

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For th	e 2009 calend	lar year,	or tax year beginning		, 2009, and	lending			,		<u>,</u>
В	Check if	applicable		C Name of organization				D Emp	loyer ide	ntification N	lumber	
	Add	dress change	Please use IRS label	Minkwon Center	For Community	Action	Inc.	11	-271	0506		
	X Nar	me change	or print or type.	Number and street (or P O I			Room/suite	E Tele	phone nu	mber		
	Init	ial return	See specific	136-19 41st Ave	nue 3rd Floor			(7	18)	460-56	600	
	Ter	mination	Instruc- tions.	City, town or country	-	State ZIP	code + 4	,				
		ended return		Flushing		NY 11	.355	G Gros	s receipts	s 61	7,523	_
	=	olication pending	F Name a	and address of principal officer				a) Is this a group re		<del></del>	Yes	X No
				Choi 1050 Jackson Av	e #70 Long Taland C	i + v NY 11	110 H	b) Are all affiliates			Yes	No
ī	Tax-	exempt status					27	If 'No,' attach a I	ıst (see ı	nstructions)	_	_
<u></u>				won.org	0)     <del>1</del>   <del>1</del>	701 13		c) Group exemption	number	<b>&gt;</b>		
K		of organization	X Corpora		on Other ►	I Vans a	of Formation			f legal domi	odo NV	
Pa		Summa		ILION TUST ASSOCIATION	on   Other	L Tear o	rormation	1904   1	i state o	i legal domi	cie IVI	
ST N.		-		anization's mission or mo	st significant activities	Weco	ntinu	ed our eff	orts	to adv	vocat	e for
				migration Reform (								
ဦ				ized a Queens Commu								
E	_			members as well as mo								
Š	_			if the organization disconti								
Ŏ				bers of the governing body		•				13		
စ္စ	4 1	Number of ind	lependent	voting members of the go	overning body (Part VI	, line 1b)			4	13		
₹				ees (Part V, line 2a)					5	13		
Activities & Governance				eers (estimate if necessary	•				6	50		
		•		usiness revenue from Parl	, , , , , , , , , , , , , , , , , , , ,	: 12			7 a	+	<del></del>	0.
$\dashv$	D I	vet unrelated	business	taxable income from Forn	1 990-1, line:342	IVET			7t	<del> </del>		
							30 F	Prior Yea		Cu	rrent Ye	
9			_	s (Part VIII, line 1h)	\ <del>-</del>	•	SO	513,	762.	ļ	616,	923.
Revenue		-		ue (Part VIII, line 2g)	NOV 1	5 2010	<b>9</b>			<del> </del>		
æ				rt VIII, column (A), lines 3 I, column (A), lines 5, 6d,			RS		400.	<del> </del>		600.
				is column (A), lines 5, 60, les 8 through 11 (must equ			· II	51/	162.		617	523.
				ounts paid (Part IX, column	——————————————————————————————————————	ry, inte 12)			000.		011,	323.
				nembers (Part IX, column	• • •		F		000.	1		
				sation, employee benefits	· ·	linos E 10)	H	269	509.	<del> </del>	373	064.
69				· -		111162 3-10)	F	200,	303.		313,	004.
Expenses				g fees (Part IX, column (A)	•		j.			EEEEE		
꺏	b٦	Total fundraisi	ing expen	ses (Part IX, column,(D), i	line 25) ►	43,5	69.					
_			-	(, column (A), lines 11a-1	•		<u> </u>		931.			352.
		•		es 13-17 (must equal Part		25)	ļ		440.			416.
	<u>19</u> F	Revenue less_	expenses	Subtract line 18 from line	a 12			34,	722.		-4,	893.
8								Beginning of	Year	En	d of Yea	ar
Net Assets or Fund Balancos	20 7	Total assets (F	Part X, Im	e 16)					401.		97,	894.
₹ <u>₽</u>	<b>21</b> T	Total liabilities	(Part X,	line 26)				50,	770.		11,	156.
žď	<b>22</b> N	<u>l</u> et assets or t	fund bala	nces. Subtract line 21 fron	n line 20			91,	631.		86,	738.
Pa	ill i	Signatu	re Bloc	k					•			
		Under penalties	of perjury, J	declare that I have examined this Declaration of preparer (other that	retyrn, including accompany	ng schedules	and stateme	ents, and to the bes	t of my kı	nowledge ar	nd belief, it	. 1\$
		true, correct, an	ia complete.	Declaration of preparer (other that	n officer) is based on all info	rmation of whi	ch preparer	has any knowledge				
Sig	n							11/06/	10			
Hei	re	Signature o	of officer			_		Date			-	
		► Steve	n Choi	_			I	Executive	Dire	ector		
		Type or prii	nt name and	title /	<del>_</del>							
				1/11		Date		Check if	7	reparer's id see instructi	lentifying n	umber
Pai		Preparer's		// . X / .	$\overline{}$	- 1		self- employed	► X `	(	62-7	
Pre		signature	<b>&gt;</b>		0	11/0	06/10			• • • •		r
par	er's	Firm's name (or	KIL	S. JUNG, CPA		<u>,</u>	· · · · · · · · · · · · · · · · · · ·		1-	31-11	- /	
Use Onl		yours if self- employed),	-	VEST 32ND STREET	SUITE 707			EIN ►	13 ~	3461	56 °	
JIII	· y	address, and ZIP + 4		YORK		10001		Phone no	<b>►</b> (21	2) 71	4-177	2
Mav	the IR	<del> </del>		ith the preparer shown abo							es	No
_				vork Reduction Act Notice		· · · · · · · · · · · · · · · · · · ·		TEEA010	07/2	<u> </u>	orm <b>990</b>	

