</b>  | 10,504    |         |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                  | <b>7a</b>  |           |         |
| <b>b</b> Less cost of goods sold   | <b>7b</b>  |           |         |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | <b>7c</b>  | 0         |         |
| <b>8</b> Other revenue (describe ► Other Income)   | <b>8</b>   | 2,032     |         |
| <b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                  | <b>9</b>   | 891,890   |         |
| <b>Expenses</b>  | <b>10</b> Grants and similar amounts paid (attach schedule)  | <b>10</b> | 2,601   |
|  | <b>11</b> Benefits paid to or for members  | <b>11</b> |         |
|  | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b> | 497,512 |
|  | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b> | 37,781  |
|  | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b> | 65,859  |
|  | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b> | 17,902  |
|  | <b>16</b> Other expenses (describe ► See Attached Statement 2)   | <b>16</b> | 82,056  |
|  | <b>17</b> Total expenses. Add lines 10 through 16  | <b>17</b> | 703,711 |
| <b>Net Assets</b>  | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | 188,179 |
|  | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b> | 108,015 |
|  | <b>20</b> Other changes in net assets or fund balances (attach explanation)  | <b>20</b> | 0       |
|  | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 296,194 |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

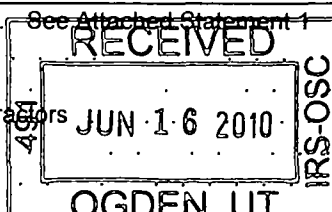
|  | (A) Beginning of year | (B) End of year   |
|--|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments   | 78,966                | <b>22</b> 254,504 |
| <b>23</b> Land and buildings   |                       | <b>23</b>         |
| <b>24</b> Other assets (describe ► See Attached Statement 3)                           | 60,627                | <b>24</b> 89,799  |
| <b>25</b> Total assets   | 139,593               | <b>25</b> 344,303 |
| <b>26</b> Total liabilities (describe ► See Attached Statement 4)                      | 31,578                | <b>26</b> 48,109  |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21). | 108,015               | <b>27</b> 296,194 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

(HTA)

SCANNED JUL 28 2010



**Part III Statement of Program Service Accomplishments (See the instructions for Part III)****Expenses**

What is the organization's primary exempt purpose? SEE BELOW FOR DESCRIPTION  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

**28** THE CENTER SERVES FAMILIES IN THE NEW YORK METRO AREA WITH PROGRAMS TO PREVENT AND END VIOLENCE IN THE HOME AND IN PARTNER RELATIONSHIPS.

(Grants \$ 2,601 ) If this amount includes foreign grants, check here ☐ **28a** 543,165

**29**

(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **29a** 0

**30**

(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **30a** 0

**31** Other program services (attach schedule)

(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **31a** 0

**32** Total program service expenses. (add lines 28a through 31a) **32** 543,165

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (See the instructions for Part IV.)

| (a) Name and address |                   | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------|-------------------|--|--|---|--|
| Name JUNGSOOK YOON   | Str PO BOX 541429 | Title EXECUTIVE  |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK DIRECTOR 40.00                                     | 19,773                                     | 0   | 0  |
| Name SEON A. AHN     | Str PO BOX 541429 | Title FORMER EXEC  |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK DIRECTOR 40.00                                     | 17,333                                     | 0   | 2,594                                    |
| Name SINAE CHRISTY   | Str PO BOX 541429 | Title ASSOCIATE  |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK DIRECTOR 40.00                                     | 47,333                                     | 0   | 4,141                                    |
| Name SARAH BJ SUNG   | Str PO BOX 541429 | Title PRESIDENT  |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 5.00   | 0  | 0   | 0  |
| Name SUE CHO         | Str PO BOX 541429 | Title TREASURER  |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 3.00   | 0  | 0   | 0  |
| Name HALI LEE        | Str PO BOX 541429 | Title SECRETARY  |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name ELLEN H. BLAU   | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 5.00   | 0  | 0   | 0  |
| Name AIYOUNG CHOI    | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 3.00   | 0  | 0   | 0  |
| Name SHIN CHOI       | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name SANDOR HAU      | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name JOUNG HEE HONG  | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name SIMI KAHN       | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name YUN YON KANG    | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name BOMSINAE KIM    | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name MYUNG SHIN LEE  | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name E. JULIA SHIN   | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 5.00   | 0  | 0   | 0  |
| Name SO-CHUNG SHINN  | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |
| Name RUTH THOMAS SUH | Str PO BOX 541429 | Title DIRECTOR   |  |   |  |
| City FLUSHING        | ST NY ZIP 11354   | Hr/WK 2.70   | 0  | 0   | 0  |

