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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $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.*

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Good Spoon

Number and street (or P.O. box, if mail is not delivered to street address): 4209 Evergreen Lane

Room/suite:

City or town, state or country, and ZIP + 4: Annandale, VA 22003

D Employer identification number: 20-1182359

E Telephone number: 7036222559

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	151391
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $)	6b		
	c	Less: direct expenses from gaming and fundraising events			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	151391
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	154395
	17	**Total expenses.** Add lines 10 through 16 ▶		17	154395
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(3004)
	19	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)		19	47932
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	44388

ONE

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	17175	22	14847
23	Land and buildings	21615	23	20634
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	38790	25	35481
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	47392	27	44388

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? Providing diverse human services to Latino Low-income

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Yoon D. Choi Chairman	5.00			
Hu N. Kim Treasurer	2.00			
Young H. Kim Secretary	2.00			
Woo S. Shim Director	2.00			
Jae E. Kim Exec. Director	40.00	67000		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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 outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ 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 the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	**No**
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶ _____

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over $100,000 . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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.

Sign Here

▶ Signature of officer

Date Jun. 06. 2012

▶ [redacted] Rev. Jae Euk Kim

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

Good Spoon Expense

January - December 2011

Missions			
Guest Speaker Total	$	100.00	
Offering, Mission Donation Total	$	750.00	
Missions Sub-Total	**$**	**850.00**	
Social Service			
Program Supply Total	$	4,414.75	
Social Service Total	$	460.00	
Meal Service Total	$	1,467.59	
Volunteer Mgt. Total	$	610.75	
Medical Support Total (for Rev. Cho)	$	500.00	
Refund Total	$	1,575.00	
Sosial Service Sub-Total	**$**	**9,028.09**	
Fund Raising			
Fund Raising Performance Total	$	468.87	
Fund Raising Even Supply Total	$	2,100.00	(pay to Yeyoung Communication)
Donor Relations Tota	$	200.00	
Fund Raising Sub-Total	**$**	**2,768.87**	
Personnel			
Payroll Total (President & Staffs)	$	55,917.60	
Payroll for I	$	50,167.60	
Payroll for I	$	1,000.00	
Tuition support	$	4,750.00	
Insurances & Annuity Total	$	2,598.00	
Other support for volunteer services	$	1,150.00	
Staff Development Total	$	1,100.00	
Personnel Sub-Total	**$**	**60,765.60**	
Administration			
Communication: Tel, Internet, etc. Total	$	1,906.21	
Computers & Network: H/W & SW Total	$	804.75	
Office Equipment & Repair Total	$	607.83	
Office Supply Total	$	1,218.74	
Leases for Office Equipment Total	$	2,178.61	
Printing & Copying Total	$	370.00	
Mailing & Parcels Total	$	1,167.81	
Advertising: Including Web Supporting Total	$	49.95	
Bank Services Total	$	265.45	
Awards and Grants Total	$	660.39	
Bad Debts Total	$	33,043.30	
Fines, Penalties, Judgements Total	$	1,048.89	
Administration Sub-Total	**$**	**43,321.93**	
Taxes			
Payroll Tax: Federal Total	$	10,878.00	
Payroll Tax: State Total	$	2,370.02	
Properties Tax Total	$	100.07	
Taxes Sub-total	**$**	**13,348.09**	
Facilities and Equipment			
Rent: Office Total	$	13,300.00	
Maintenance: Building & Facilities Total	$	1,015.05	
Insurance: Vehicles Total	$	1,409.60	
Maintenance (Gas): Vehicles Total	$	4,044.10	
Purchase of Facilities Total	$	570.64	
Utilities Total	$	686.61	
Sanitizer/Trash Services Total	$	2,306.16	
Facilities and Equipment Sub-Total	**$**	**23,332.16**	
Total Expense	**$**	**153,414.74**	