Forn	n 990 (2009) Minkwon Center For Community Action Inc.	11-2	71050	6	Pag	ge.2
Pa	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:		•			
	The organization was established in 1984 to meet the needs and o	oncern	s of	the		
	Korean American community through our five program areas: Commun				<del>-</del>	· <del>-</del> -
	Con Form 000 Page 0 Pad III I and 1 / 1					<del>-</del> -
	See Form 990, Page 2, Part III, Line 1 (continued)					· <del></del>
	Dud the ergonization undertake any ergot at the same days the same at lated as the		·· <del>···</del>			
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior			<del></del>	
	Form 990 or 990-EZ?			Yes 2	<u>K</u> N	ю
	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 service	es?		Yes 2	<u>K</u> N	lo
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	v expenses	s. Sectio	n 501(c	)(3)	
	Describe the exempt purpose achievements for each of the organization's three largest program services b and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	illocations	to other:	s, the to	tàl	
	expenses, and revenue, if any, for each program service reported					
4-	(Code ) (Evenesce \$ 136,030 including grants of \$ 0.14	Davanua	ė		٥	.)
40	(Code) (Expenses \$ 136,930. including grants of \$ 0.)	Revenue	٧	-		<u>•</u> )
	Advocacy & Organizing Program					
	We served as a Steering Committee member of the One New York Coa	lition,	′ <b>– – -</b> -			
	a group of nearly 200 organizations that fought against budget c	<u>uts                                   </u>	_ <b></b> -			
	We also co-founded the 12 % and Growing Coalition, the first-eve	r coal:	Ltion			
	of 40 Asian American community groups to fight budget cuts and					
	hightlight the glaring lack of resources for the Asian American	commun:	Ltv.			
				<del>-</del>		
		<b>_</b>		<b>-</b>		
46	/Codo	<b>3</b>	ċ		^	,
40	(Code) (Expenses \$ 298,761. including grants of \$ 0.) (Fig. 200.)	Revenue	٧		0.	<u>.</u> )
	Social and Legal Services Program				<b>-</b>	
	We helped more than 1,100 community members with free legal and	<u>social</u>				
	service assistance, including housing, labor, immigration, tax f	<u>ilings.</u>		. <b></b> .		
					:	
						_
4 c	(Code $\$$ ) (Expenses $\$$ 16,019. including grants of $\$$ 0.) (F	Revenue	\$		0.	<u>.</u> )
	Civic Participation Program					
	We registered more than 13,000 new voters of diverse ethnicities	to tot	al			
	more than 40,000 since 2004. We also mobilized voters by making			one		
	calls, held a successful candidate forum for District 20 City Co	uncil				
	candidates, and engaged in a compresensive voter protection effort	~+ ~+				
	candidates, and engaged in a compresensive voter protection error				<del>-</del>	
					- <b>-</b> -	
		<del></del>				
	Other program services. (Describe in Schedule O.)			_		
	(Expenses \$ 56,018. including grants of \$ 0.) (Revenue \$			0.)		
<u>4e</u>	Total program service expenses ► 547,728.					

Pa	Checklist of Required Schedules		<u>'</u>	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			
٠,	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	_
		-	<del>  ^</del> -	-
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10_		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		\$ 13	
•	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	***		
•	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.			
•	• 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		vide :	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	700-1		
•	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? If 'Yes,' complete Schedule D, Part X	* . * .	, \$	***
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12	Was the organization included in consolidated, independent audited financial statement for the tax  Yes No			, X
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional . 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		_X
		14a		<u> </u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
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	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
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		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Χ_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			r e
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	ļ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u> _
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u>X</u>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		<u></u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		X

BAA

Form 990 (2009)

	Statements Regarding Other INST units and Tax Compliance			,	,
	•			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	. 1a	0		
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		3.5
	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	s and reportable gaming	1 c		Х
2	a 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 1.	3		
2	b If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns? .	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	urn. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	r covered by	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		. 3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country			45	4.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			5 28.2
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta:	cyear? .	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En Tax Shelter Transaction?	tity Regarding Prohibited	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such co- deductible?	ontributions or gifts were not	6 b		
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 p provided to the payor? .	artly for goods and services	7 a		X
_	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 will Form 8282?	nich it was required to file	7c		Х
	f if 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
,	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?	ns on a personal	7 e		Х
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract? .	7f		X
•	${f y}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as r	equired?	7 g		
	r For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Forr	•	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, his holdings at any time during the year?	ng organizations. Did the ave excess business	8		X
9	Sponsoring organizations maintaining donor advised funds.	•			
_	a Did the organization make any taxable distributions under section 4966?		9a		Х
	Did the organization make any distribution to a donor, donor advisor, or related person?		9b		X
	Section 501(c)(7) organizations. Enter:	•		<b>3.</b>	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter				
	Gross income from other members or shareholders	11 a			
ļ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126			

