

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

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

benefit trust or private foundation)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Korean-American Community Foundation, Inc. Address change Doing Business As 16-1643114 Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 501 FIFTH AVENUE, 3RD FLOOR (212) 300-2145 20 City, town or post office, state, and ZIP code Terminated **NEW YORK** 10017 G Gross receipts \$ Amended return NY 1.717.425 F Name and address of principal officer Yes X Application pending H(a) Is this a group return for affiliates? SAME AS "C" ABOVE H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status X 501(c)(3) 501(c)) < (insert no) 4947(a)(1) or Website: ► WWW KACFNY ORG H(c) Group exemption number X K Form of organization Corporation Trust Association Other ▶ L Year of formation M State of legal domicile 2002 NY Part I Summary KACF PROVIDES GRANTS AND Briefly describe the organization's mission or most significant activities CAPACITY-BUILDING ASSISTANCE TO ORGANIZATIONS WORKING TO ADDRESS THE MOST PRESSING NEEDS IN THE KOREAN AMERICAN COMMUNITY AND BEYOND. TO THE SUPPORTERS, KACF PROVIDES A WAY TO MAGNIFY Activities & Governance THE IMPACT OF THEIR GIVING AND TO BUILD BRIDGES ACROSS GENERATIONS AND COMMUNITIES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 20 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 75 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, Ing 1th) SFP 5, 6 2013 1,235,678 1,361,589 9 Program service revenue (Part VIII, line 2g) 2,798 3,006 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Other revenue (Part VIII, column (A) lines 5,6d, 8c, 9c, 10c, and 11e) -81,406 -128,995 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,157,070 1,235,600 12 469,400 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 851,300 13 Benefits paid to or for members (Part IX, column (A), line 4). 14 252.870 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 290.292 15 55,000 57,000 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 204,566 228,712 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 981,836 1,427,304 18 19 Revenue less expenses Subtract line 18 from line 12 175.234 -191.704 End of Year Beginning of Current Year 1,343,771 1,338,322 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 248,883 435,138 22 Net assets or fund balances Subtract line 21 from line 20 1,094,888 903,184 Signature Block 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 OON Type or print name and title Date Print/Type preparer's name Preparer signatore PTIN Paid 9/6/2013 WINNIE TAM self-employed P01275370 Preparer Firm's name WINNIE TAM & CO , PC Firm's EIN > 13-3777972 **Use Only** Firm's address ▶ 50 BROAD ST, SUITE 1837, NEW YORK, NY 10004 (212) 785-4600 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

917-18.19

Form 990 (2012)

HTA

	990 (2012)	والمراج والمراج والمراج والمراج والمراجع	16-1643114	Page Z
Pa	irt III	Statement of Program Service Accomplishments		<u></u>
	 -	Check if Schedule O contains a response to any question in this Part III	<u> </u>	
1	KACF THE M KACF	describe the organization's mission: PROVIDES GRANTS AND CAPACITY BUILDING ASSISTANCE TO ORGANIZATIONS WORKING TO IOST PRESSING NEEDS IN THE KOREAN AMERICAN COMMUNITY AND BEYOND. TO THE SUPP PROVIDES A WAY TO MAGNIFY THE IMPACT OF THEIR GIVING AND TO BUILD BRIDGES ACROS RATIONS AND COMMUNITIES.	ORTERS,	
2		e organization undertake any significant program services during the year which were not listed on		
_	the pri	or Form 990 or 990-EZ?	Yes	X No
3	service	e organization cease conducting, or make significant changes in how it conducts, any programes?	Yes	X No
4	Descri expens	be the organization's program service accomplishments for each of its three largest program services, a ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocal expenses, and revenue, if any, for each program service reported		
4a	THE K TRANS BUILD UNDE) (Expenses \$ 1,110,873 including grants of \$ 851,300) (Revenue OREAN-AMERICAN COMMUNITY FOUNDATION, INC. ("KACF") IS A NON-PROFIT ORGANIZATION SFORMS AND EMPOWERS COMMUNITIES THROUGH PHILANTHROPY, VOLUNTEERISM AND IN ING KACF PURSUES THESE GOALS THROUGH GRANTMAKING THAT PROMOTES SELF-SUFF RSERVED AND UNDER-RESOURCED, THROUGH RAISING AWARENESS OF NEEDS AND ISSUES IRE OF GIVING.	N THAT TER-COMMUNI ICIENCY FOR T S, AND BY FOS	TY BRIDGI HE TERING A
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code.) (Expenses \$ including grants of \$) (Revenue	\$)
			·	
4d	(Expen		0)	
4e	Total p	rogram service expenses 1,110,873		