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

|      |   | Yes | No |
|------|---|-----|----|
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |     | X  |
| 34   | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  |     | X  |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T   |     |    |
| a    | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |    |
| 36   | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N  |     | X  |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>  | 0   |    |
| b    | Did the organization file Form 1120-POL for this year?  |     | X  |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?   |     | X  |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>   | N/A |    |
| 39   | Section 501(c)(7) organizations. Enter:   |     |    |
| a    | Initiation fees and capital contributions included on line 9 <b>39a</b>   | N/A |    |
| b    | Gross receipts, included on line 9, for public use of club facilities <b>39b</b>  | N/A |    |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>   |     |    |
| b    | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I  |     | X  |
| c    | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>   | N/A |    |
| d    | Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>   | N/A |    |
| e    | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>  |     | X  |
| 41   | List the states with which a copy of this return is filed <b>41</b>   | NY  |    |
| 42 a | The books are in care of <b>42a</b> Name KOREAN-AMERICAN FAMILY SERVICE CENTER, INC Telephone no (718) 539-7682   |     |    |
|      | Located at <b>42b</b> P.O. BOX 541429 City FLUSHING ST NY ZIP + 4 11354   |     |    |
| b    | 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)? If "Yes," enter the name of the foreign country <b>42b</b> |     | X  |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| c    | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country <b>42c</b>   |     | X  |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>  | N/A |    |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>  |     | X  |
| 45   | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>45</b>   |     | X  |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

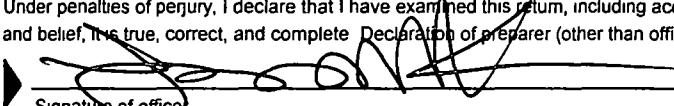
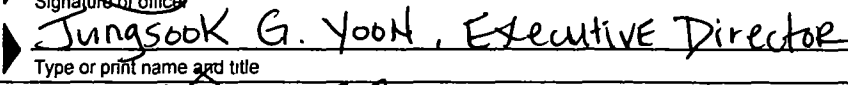
|  | Yes        | No  |
|--|------------|-----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <b>46</b>  | X   |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  | <b>47</b>  | X   |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <b>48</b>  | X   |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?  | <b>49a</b> | X   |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization?   | <b>49b</b> | N/A |

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| Name <b>None</b> Str   | Title  |                  |   |  |
| City ST ZIP  | Hr/WK .00  | 0                | 0   | 0  |
| Name Str   | Title  |                  |   |  |
| City ST ZIP  | Hr/WK .00  | 0                | 0   | 0  |
| Name Str   | Title  |                  |   |  |
| City ST ZIP  | Hr/WK .00  | 0                | 0   | 0  |
| Name Str   | Title  |                  |   |  |
| City ST ZIP  | Hr/WK .00  | 0                | 0   | 0  |
| Name Str   | Title  |                  |   |  |
| City ST ZIP  | Hr/WK .00  | 0                | 0   | 0  |
| Total number of other employees paid over \$100,000 ▶          |  | 0                | 0   | 0  |

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000  | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| Name <b>None</b> Str  |                     |                  |
| City ST ZIP   |                     | 0                |
| Name Str  |                     |                  |
| City ST ZIP   |                     | 0                |
| Name Str  |                     |                  |
| City ST ZIP   |                     | 0                |
| Name Str  |                     |                  |
| City ST ZIP   |                     | 0                |
| Name Str  |                     |                  |
| City ST ZIP   |                     | 0                |
| Total number of other independent contractors each receiving over \$100,000 ▶ |                     | 0                |

|                                 |   |  |   |   |
|---------------------------------|---|--|---|---|
| <b>Sign Here</b>                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |   |   |
|                                 | <br>Signature of officer   |  | Date <b>6/10/2010</b>                           |   |
| <b>Paid Preparer's Use Only</b> | <br>Type or print name and title  |  | Date <b>5/18/2010</b>                           |   |
|                                 | Firm's name (or yours if self-employed), address, and ZIP +4<br><b>WINNIE TAM &amp; CO, P.C.</b><br><b>50 BROAD STREET, SUITE 1837, NEW YORK, NY 10004</b>  |  | Check if self-employed <input type="checkbox"/> | Preparer's Identifying Number (See instructions)<br><b>EIN ▶ 13-3777972</b><br><b>Phone no ▶ (212) 785-4600</b> |
|                                 |   |  |   |   |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Name of the organization