BAA

Form 990 (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing B	ody and	Manage	ement											
								-			_				Yes	No
1:	a Enter the	number of voting	members	of the aov	vernina b	odv				- 1	1a 13			سينين		
		number of voting		•	•	•				ŀ	1b 13		·-	- 2		
2	Did any o	fficer, director, tru rector, trustee or l	ustee, or ke	ey employ vee?	ee have	a family	relatio	nship or a	a busines:	s rela	tionship v	with any	other	2		X
3	Did the or	ganization delega , directors or trus	ate control	over man	agement	duties c	ustoma	arily perfo	rmed by o	or und	ler the di	rect sup	ervision	3		х
4		ganization make				_			-	C13011.	•	•		4		X
7		prior Form 990 w		carre criari	iges to its	organiz	.ationai	documen	11.5					-	<del> </del>	<u> </u>
5		ganization becom		uring the	vear of a	materia'	Ldivers	uon of the	organiza	ation's	accate?			5		x
6		organization have			-	material	i divers	sion or the	organiza	200113	assets:			6		X
		organization have				other per	rsons w	/ho may e	elect one	or mo	re memb	ers of th	ne	7a		х
ı		ecisions of the go	overning bo	ody subjec	t to appr	oval by r	membe	rs, stockh	nolders, o	r othe	r person:	s?		7 b		X
8		ganization conten	_	-		_					-		ear by	: .		
	a The gover	9												8a	Х	
	-	imittee with autho	rity to act	on bobalf	of the go	worning (	hodu2						•	8b		
۰,		ny officer, director	•			,		/II. Casha	- Ab-					80	^	
500	organızatı	on's mailing addr	ess? If 'Ye	s,' provid	e the nan	nes and	addres	ses ın Sc	hedule O					9		Х
		•	his Section	on B red	quests	IIIIOIIII	auon a	about p	oncies i	not re	equired	וט עם וו	e interna	aı		
Reve	enue Code.,	<u>)</u>			•											
10.	- D 4b-						- 2							10-	Yes	No
		organization have	•	-	•									10 a		X
ı	b If 'Yes,' do and branc	pes the organizations the store the	ion have wi eir operatio	ritten poli ns are co	cies and nsistent v	procedur with thos	res gov e of the	erning the e organiza	e activitie ation?	s of s	uch chap	ters, aff	iliates,	10b		
11	Has the or	rganızatıon provid	ded a copy	of this Fo	rm 990 to	o all mer	mbers o	of its gove	erning boo	dy bef	ore filing	the forr	n?	11		<u> </u>
11/	A Describe i	n Schedule O the	process, i	f any, use	ed by the	organiza	ation to	review th	ns Form 9	990						
12 a	a Does the o	organization have	a written o	conflict of	ınterest	policy? I	lf 'No,' ς	go to line	13					12a		X
ŀ	Are officer to conflicts	rs, directors or tru s?	ustees, and	l key emp	loyees re	quired to	o disclo	se annua	illy interes	sts tha	at could (	jive rise		12b		
(	Does the o	organization regul O how this is don	larly and co	onsistently	y monitor	and enf	force co	ompliance	with the	policy	יף If 'Yes	,' descri	ıbe ın	12c		
13	Does the o	organization have	a written v	whistleblo	wer polic	y?								13		X
14	Does the o	organization have	a written o	document	retention	and des	structio	n policy?						14		_X
15	Did the propersions, of	ocess for determine comparability data	ning compe	ensation o	of the folloous	owing pe	ersons on of the	include a e delibera	review ar	nd app	oroval by	ındepei	ndent			
		ızatıon's CEO, Ex												15a		Х
		ers of key employ												15b		X
		line 15a or 15b, d	•	•		fule O (ទ	See ins	structions.	)							1
16 a	Did the org	ganization invest in		•		·			•	lar arı	rangeme	nt with a	taxable	16a		Х
t	) If 'Yes,' ha	as the organization nture arrangemen	n adopted	a written j	policy or federal ta	procedur ax law. a	re requ	iring the den steps to	organizati o safegua	ion to	evaluate e organiz	its part	icipation exempt			
	status with	respect to such a	arrangeme	-1-2					-		•			16b		
		Disclosures														
17	List the sta	ates with which a	copy of thi	s Form 99	90 ıs requ	ured to b	oe filed	► <u>Nev</u>	<u>York</u>	<u> </u>					<b>_</b>	
18	Section 61 inspection	04 requires an or . Indicate how you	rganızatıon u make the	to make se availal	its Forms ble. Chec	; 1023 (o k all tha	or 1024 t apply	ıf applıca	ble), 990	, and	990-T (5	01(c)(3)	s only) av	aılable	for pu	blic
	Own w	vebsite [	Anothe	r's websit	te	X	Upon r	equest								
19	Describe in statements	n Schedule O whe s available to the	ether (and public.	ıf so, how	) the orga	anızatıon	n make:	s its gove	rning doc	umen	ts, confli	ct of inte	erest polic	y, and	financ	ıal
		name, physical ad						-					-			
•	Steven	_Choi	:	136-19	41st_A	ve 3FL	<u> </u>	ushing	ār	_ <u>NY</u>	1135	5-2433	<u>(</u>	7 <u>18)</u> _4	160-5	600

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- 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 the organization did not compensate any current officer, director, or trustee  (A) (B) (c) (D) (E) (F)  Name and Title  Average  Position (check all that apply)  Reportable  Reportable  Reportable  Reportable														
Name and Title	Average	Pos	ition			that app	ly)							
	hours per week	ardivid et trastee	institutional trustae	Offir et	Key amployee	High est compensated employee	Forne	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
S J Jung														
President	10.00	Х	<u>L</u>	X	<u> </u>			0.	0.	0.				
Jennifer Kim	.				ļ									
Vice President	10.00	Х		Х			ļ	0.	0.	0				
Yu Soung Mun	.					1	İ .							
Secretary, Treasurer	24.00	X	<u> </u>	Х	_			17,423.	0.	0				
Steve K Choi										_				
Executive Director	40.00	<u>X</u>		X	X			41,250.	0.	0				
	<del> </del>		-	-	-									
						i								
	]													
	†													
	1 1						l							
							_							
	} }	1					1							
							_			<del></del>				
						- 1			İ					
	]	ļ		l		Į.		į						
	<del>                                     </del>				$\dashv$									
			$\dashv$											
			- {						ļ					