Good Spoon # *Bank Statement Year 2011*

Date	Balance	Deposit	Checks	Wtdr/Fees
12-01-10	10,694.33			
12-31-10	17,175.37	17,039.00	8,676.04	1,881.92
01-31-11	8,410.54	6,511.00	11,539.91	3,735.92
02-28-11	9,199.18	15,002.20	12,228.97	1,984.59
03-31-11	7,767.34	10,260.00	9,981.56	1,710.28
04-30-11	5,171.56	8,010.00	7,710.19	2,895.59
05-31-11	11,129.30	18,416.44	10,327.26	2,131.44
06-30-11	7,144.74	12,195.00	13,109.67	3,069.89
07-31-11	3,798.69	11,195.00	4,322.95	1,229.33
07/30/11 - 08/5/11	4,910.13	11,195.00	12,200.28	2,748.49
08-31-11	6,571.08	10,520.00	7,223.29	524.32
09-30-11	5,893.29	10,766.91	8,829.75	2,614.95
10-31-11	6,525.08	9,915.00	7,975.42	1,307.79
11-30-11	10,961.28	16,711.00	8,868.00	3,406.80
12-31-11	19,146.24	20,798.00	10,925.95	1,687.09
01-31-12	14,846.91	8,294.04	8,775.78	3,817.59

Good Spoon Tax Year 2011

(Form 990-EZ)

	Contributions	**151,391**
	Donation of Goods	**179,600**
	Distributed to Latino Low –income	**(179,600)**
Line 1		**151,391**
	Expenses	**153,414**
	Depreciation	**981**
Line 16		**154,395**

Income Statement Year 2011

Cash Income

Job	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Individual	2942.5	12511	7695	7975	16226	6210	7675.2	12175	5845	5495	2585	10358.35	97693.05
Church	900	2615	2110	1800	3300	6305	2395	1935	2685	1225	2745	3915	31930
Business	1690	800	510	200	3000	1400	2395	640	2110	1320	1350	1677.5	17092.5
Non-Profit Org.	900	100	1140	100	70	1500	0	0	200	120	200	345	4675
	6432.5	16026	11455	10075	22596	15415	12465.2	14750	10840	8160	6880	16295.85	151390.55

Job	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Individual	18	22	24	28	55	33	28	33	31	17	33	48	370
Church	10	13	14	10	14	16	14	11	15	7	20	19	163
Business	10	7	7	2	11	3	11	7	6	6	8	12	90
Non-Profit Org.	2	1	3	1	1	3	0	0	1	2	4	2	20
	40	43	48	41	81	55	53	51	53	32	65	81	643

Donation of Goods : Total: 179,600

Beverages:	25.000
Vegetables:	40,000
Groceries:	98,200
	163,200

M. Material	2,500
Materials	4.400
Equipment	4,500
Services	3,500
Giant G Card	1,500
	16,400

Job	Amount	Times
Church		
Corp		
Individual		

Total : 179.600

Assets by Classification - 990EZ

12/31/2011 GOOD SPOON 20-1182359

Item No.	Description of Property "*" indicates DISPOSED	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2011 Deprec.	2011 Accum. Deprec.
5-yr Office mach (data handling)																
1	Office Equipment	7/1/2004	F-6	100.00%	2,380	0	0	0	0	2,380	5	SL/GDS	HY	2,380	0	2,380
3	Office Equipment	8/20/2005	F-6	100.00%	12,000	0	0	0	0	12,000	5	SL/GDS	HY	12,000	0	12,000
	Total. 5-yr Office machinery (data-handling equipment, exce				14,380	0	0	0	0	14,380				14,380	0	14,380
7-yr Office furn. fixtures, equip																
2	Furniture	7/1/2004	F-11	100.00%	1,740	0	0	0	0	1,740	7	SL/GDS	HY	1,616	124	1,740
4	Office Furniture	8/31/2005	F-11	100.00%	6,000	0	0	0	0	6,000	7	SL/GDS	HY	4,714	857	5,571
	Total: 7-yr Office furniture, fixtures and equipment				7,740	0	0	0	0	7,740				6,330	981	7,311
5-yr Truck, van, auto on trk chassis																
5	2005 Chevy Van	8/8/2005	V-7	100.00%	20,782	0	0	0	0	20,782	5	SL/GDS	HY	20,782	0	20,782
	Total. 5-yr Light trucks, vans, and autos built on a truck chas				20,782	0	0	0	0	20,782				20,782	0	20,782
	SubTotals				42,902	0	0	0	0	42,902				41,492	981	42,473
	Less: Disposed Assets				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				42,902	0	0	0	0	42,902				41,492	981	42,473

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2011

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Good Spoon	990EZ	20-1182359

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	981
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.	S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	981
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	