THE KOREAN-AMERICAN FAMILY SERVICE CENTER, INC

Employer identification number

13-3609811

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    | 0                       |
|                                    |          |   |   |    |  |    |   |    | 0                       |
|                                    |          |   |   |    |  |    |   |    | 0                       |
|                                    |          |   |   |    |  |    |   |    | 0                       |
|                                    |          |   |   |    |  |    |   |    | 0                       |
|                                    |          |   |   |    |  |    |   |    | 0                       |
| <b>Total</b>                       |          |   |   |    |  |    |   |    | 0                       |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 246,981  | 316,460  | 323,166  | 315,369  | 478,045  | 1,680,021 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4 Total.</b> Add lines 1-3 . . . . .  | 246,981  | 316,460  | 323,166  | 315,369  | 478,045  | 1,680,021 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          | 226,370   |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .  |          |          |          |          |          | 1,453,651 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   | 246,981  | 316,460  | 323,166  | 315,369  | 478,045  | 1,680,021 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 187      | 36       | 1        | 225      | 1,558    | 2,007     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  | 348      | 4,917    | 1,139    | 839      | 2,032    | 9,275     |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |          | 1,691,303 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .   |          |          |          |          | 12       | 1,962,893 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |        |
|---|-----------|--------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 85.95% |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .   | <b>15</b> | 81.34% |
| <b>16a 33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>   |           |        |
| <b>b 33 1/3% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |           |        |
| <b>17a 10%-facts-and-circumstances-test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |           |        |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 0        | 0        | 0        |          |          | 0         |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .       | 0        | 0        | 0        |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  | 0        | 0        | 0        |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  | 0        | 0        | 0        |          |          | 0         |
| <b>6 Total.</b> Add lines 1-5 . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          | 0         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support</b> (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   | 0        | 0        | 0        |          |          | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .   |          |          |          |          |          | 0         |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |       |
|--|-----------|-------|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 0.00% |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                    | <b>16</b> | 0.00% |

**Section D. Computation of Investment Income Percentage**

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | 0.00% |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .                      | <b>18</b> | 0.00% |

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV**

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II Line 10 - OTHER INCOME IS USED FOR THE ORGANIZATION'S TAX EXEMPT ACTIVITIES

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public  
Inspection

Name of the organization

THE KOREAN-AMERICAN FAMILY SERVICE CENTER, INC

Employer identification number

13-3609811

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have<br>custody or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|--|---------------|--|----|--------------------------------------|---|---|
|  |               | Yes  | No |                                      |   |   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
|  |               |  |    | 0                                    | 0   | 0   |
| <b>Total</b>                                     |               |  |    | 0                                    | 0   | 0   |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1<br>ANNUAL GALA<br>(event type) | (b) Event #2<br>FUNDRAISING<br>(event type) | (c) Other Events<br>NONE<br>(total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |
|-----------------|---|---|---|--|--|
|                 |   |   |   |  |  |
| Revenue         | 1 Gross receipts . . . . .  | 246,299                                     | 3,730                                       | 0  | 250,029  |
|                 | 2 Less: Charitable contributions . . . . .                                | 196,299                                     | 3,730                                       | 0  | 200,029  |
|                 | 3 Gross revenue (line 1 minus line 2) . . . . .                           | 50,000                                      | 0   | 0  | 50,000   |
| Direct Expenses | 4 Cash prizes . . . . .   | 0   | 0   | 0  | 0  |
|                 | 5 Non-cash prizes . . . . .   | 0   | 0   | 0  | 0  |
|                 | 6 Rent/facility costs . . . . .   | 1,000                                       | 0   | 0  | 1,000  |
|                 | 7 Other direct expenses . . . . .   | 38,496                                      | 0   | 0  | 38,496   |
|                 | 8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶ |   |   |  | ( 39,496)  |
|                 | 9 Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶     |   |   |  | 10,504   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (Add<br>col (a) through col (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | 1 Gross revenue . . . . .  |   |   |   | 0   |
|                 |  |   |   |   |   |
| Direct Expenses | 2 Cash prizes . . . . .  |   |   |   | 0   |
|                 | 3 Non-cash prizes . . . . .  |   |   |   | 0   |
|                 | 4 Rent/facility costs . . . . .  |   |   |   | 0   |
|                 | 5 Other direct expenses . . . . .  |   |   |   | 0   |
|                 |  |   |   |   |   |
|                 | 6 Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶    |   |   |   | ( 0)  |
|                 | 8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶ |   |   |   | 0   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