Part VII Section A. Officers, Directors, Trus		(ey	En			es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B) Average	Boss	tion (	•	c)	hat a	لديامما	(D)	(E)	(F)
Name and Title	hours per week			Officer		Highest compensated employee	T	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
						_				
							-			
							_			
<del></del>			ļ							
1 b Total							▶	58,673.	0.	0.
2 Total number of individuals (including but not limited from the organization ►	to those	liste	ed a	bove	e) w	ho i	rece	ived more than \$1	00,000 in reportable	compensation
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ind</li> <li>For any individual listed on line 1a, is the sum of report the organization and related organizations greater the individual</li> </ul>	ortable o an \$150,	omp 000	ens ? <i>If</i>	atio 'Yes	n ar ' co	nd o mpl	ther ete S	compensation fro Schedule J for suc	m <i>h</i>	Yes No
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche Section B. Independent Contractors	dule J fo	or su	ich į	oers	y un on	reia	teo	organization for se		5 X
Complete this table for your five highest compensated compensation from the organization	d ındepe	nder	nt co	ontra	cto	rs th	nat re	eceived more than	\$100,000 of	
(A) Name and business address								( <b>B)</b> Description o	Services	(C) Compensation
			,				$\dashv$			
2 Total number of independent contractors (including bi \$100,000 in compensation from the organization ►	ut not lin	nited	to	thos	e lıs	ted	abo	ve) who received	more than	The second secon

	m 990 (2009) Minkwon Center Fo	or Community	Action Inc.		11-2710506	Page
Pi	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
PROGRAM SERVICE REVENUE   CONTRIBUTIONS, GIFTS, GRANTS	to Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f h Total. Add lines 1a-1f	65,430. 551,493.	616,923.		,	
PROGRAM SERVICE REVENUE	2a b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code				2 th the
	3 Investment income (including dividend other similar amounts) 4 Income from investment of tax-exempt 5 Royalties  (i) Real  6a Gross Rents 600 b Less: rental expenses c Rental income or (loss) 600 d Net rental income or (loss)	t bond proceeds  (ii) Personal	600.	600.	· · · · · · · · · · · · · · · · · · ·	
	7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events	(ii) Other	* * * * .	3		
OTHER REVENUE	of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising 6 9a Gross income from gaming activities See Part IV, line 19	a	* , , , , , , , , , , , , , , , , , , ,		- A - A - A - A - A - A - A - A - A - A	
	b Less: direct expenses c Net income or (loss) from gaming activ  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inve	a b				

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

617,523.

600.

0.

Form 990 (2009)

Randix Statement of Functional Expenses

campaign and fundraising solicitation

BAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages 303,601 267,169. 15,180 21,252. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . Other employee benefits 43,030 37,867 2,151. 3,012. Payroll taxes 26,433 23,261 1,322 1,850. Fees for services (non-employees) a Management b Legal 0. c Accounting 2,000. 0 2,000 **d** Lobbying 2,378. 2,378. 0. 0. e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 23,425 0 7,040 16,385. 12 Advertising and promotion 13 Office expenses 87,821 4,572 0. 83,249. 14 Information technology 15 Rovalties 16 Occupancy 74,539 68,500 5,894 145. 17 Travel 5,163 5,163 0. 0. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 18,692 18,692. 0. 0. Interest 21 Payments to affiliates Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a Community donation 7,532 7,532 0 0. 27,802 b Event expense 26,877 0 925. f All other expenses 25 Total functional expenses. Add lines 1 through 24f 547,728 622,416. 31,119 43,569. Joint costs. Check here ► | If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational

BAA

Form **990** (2009)

			(A) Beginning of year		(B) End of year
_	1	Cash — non-interest-bearing	71,175.	1	3,666
	2	Savings and temporary cash investments	,17,213.	2	3,000
	3	Pledges and grants receivable, net	56,451.	3	70,210
	4	Accounts receivable, net .	337131.	4	12,770
	5	Receivables from current and former officers, directors, trustees, key employ and highest compensated employees Complete Part II of Schedule L	rees,	5	
	6	Receivables from other disqualified persons (as defined under section 4958(	)(1)) <b>(1)</b>		
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedul	e L	6	
S	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use .		8	
T S	9	Prepaid expenses and deferred charges	5,175.	9	1,648
	10 a	Land, buildings, and equipment cost or other basis.			
		Complete Part VI of Schedule D	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		on san file
	b	Less: accumulated depreciation. 10b		10 c	
	11	Investments – publicly-traded securities .		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	9,600.	15	9,600
	16	Total assets Add lines 1 through 15 (must equal line 34)	142,401.	16	97,894
	17	Accounts payable and accrued expenses	2,120.	17	7,696
	18	Grants payable		18	
	19	Deferred revenue	48,650.	19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
   	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
į		of Schedule L .		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24			24	3,460
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	50,770.	26	11,156
1		Organizations that follow SFAS 117, check here   and complete line	s	A 144	4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4
. 1	ı	27 through 29 and lines 33 and 34.			
2	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
- 1	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here $\blacktriangleright$ X and complete $X$	ete	4	
		lines 30 through 34.			
- 1	30	Capital stock or trust principal, or current funds	91,631.	30	86,738
	31	Paid-in or capital surplus, or land, building, and equipment fund	<u> </u>	31	
M. 1	32	Retained earnings, endowment, accumulated income, or other funds		32	· <del>···</del> -
	33	Total net assets or fund balances	91,631.	33	86,738
۱ ۱	34	Total liabilities and net assets/fund balances	142,401.	34	97,894

Part XI Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? 2b Х c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3 a X

b 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.

BAA

Form 990 (2009)

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

Open to Rubile

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Minkwon Center For Community Action Inc. 11-2710506 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 Х 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Type II c | Type III - Functionally integrated Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other e | than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (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? 11 g (i) (ii) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported (ii) EIN (v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col (i) organized in the US? (iv) Is the (vii) Amount of Support rganization in col Organization governing document? Yes No Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Minkwon Center For Community Action Inc. 11-2710506