16-1643114

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
	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		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	j	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes " complete Schedule D, Part VII .	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
f	,		1	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes." complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	X	-
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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, Parts II and IV	15		_X_
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا ۔ ۔ ا		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III .	19	Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	N/A	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ן אייציון	

Pari	Checklist of Required Schedules (continued)			-80 .
	· ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	
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? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
С	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	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	24d	N/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
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> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	5'		-" - {
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	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 more than \$25,000 in non-cash contributions in res, complete schedule in 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? <i>If "Yes," complete Schedule N</i> ,	100	\vdash	 ^-
J.	Part I	31		х
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? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V. line 2	35b	N/A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	x	
		E	ggn.	/20121

16-1643114

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 8	′ '	1.12	-
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	- 1	, .	٠,٠
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			s
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return 5		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	,	. :	1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		. `	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N/A	L
7	Organizations that may receive deductible contributions under section 170(c).	1		`\$" \
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.78	100	;
	and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	411	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d N/A			.: 49
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ь—	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	30	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	13.15	1	
	organization, have excess business holdings at any time during the year?	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.	- FA"		14
а	Did the organization make any taxable distributions under section 4966?	9a	N/A N/A	_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	13/2	┼
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	١٠.] ,	Ι,
a		-{ ````§		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┥′、	` '	
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders	1,5		L',
a		-[33]	```	ŵ.
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		<u>.</u> '	
42-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	1
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	170	(17)	
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 :	1.	1.
13	Is the organization licensed to issue qualified health plans in more than one state?	132	N/A	1
а	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	Ι΄.		;
J	the organization is licensed to issue qualified health plans	ľ.,,		1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A	_

Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20	, ,	13.7	17
	If there are material differences in voting rights among members of the governing body, or		`	*, . «	
	if the governing body delegated broad authority to an executive committee or similar				٠, -
	committee, explain in Schedule O.		;	. 4	
þ	Enter the number of voting members included in line 1a, above, who are independent .	1b 20		* *	. ·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with		,	(' '
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5_		X
6	Did the organization have members or stockholders?	•	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,	l		
	stockholders, or persons other than the governing body?		7b	2.	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	1		
	the year by the following:		100	34.2	
а	The governing body?		8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?		8b	_X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reat the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eacheu	9		×
Caat	ion B. Policies (This Section B requests information about policies not required by the	Internal Payanua		``	L <u>^</u> _
Seci	ion B. Policies (This Section B requests illionnation about policies not required by the	internal revenue	2000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	N/A	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	·	, 4	- L	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done.		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"	ļ .
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	1, -, -,		′ - ˈ
a	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			الهو موا و دور	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement	700		₹ (
	with a taxable entity during the year?	44_	16a	 -	<u>X</u>
þ	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate and the organization follows a written policy or procedure requiring the organization to evaluate and the organization of the organization		1 3.	# ^	, ,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guaru	166	L NI/A	
Saa	the organization's exempt status with respect to such arrangements?		1100	N/A	L
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed ► NJ, NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	l)s only	 /\	
	available for public inspection. Indicate how you made these available. Check all that apply	(,- -	, ,	
		xplaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents	•			
	policy, and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization. ► KYUNG B YOON	(212) 300-2	145		
	FOR FIFTH AVENUE 2DD ELOOP NEW YORK NV 10017				