|     | Yes | No |
|-----|-----|----|
| 9a  |     |    |
| 10a |     |    |
| 11  |     |    |
| 12  |     |    |

|   |  | Yes        | No |
|---|--|------------|----|
| <b>13</b>   | Indicate the percentage of gaming activity operated in   |            |    |
| <b>a</b>  | The organization's facility  | <b>13a</b> | %  |
| <b>b</b>  | An outside facility  | <b>13b</b> | %  |
| <b>14</b>   | Provide the name and address of the person who prepares the organization's gaming/special events books and records   |            |    |
| Name ► .....  |  |            |    |
| Address ► .....   |  |            |    |
| <b>15a</b>  | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | <b>15a</b> |    |
| <b>b</b>  | If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....                       |            |    |
| <b>c</b>  | If "Yes," enter name and address:  |            |    |
| Name ► .....  |  |            |    |
| Address ► .....   |  |            |    |
| <b>16</b>   | Gaming manager information:  |            |    |
| Name ► .....  |  |            |    |
| Gaming manager compensation ► \$ ..... 0  |  |            |    |
| Description of services provided ► .....  |  |            |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor |  |            |    |
| <b>17</b>   | Mandatory distributions:   |            |    |
| <b>a</b>  | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   | <b>17a</b> |    |
| <b>b</b>  | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ |            |    |

# Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

| Name and address              | Title and average hours per week devoted to position | Compensation | Contributions to emp benefit plans & deferred compensation | Expense account and other allowances |
|-------------------------------|--|--------------|--|--------------------------------------|
| Name KYUNG YI                 |  |              |  |                                      |
| Str PO BOX 541429             | Title DIRECTOR                                       |              |  |                                      |
| City FLUSHING ST NY ZIP 11354 | Hr/WK 2 70   | 0            | 0  | 0                                    |
| Name HELEN YOON               |  |              |  |                                      |
| Str PO BOX 541429             | Title DIRECTOR                                       |              |  |                                      |
| City FLUSHING ST NY ZIP 11354 | Hr/WK 2 70   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK .00  | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK .00  | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK .00  | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK .00  | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK .00  | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |
| Name                          |  |              |  |                                      |
| Str                           | Title  |              |  |                                      |
| City ST ZIP                   | Hr/WK 00   | 0            | 0  | 0                                    |

THE KOREAN-AMERICAN FAMILY SERVICE CENTER, INC  
EIN 13-3609811  
FYE 9/30/09

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**Grants Paid**

(Form 990-EZ, Part I, Line 10)

|                                |                    |                     |
|--------------------------------|--------------------|---------------------|
| Ms. An<br>Brooklyn NY 11238    | Scholarship        | \$1,500             |
| Ms. Lim<br>Flushing NY 11354   | Scholarship        | 500                 |
| Ms. Jin<br>Flushing, NY 11354  | Scholarship        | 200                 |
| Ms. Bang<br>Elmhurst, NY 11373 | Scholarship        | 200                 |
| Ms. Park<br>Flushing NY 11354  | Scholarship        | 201                 |
|                                | Total Scholarships | <u><u>2,601</u></u> |

The Korean-American Family Service Center, Inc. provides scholarship fund to domestic violence victims and survivors to support their self-sufficiency efforts. All clients information must be kept strictly confidential and we retain the right to protect our clients' privacy. In order to safeguard the scholarship recipients' confidentiality, we do not disclose their full names and addresses.