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

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I	.)			
Sec	tion A. Public Support						•
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	283,009.	350,709.	409,814.	513,762.	616,923.	2,174,217.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3	283,009.	350,709.	409,814.	513,762.	616,923.	2,174,217.
5	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)				\$ 1		
	Public support. Subtract line 5 from line 4	:	Å.	· · · · · · · · · · · · · · · · · · ·			2,174,217.
Sec	tion B. Total Support	_					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	283,009.	350,709.	409,814.	513,762.	616,923.	2,174,217.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	650.	600.	600.	400.	600.	2,850.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						=7000.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	<b>Total support.</b> Add lines 7 through 10		· · · · · ·		e ya da	<b>\$</b> & 3	2,177,067.
12	Gross receipts from related activity	ties, etc. (see instr	ructions)	•		12	
	First five years. If the Form 990 is organization, check this box and s	stop here		third, fourth, or t	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pub					<del></del>	
	Public support percentage for 200		•	11, column (f)		14	99.87%
	Public support percentage from 2	,	,		•	15	99.88%
16 a	<b>33-1/3 support test</b> — <b>2009.</b> If the and <b>stop here.</b> The organization of	organization did n qualifies as a publi	ot check the box cly supported orga	on line 13, and th anization.	e line 14 is 33-1/3	3 % or more, ched	ck this box
b	<b>33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization q	organization did n jualifies as a publi	ot check a box on cly supported orga	line 13, or 16a, a inization	ind line 15 is 33-1	/3% or more, che ·	ck this box
17 a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization meets the organization meets the 'facts-and the organization meets and the organization	neets the 'facts-and	d-circumstances' t	est, check this bo:	x and <b>stop here.</b> I	Explain in Part IV	how
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	neets the 'facts-and -circumstances' te	d-circumstances' to est The organizat	est, check this bo ion qualifies as a	x and <b>stop here.</b> I publicly supported	Explain in Part IV d organization.	how the ▶
BAA	Private foundation. If the organization	auon uiu not check	a box on line, 13	, 10a, 10D, 1/a, 0			00 or 990-EZ) 2009

#### Schedule A (Form 990 or 990-EZ) 2009 Minkwon Center For Community Action Inc. 11-2710506 Ranall 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 yr beginning in)► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12.) First five years. 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15. 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

•

Schedule A	(Form 9	990 or 9	990-EZ	2009	Mi	nkwor	ı Ce	nter	For	: Co	mmui	nity	Act	ion	Inc.	. 1	1-2	71050	6	F	Page 4
Schedule A	<b>Suppl</b> Part I	l <mark>eme</mark> n I, line	<b>tal In</b> 17a d	<b>forma</b> or 17b	tion. ; and	Comp Part	lete	this ine 12	part t 2. Pro	o pr	ovide any	e the othe	expl r ad	anatı dıtıon	ons real	equir orma	ed b	y Part . See	II, lin instruc	e 10; ctions	
								-												•	
				- <del></del> -	- <b></b>					· <b></b>		<b>-</b>									
																		<del>_</del>		<b></b>	
							- <del></del>														
		- <del></del> -	. <del>_</del>		<b>-</b>																
_ <b></b>		- <b>-</b> -		<b>-</b> -	<b>-</b>		. <b></b>				<del>-</del>			<u>. – –</u> .						<del>-</del>	
<del>_</del> _					- <b></b> .						- <b>-</b> -			. <b></b> .							
					<b>.</b>		- <b></b>														
					- <b>-</b> -									<del></del> -						. <b>_</b>	
						<del>-</del> -															
					<b>-</b> :							<del>-</del>					<del>-</del>				
					. <b></b> .																
	<b>-</b>						- <b>-</b>							- <b>-</b> -					<b>_</b>	. <b>–</b> – –	
		<b>-</b>									- <del>-</del> -			. <b>– –</b> -	- <b></b> -		<b>-</b>				
														. <b></b> _	. <b>-</b>	<b>.</b> – – .					
<b>-</b>		<b></b> -									- <b>-</b> -		- <b>-</b> -	. <b>-</b>							
	<b></b> -				. <b></b> -				<b>-</b>		:					. <b>.</b>				. <b>– –</b> –	
		<del>-</del>			- <b>-</b> -					<b>-</b>	- <del></del> -	- <del>-</del> -			. <b>-</b>				_ <del>_</del>		<del>-</del>
			<b>-</b>		·						- <b>-</b> -				. <b></b> -						
	- <b></b> -				. <b>–</b> – -						<b>. –</b> – .		<del>-</del>		. <b>-</b>						- <del>-</del>
<del>-</del>			·			<b>-</b>					- <b>-</b> -						<del>-</del>				
<b></b>	<del>_</del> _				<b>-</b>				<del>-</del> ·			<del>-</del>			· <del>-</del>						
						<del>-</del>					· <b>-</b>	<del>-</del> .									
<del>-</del>	<b>-</b>	<b>-</b>				<b>-</b>					. <b>_</b>	- <b></b> .						<u> </u>	<b></b> -		
<del>-</del>			<b></b>	<del>-</del>							<b>-</b>									<del>-</del>	

#### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

	_	,' to Form 990, Part IV, line 5 (Proxy Tax), to rganizations Complete Part III	hen		
	of organization	inganizations Complete Fait III	<del></del>	Employer identific	ation number
Mir	okwon Center For Co	ommunity Action Inc.		11-271050	
		rganization is exempt under secti	on 501(c) or is a		
		organization's direct and indirect political ca	<del></del>		
2	Political expenditures			►ŝ	}
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
		rganization is exempt under secti	on 501(c)(3).	··	
		ise tax incurred by the organization under s		►s	·
2		ise tax incurred by organization managers i		<b>▶</b> \$	
3		section 4955 tax, did it file Form 4720 for			Yes No
4 a	Was a correction made?		•		Yes No
t	If 'Yes,' describe in Part IV				
Pa	the Complete if the o	rganization is exempt under secti	on 501(c) . excep	t section 501(c)(3).	
		pended by the filing organization for section			
		g organization's funds contributed to other c	·		
3		enditures Add lines 1 and 2 Enter here an	d on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?	•	•	Yes No
5	Enter the names, addresses made For each organization contributions received that w	and employer identification number (EIN) or listed, enter the amount paid from the filing ere promptly and directly delivered to a sep- te (PAC) If additional space is needed, pro-	g organization's funds Jarate political organiz	Also enter the amount	of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			"		