•				_						-		-
Form 990 (2012)	KOREAN-AMERICAN COMMUNI	TY FOUNDATION	N, INC	2						16-16431	14 Page	. 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	s, K	ey E	Emj	plo	yees,	Hi	ghest Comp	ensated		_
•	Employees, and Independent C											
	Check if Schedule O contains a r	<u>`</u>			_					· · · ·	<u></u>	
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highe	st C	om	pen	sated	Em	nployees			
•	this table for all persons required to be	listed Report co	mpen	satıo	n fo	or th	e cale	nda	ır year ending v	vith or within the		
organization's	s tax year.											
	of the organization's current officers, di						uals or	org	janizations), re	gardless of amo	unt	
	ion. Enter -0- in columns (D), (E), and (•					1 a E a . i		of Illega complexes	- n "		
	of the organization's current key emplo organization's five current highest con										vee)	
	reportable compensation (Box 5 of For										,00,	
	and any related organizations.							•		•		
	of the organization's former officers, ke							l em	nployees who r	eceived more th	an	
\$100,000 of re	eportable compensation from the organ	ızatıon and any ı	relate	d org	jani:	zatio	ons.					
	of the organization's former directors										the	
	more than \$10,000 of reportable compe		-									
	n the following order. individual trustees employees; and former such persons.	or directors; ins	titutio	nai ti	rust	ees	, office	ers,	key employees	s, highest		
	is box if neither the organization nor an	y related organiz	ation	com	pen	sate	ed any	cur	rrent officer, dır	ector, or trustee		
					(C))		\top				_
		4	l		Posit			ì	(Th)	4		
	(A) Name and Title	(B) Average					than one s both ar		(D) Reportable	(E) Reportable	(F) Estimated	
		hours per week (list any		-		ector	r/trustee		compensation from	compensation from related	amount of other	
		hours for	Individual trustee or director	nstit	Officer	Key employee	Highes	3	the	organizations	compensation	
		related organizations	dua	tto	역	å.	oyer o		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		below dotted	ام ق	1 <u>a</u>	- 1	oye	* g				and related organizations	
		"""	te	Institutional trustee		"	Highest compensat				319411120113	

(A) Name and Title	(B) Average hours per	box,	unles	s pe	rson	than one than one that the than the than the	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFFREY AHN-on leave since AUGUST, 2012 DIRECTOR	1 00	Х								
(2) EUN S CHO DIRECTOR	2 65	X								
(3) JAMES R CHO SECRETARY	1 21	x		x						
(4) SANG CHO DIRECTOR	4 37	x								
(5) GINA CHON TREASURER	3.39	х		х				_		-
(6) SARAH CHUNG VICE PRESIDENT	2 63	Х		Х						
(7) MUN K HONG, MD DIRECTOR	121	х								
(8) KEVIN KIM DIRECTOR	2 65	х								
(9) TONY W LEE PRESIDENT	1 67	х		Х						
(10) KAREN NA DIRECTOR	1 21	x								
(11) JOEY LEE DIRECTOR	2 65	х]						
(12) CHUL-JOON PARK DIRECTOR	1 21	Х								
(13) JUNG LEE SANDERS DIRECTOR	1 21	х								
(14) JAMES SEO DIRECTOR	1 21	x								

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	. (C)										
	(A)	(B)	(do r	not ch	Pos eck		than c	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable	Estimated
		hours per week (list any					or/trust oo エ		compensation from	compensation from related	amount of other
		hours for	Individual trustee or director	ıstıtı	Officer	Key e	Highest co	Former	the	organizations	compensation
		related organizations	ecto	ğ	1	ğη	st c	(4	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	اغ ق	ai t		employee	ျိဳရွာ	l			and related
		line)	ite	Institutional trustee		۳ ا	Highest compensated employee				organizations
			1	O			e e				1
(15)	JEFFREY SEO	1 21	 	-		\vdash					
	CTOR		x					l			
	DAVID STEEL	2.63	<u> </u>			\vdash		_			
	CTOR		x								
(17)	MICHAEL SW CHUNG	1 21									
DIRE	CTOR		Х					<u> </u>			
(18)	JUN CHUL WHANG	1 67									
	CTOR		X	L_							
	SUNG CHUL SONNY WHANG	1 21	1	1							
	CTOR		X	⊢		<u> </u>					
	JAMES WOHN	3 11	1				1				İ
	CTOR SYNGIL STEVEN YANG	1.67	X	-			 	-	<u> </u>	 -	
	CTOR	1.07	X	ļ				ļ			
	KYUNG B YOON	40 00		 		-		┢			
	CTOR		1	ļ	x			ļ	99,750		
(23)											
			l								
(24)											
			<u> </u>	$ldsymbol{f eta}$	<u> </u>	<u> </u>	ļ				
(25)			ŀ	İ	<u> </u>		İ				
		L	L.,	<u></u>		l		<u> </u>			
1b	Sub-total							•	99,750		0
c d	Total from continuation sheets to Part VII, So	ection A	•	•		•			99,750		0 0
u	Total (add lines 1b and 1c) Total number of individuals (including but not lir	nited to those lis	ted s	hov	(e) v	vho	rece	ved			<u> </u>
-	reportable compensation from the organization		ica e	100 V	0	**10	1000		more man proc	,000 01	
	Topolicolo dompondador nom uno organización				<u> </u>					·	Yes No
3	Did the organization list any former officer, dire	ector, or trustee,	key e	emp	loye	e, c	or hig	hes	t compensated		4, 2, 1,,
	employee on line 1a? If "Yes," complete Sched	lule J for such in	dıvıdı	ual	•		_		·		3 X
4	For any individual listed on line 1a, is the sum of	of reportable cor	npen	satio	on a	ınd (other	cor	npensation from		315 7 5
	the organization and related organizations great	•	-							h	
	ındıvıdual .									•	4 X
5	Did any person listed on line 1a receive or acci	rue compensatio	n fro	m a	ny u	ınre	lated	org	anization or indiv	/idual	
	for services rendered to the organization? If "Y	es," complete Se	chedu	ıle .	for	suc	ch pe	rsor	1 .		5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compe										
	compensation from the organization Report co	mpensation for	the c	aler	dar	yea	ar end	ing	with or within th	e organization's	s tax
	year			-				Г	(D)		(0)
(A) Name and business address Description							(B) Description of ser	vices	(C) Compensation		
NON					-			†	·		0
11011								1	· · · · · · · · · · · · · · · · · · ·		0
											0
								\Box			0
								L	 		0
2	Total number of independent contractors (inclu		ted to	the	se	liste	d abo	ove)	who received].,	
	more than \$100,000 of compensation from the	organization									