**Part I, Line 16 (990-EZ) - Other Expenses**

82,056

|    |  |    |        |
|----|--|----|--------|
| 1  | Travel, Meals and Entertainment        |    |        |
|    | a Travel                               | 1a | 10,878 |
|    | b Total meals and entertainment        | 1b |        |
| 2  | Fundraising                            | 2  |        |
| 3  | From Form 4562 - Amortization          | 3  |        |
| 4  | Conferences, conventions, and meetings | 4  | 11,383 |
| 5  | Depreciation, depletion, etc           | 5  | 6,499  |
| 6  | Equipment rental and maintenance       | 6  | 3,096  |
| 7  | Interest                               | 7  |        |
| 8  | Supplies                               | 8  | 20,652 |
| 9  | Telephone                              | 9  | 7,980  |
| 10 | Unrelated business income taxes        | 10 | 0      |
| 11 | Insurance                              | 11 | 9,464  |
| 12 | Dues, fees and subscriptions           | 12 | 505    |
| 13 | Staff recruitment and development      | 13 | 1,905  |
| 14 | Other program expenses                 | 14 | 3,000  |
| 15 | Event expenses                         | 15 | 2,935  |
| 16 | Advertising                            | 16 | 2,470  |
| 17 | Miscellaneous expenses                 | 17 | 1,289  |
| 18 |  | 18 |        |
| 19 |  | 19 |        |
| 20 |  | 20 |        |
| 21 |  | 21 |        |
| 22 |  | 22 |        |
| 23 |  | 23 |        |
| 24 |  | 24 |        |
| 25 |  | 25 |        |
| 26 |  | 26 |        |

**Part II, Line 24 (990-EZ) - Other Assets**

60,627

89,799

| Description |   | Beginning | End    |
|-------------|---|-----------|--------|
| 1           | Grants and contributions receivable                                       | 1,050     | 41,520 |
| 2           | Due from governmental agencies  | 38,185    | 23,000 |
| 3           | Prepaid expenses  | 3,888     | 7,456  |
| 4           | Fixed assets - at cost - net of accumulated depreciation and amortization | 12,084    | 12,403 |
| 5           | Security deposits   | 5,420     | 5,420  |
| 6           |   |           |        |
| 7           |   |           |        |
| 8           |   |           |        |
| 9           |   |           |        |
| 10          |   |           |        |

Part II, Line 26 (990-EZ) - Liabilities

31,578 48,109

| Description |                                       | Beginning | End    |
|-------------|---------------------------------------|-----------|--------|
| 1           | Accounts and accrued expenses payable | 15,575    | 11,995 |
| 2           | Deferred event income                 |           | 1,650  |
| 3           | Advance from governmental agency      | 16,003    | 34,464 |
| 4           |                                       |           |        |
| 5           |                                       |           |        |
| 6           |                                       |           |        |
| 7           |                                       |           |        |
| 8           |                                       |           |        |
| 9           |                                       |           |        |
| 10          |                                       |           |        |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

|  |  |  |                                |
|--|--|--|--------------------------------|
| <b>Type or print</b><br>File by the extended due date for filing the return See instructions | Name of Exempt Organization  |  | Employer identification number |
|  | THE KOREAN-AMERICAN FAMILY SERVICE CENTER, INC   |  | 13-3609811                     |
|  | Number, street, and room or suite no If a P.O. box, see instructions                   |  | For IRS use only               |
|  | P.O. BOX 541429  |  |                                |
|  | City, town or post office, state, and ZIP code For a foreign address, see instructions |  |                                |
|  | FLUSHING, NY 11354   |  |                                |

**Check type of return to be filed** (File a separate application for each return):

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☒ KAFSC  
Telephone No. ☒ 718.539-7682 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 8/15/2010
- 5 For calendar year 10/1/2008, or other tax year beginning 10/1/2008, and ending 9/30/2009
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME REQUIRED TO COMPILE DATA NECESSARY FOR AN ACCURATE AND COMPLETE RETURN.

|  |           |             |
|--|-----------|-------------|
| <b>8 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>8a</b> | \$          |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$          |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions                | <b>8c</b> | \$ <u>0</u> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPAS

Date 4/22/2010

Form **8868** (Rev 4-2009)

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