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

Schedule C (Form 990 or 990-EZ) 2009

21.11.0/5			
	nter For Community Action Inc on is exempt under section 501(c)(3) and		
A Check ► If the filing organization below B Check ► If the filing organization che	ongs to an affiliated group. cked box A and 'limited control' provisions apply		, , , , , , , , , , , , , , , , , , , ,
Limits on Lobbyi (The term 'expenditures' me	ng Expenditures — ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence pu     b Total lobbying expenditures to influence a l     c Total lobbying expenditures (add lines 1a a     d Other exempt purpose expenditures     e Total exempt purpose expenditures (add lines)	egislative body (direct lobbying) . nd 1b) .	2,378. 0. 2,378. 0. 2,378.	
f Lobbying nontaxable amount. Enter the am both columns.	ount from the following table in	476.	
If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
<ul><li>g Grassroots nontaxable amount (enter 25% of h Subtract line 1g from line 1a. If zero or less</li></ul>	•	119. 2,259.	

i Subtract line 1f from line 1c. If zero or less, enter -0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes X No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

columns selom see the instructions for times 2a timough 21.7						
Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) Total	
2a Lobbying non-taxable amount .	68,984.	80,296.	95,888.	476.	245,644	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					368,466	
c Total lobbying expenditures	3,888.	8,400.	3,148.	2,378.	17,814	
d Grassroots nontaxable amount	17,246.	20,074.	23,972.	119.	61,411	
e Grassroots ceiling amount (150% of line 2d, column (e))		· 数数数			92,117	
f Grassroots lobbying expenditures	3,888.	8,400.	3,148.	2,378.	17,814	

BAA

Schedule C (Form 990 or 990-EZ) 2009

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)		
		Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	And the state of t					
a Volunteers?	-				1	J. 53
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?	-				<u> </u>	21 15 3
d Mailings to members, legislators, or the public?	<b>⊢</b>					
e Publications, or published or broadcast statements?						
	-	{				
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?			+			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-					
i Other activities? If 'Yes,' describe in Part IV	g		7328.A			
j Total Add lines 1c through 1:					all viva	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X 2.3			C. Bert	4004 (9)
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912						
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			525	1	- 148 - 148	1
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- E01/a	VE		action F	01(0)	(G)
Parall-At Complete if the organization is exempt under section 501(c)(4), section	ין יויכ ו	)(D)	or s	ection 5	01(6)	(0).
						N/a
1 Mars substantially all (000) or mars) duos recoved mandadustible by manufacts					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	<u> </u>	<del> </del>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		├
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part IIIB. Complete if the organization is exempt under section 501(c)(4), section	E01/a	VE		. 3	01/0	(6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A,	line 3	is ái	iswe	red 'Yes		
1 Dues, assessments and similar amounts from members			1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ical					
a Current year		ļ	2a			
<b>b</b> Carryover from last year .		- 1	2b			
c Total	•		_2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3	<del></del>		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political		4			
5 Taxable amount of lobbying and political expenditures (see instructions)			5			
ParidVa Supplemental Information						
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 also, complete this part for any additional information.	; and Pa	art II-	B, line	<b>1</b> 1		
						. – – .
						_
						. – –
		_				
			<b>-</b>			
		_				
		- <b>-</b>		<b></b>		
						- <b>-</b> -

Schedule C (Form 990 or 990-EZ) 2009 Minkwon Center For Community Action inc.	11-2/10306	Page 4
Partive Supplemental Information (continued)		
		٨
		•
		<del>-</del> -
		- <b>-</b>
		<b>-</b>
		<b>_</b>
	<del></del>	

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 Open to Public Dependen

Mi	nkwon Center For Community Ac	rtion Inc		11-2710506	
		or Advised Funds or Other Similar Fu	nds or Acc		e ıf
		(a) Donor advised funds	(b) F	unds and other ac	counts
1	Total number at end of year .				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in doi to the organization's exclusive legal control?	nor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneated.	rs, and donor advisors in writing that grant fund- the benefit of the donor or donor advisor or for a efit??	s may be any other	Yes	☐ No
Pal	Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 99	00, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	of an historica	ally important land	area
	Protection of natural habitat	Preservation	of certified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in t	he form of a c	conservation easen	nent on the
	act day of the tax year.			Held at the End o	of the Year
á	Total number of conservation easements		2a		
_	Total acreage restricted by conservation easei	ments	2b		
	Number of conservation easements on a certif		2c		
	Number of conservation easements included in		2d		
3		transferred, released, extinguished, or terminate	ed by the orga	nization during the	tax
	year ►	· · · · · · · · · · · · · · · · · · ·			
4	Number of states where property subject to co	nservation easement is located F	_		
5	Does the organization have a written policy rea and enforcement of the conservation easement	garding the periodic monitoring, inspection, hand t it holds?	dling of violati	ons, Yes	No
6	during the year ►	g, inspecting, and enforcing conservation easen			_
7	during the year ►	specting, and enforcing conservation easements	\$		
8	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	line 2(d) above satisfy the requirements of sec		Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de	expense state scribes the or	ement, and balance ganization's accou	e sheet, and nting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r <b>Other Sim</b> 8.	nilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statement	SFAS 116, not to report in its revenue statement exhibition, education, or research in furtherants that describes these items	nt and balance ice of public s	e sheet works of ar ervice, provide, in	t, historical Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publiamounts relating to these items	SFAS 116, to report in its revenue statement artic exhibition, education, or research in furtheran	nd balance sh ce of public s	eet works of art, hi ervice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1 .		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			. <b>-</b> \$	
	amounts required to be reported under SFAS 1	• • • • • • • • • • • • • • • • • • • •	r financial gai	n, provide the follo	wing
а	Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
b	Assets included in Form 990, Part X			<b>►</b> \$	

Schedule D (Form 990) 2009 Minks	won Cent	<u>er Fo</u>	r Communi	ty A	ction	Inc.	_ 1	1-271	05 <u>06</u>		Page 2
Pantilla Organizations Mainta	ining Colle	ections	s of Art, His	torica	l Treas	ures, or	Other Simi	lar Ass	ets (	:ontını	ued)
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)											
a Public exhibition			d 🔲 Loar	n or exc	hange p	rograms					,
<b>b</b> Scholarly research			e 🗌 Othe	er				_			<u> </u>
c Preservation for future generations											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV											
5 During the year, did the organizal assets to be sold to raise funds re	tion solicit or ather than to	receive be main	donations of ai tained as part	rt, histor of the o	rical trea	sures, or of ion's collect	ther similar ion?		Yes	. [	No
Park W Escrow and Custodia 9, or reported an amo	l Arrangen	nents	Complete if	organ	ızatıon	answere	d 'Yes' to I	Form 9	90, Pa	irt IV,	line
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No											
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd comp	lete the follow	ing table	•						
									Amoun	it	
c Beginning balance							1 c				
<b>d</b> Additions during the year.							1 d				
e Distributions during the year							1e				
f Ending balance						•	1f		_		
2a Did the organization include an ai	mount on For	m 990, F	Part X, line 217	7					Yes	l	No
b If 'Yes,' explain the arrangement											
Rank Endowment Funds Co	mplete if o	rganız	ation answe	red 'Y	es' to l	Form 990	<u>, Part IV, I</u>	<u>ıne 10.</u>	1		
	(a) Current	year	(b) Prior ye	ear	(c) Tw	o years back	(d) Three ye	ears back	(e)	Four year	rs back
1a Beginning of year balance		_									
<b>b</b> Contributions .					R.	. · · · · · · · · · · · · · · · · · · ·		***		: X	
c Net Investment earnings, gains, and losses			_								
d Grants or scholarships											
e Other expenditures for facilities and programs							4	Š.		₹	
f Administrative expenses				ļ							
g End of year balance											
2 Provide the estimated percentage	of the year e	nd balar	nce held as:								
a Board designated or quasi-endow	ment 🟲		<u> </u>								
<b>b</b> Permanent endowment ►	ક										
c Term endowment ►	<b>%</b>										
3a Are there endowment funds not in organization by:	the possessi	on of the	e organization	that are	held an	d administe	ered for the		ſ	Yes	No
(i) unrelated organizations .									3a(i)		
(ii) related organizations									3a(ii)		
b If 'Yes' to 3a(II), are the related or	ganızatıons lı	sted as	required on Sc	hedule	R?				3b		
4 Describe in Part XIV the intended	uses of the o	rganızat	ion's endowme	ent fund:	5						
Rad VII Investments—Land, B	uildings, a	nd Equ	u <mark>ipment.</mark> Se	e Forr	n 990,	Part X, I	ine 10.				
Description of investment			or other basis vestment)		Cost or o		(c) Accumula Depreciation		( <b>d</b> ) E	Book V,a	alue
<b>1 a</b> Land				<u> </u>							
<b>b</b> Buildings				<u> </u>							
c Leasehold improvements				ļ		,					
<b>d</b> Equipment											
e Other			- · · · · · · -	<u> </u>							
otal. Add lines 1a through 1e (Column	(d) must equ	al Form	990, Part X, co	olumn (	B), line i	10(c))	· · · · · · · · · · · · · · · · ·	<u> </u>			

~~

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Minkwon Center Fo	r Community Ac	ction Inc.	11-2710506	Page :
Part VII Investments-Other Securities See F				
(a) Description of security or category (including name of security)	(b) Book value	Cost or	:) Method of valuation r end-of-year market value	
Financial derivatives	-	Cost of	end-or-year market value	
Closely-held equity interests		-		
Other			<del> </del>	
		-		
		1		
			· · · · · ·	
		<del></del>		
		<del>  -</del>		
<b></b>		†		
<del></del>				
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)				
Part VIII Investments—Program Related (See	Form 990 Part X	line 13)		
(a) Description of investment type	(b) Book value	<del></del>	) Method of valuation	
(a) bescription of investment type	(b) book value	Cost or	end-of-year market value	
	1			
				•
				-
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)				
Part X Other Assets (See Form 990, Part X,	line 15)			
<b>(a)</b> De	scription		<b>(b)</b> Book	k value
Security deposit				9,600.
	M-10-1			
	-			
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	e 15)		. •	9,600.
Parit X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
•				
	-			
•	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►				

for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 Minkwon Center For Community Action Inc. 11	-2710506 Page
Pan XIII Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities .	
6 Investment expenses .	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments . 2a	
b Donated services and use of facilities	-
c Recoveries of prior year grants . 2c	-
d Other (Describe in Part XIV)	-
e Add lines 2a through 2d	2e
	3
<b>!</b>	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV)	-
c Add lines 4a and 4b	4c 5
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u> </u>
	1
1 Total expenses and losses per audited financial statements .	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	-
b Prior year adjustments . 2b	
c Other losses 2c	-
d Other (Describe in Part XIV)	
e Add lines 2a through 2d .	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
PartXIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part information.	nes 1b and 2b; Part V, to provide any additional
	·
	<b></b> .

Schedule D (1 offi 950) 2009 Fillikwoll Cellter For Community Action Inc.	11-2/10300	raye 5
Par XIV Supplemental Information (continued)		
		<del></del>
<del>`</del>		
	. <b></b> _	
· • • • • • • • • • • • • • • • • • • •		
	<b>3</b>	
· <b></b>		
		<b></b> ·

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

Minkwon Center For Community Action Inc.	11-2710506
Pt_VI-A, Line 8a The Organization keeps the documents of mee	ting of governing body.
Pt VI-A, Line 8b Each committee keeps the documents of meeti	<u>ng.</u>
Pt VI-B, Line 11A The Organization review Form 990 before fil	ing.
·	
·	
	· · · · · · · · · · · · · · · · · · ·
· • • • • • • • • • • • • • • • • • • •	
·	
·	
·	<b></b>
·	
·	

Minkwon Center For Community Action Inc	11-2710506	1
Schedule O (Form 990), Supplemental Information Form 990, Page 2, Part III, Line 1 (continued)	າ to Form 990	
Briefly describe the organization's mission:		_
· ·	Civic Participation, Youth and Culture.	
drew 100 community members as well as mobililed commun	nity members to participate in National Conference Call.	
Schedule O (Form 990), Supplemental Information	n to Form 990	_
Form 990, Page 2, Part III, Line 4d (continued)		_
4d Describe the exempt purpose achievements for	each of the organization's other program	
services. Section 501(c)(3) and (4) organization	· ·	
****	others, the total expenses, and revenue, if any, for	

Expenses 56,018. Organized the first "Dare 2 Dream" Conference for Grants Of 0. 150 youth to promote the academic dreams of immigrant

0. youth.

each program service reported.

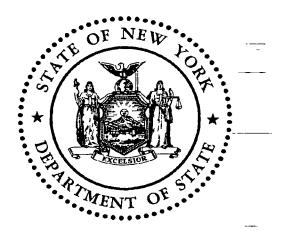
Revenue \_

Code: \_\_\_\_ Description: Youth Program

## STATE OF NEW YORK

## **DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 2, 2009.

( My Also

Daniel E. Shapiro First Deputy Secretary of State

091030000532

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.state.ny.us

# CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION OF

	O1	
Young Kor	ean-American Service and Education Center, Inc.	
	(Insert Name of Domestic Corporation)	
Uno	ler Section 803 of the Not-for-Profit Corporation L	aw
FIRST: The name of the	e corporation is:	-
Young Korean-American Ser	rvice and Education Center, Inc.	
If the name of the corpora	tion has been changed, the name under which	it was formed is:
SECOND: The date of June 7, 1985	filing of the certificate of incorporation with the	ne Department of State is:
THIRD: The law the con	rporation was formed under is: 402 of the Not-	for-Profit Corporation Law
Corporation Law. The corp	ion is a corporation as defined in Section 102( poration is a Type B corporation. If the co otherwise changed, the corporation shall be a	orporate purposes are
FIFTH: The amendment	effected by this certificate of amendment is as	follows:
an amendment changing the name	earate paragraph providing the subject matter and full text of earth of the corporation would read as follows: "Paragraph First of the corporation would read in its entirety as follows: is (new name)")	
Paragraph 1	of the Certificate of Incorporation relating to	
the corporate name	:	
	,	-
is hereby [check the approp	priate box(es) ] added to read in its entirety	as follows or 🗵 amended

-1-

to read in its entirety as follows:

-
;
Paragraph 15 of the Certificate of Incorporation relating to the address for the service of process
is hereby [check the appropriate box(es)] added to read in its entirety as follows or amended
to read in its entirety as follows:  15. The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is:
Minkwon Center for Community Action, Inc. 136-19 41st Ave, 3rd Floor Flushing, NY 11355
<b>→</b>
ı
•
Paragraph of the Certificate of Incorporation relating to

1. The name of the corporation is as follows: Minkwon Center for Community Action, Inc.

terrest the appropriate sex(es) [	added to read in its entirety as follows or amended
to read in its entirety as follows:	
	gnated as agent of the corporation upon whom process nich the Secretary of State shall forward copies of
nkwon Center for Community Action, Inc.	on is:
3-19 41st Ave, 3rd Floor	
shing, NY 11355	_
EVENTH: The certificate of amendment	nt was authorized by: [Check the appropriate bax]
	a vote of a majority of the members at a meeting.
The amendment was authorized by t	he unanimous written consent of the members entitled
to vote thereon.	
The amendment was authorized by a	vote of a majority of the entire board of directors.
The corporation has no members.	<del>-</del>
	- Yu Soung Mun
The corporation has no members.	Yu Soung Mun (Name of Signer)
	ويتمنيه من الروسيونيوس وهوا مساسين المساولات المساولات المساولات المراجع المساولات الم
The corporation has no members.	And the second s
The corporation has no members.	And the second s
The corporation has no members.	(Name of Signer)

# STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT Albany, New York

# CONSENT TO FILING WITH THE DEPARTMENT OF STATE (Certificate of Amendment with Name Change)

Consent is hereby given to the filing by

## Young Korean-American Service and Education Center, Inc.

[name of entity]

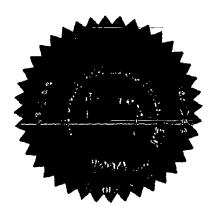
of the annexed certificate of amendment, including a change of name to

Minkwon Center for Community Action, Inc.

[new name]

pursuant to the applicable provisions of the Education Law, the Not-for-Profit Corporation Law, the Business Corporation Law, the Limited Liability Company Law or any other applicable statute.

This consent is issued solely for purposes of filing the annexed document by the Department of State and shall not be construed as approval by the Board of Regents, the Commissioner of Education or the State Education Department of the purposes or objects of such entity, nor shall it be construed as giving the officers or agents of such entity the right to use the name of the Board of Regents, the Commissioner of Education, the University of the State of New York or the State Education Department in its publications or advertising matter.



IN WITNESS WHEREOF this instrument is executed and the seal of the State Education Department is affixed.

DAVID M. STEINER Commissioner of Education

By:

Seth D. Gilboord Commissioner's authorized designee

OCT 2 1 2009

Date

THIS DOCUMENT IS NOT VALID WITHOUT THE SIGNATURE OF THE COMMISSIONER'S AUTHORIZED DESIGNEE AND THE OFFICIAL SEAL OF THE STATE EDUCATION DEPARTMENT.

## CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION

Young Korean-American Service and Education Center, Inc. (Insert Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name Steven Choi

Address 136-19 41st Ave, 3rd Floor

City, State and Zip Code Flushing, NY 11355

OCT 30 2669

NOTE: This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment. The certificate must be submitted with a \$30 filing fee.

For Office Use Only

TO :01 MA OE TOO 8005

MECENTED A