, Form 9	90 (201:	2) KOREAN-AMERICAN COMMUNITY	FOU	NDATION, INC			16-16431	14 Page 9
Part		'Statement of Revenue						
	•	Check if Schedule O contains a response	e to a	ny question in th	is Part VIII	· · · · · · · · · · · · · · · · · · ·		· L
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f	0 981,167 0 0 380,422 201,481 ▶	1,361,589			
Program Service Revenue	2a				o	-		
ě	b				0			
Se	c				0			
Serv	d				0			
E	е				0			
gra	f	All other program service revenue .			0		ļ.,	
P	g	Total. Add lines 2a–2f		<u> </u>	0	Na.		<u>. 1</u>
	4 5 6a b c d 7a b	Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss)	d prod	Ceeds (II) Personal (II) Other (II) Other	0			3,006
Other Revenue	8a b c 9a b c	See Part IV, line 19 . Less direct expenses Net income or (loss) from gaming activities	a b	344,685 468,120 . • • • • • • • • • • • • • • • • • • •	-123,435			-123,435 -5,560
	b	returns and allowances Less cost of goods sold	a b v	(-		-	

Business Code

0

0

0

0

0

1,235,600

Miscellaneous Revenue

11a

12

b

d All other revenue

e Total. Add lines 11a-11d.

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 5	i01(c)(3) and 501(c)(4)	organizations must complet	te all columns	All other on	ganizations must com	nlete column (Al)
OCCUON 8		organizations must comple	e an columns.	An ounce or	ganizations mast com	ipicio columni (A)	,

	Check if Schedule O contains a response to any o	question in this Part	IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	851,300	851,300	the second of the second	
2	Grants and other assistance to individuals in the			1 m = 1 m =	, , , , , , , , , , , , , , , , , , , ,
	United States See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				والأسهيع أيواه فيها والمالية
	United States. See Part IV, lines 15 and 16	0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		_		
	trustees, and key employees	102,381	41,575	22,557	38,249
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	[
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	157,300	108,223	22,249	26,828
8	Pension plan accruals and contributions (include]	ı		
	section 401(k) and 403(b) employer contributions) .	0			····
9	Other employee benefits	9,676	8,278	569	829
10	Payroll taxes	20,935	12,076	3,613	5,246
11	Fees for services (non-employees)				
а	Management	10,500	6,510	1,470	2,520
b	Legal .	0			
C	Accounting	8,000		8,000	
ď	Lobbying .	57,000	Exm1, 11-4 25.	g est to ages	57,000
е	Professional fundraising services. See Part IV, line 17	57,000	33777		57,000
f	Investment management fees .				
g	Other (If line 11g amount exceeds 10% of line 25, column	20 102	7 275	9 950	21 060
40	(A) amount, list line 11g expenses on Schedule O)	38,102	7,375	8,859	21,868
12	Advertising and promotion	28,697	4,916	4,717	19,064
13	Office expenses	14,353	5,726	1,194	7,433
14	Information technology	14,353	5,720	1, 194	1,433
15 16	Royalties . Occupancy .	28,800	17,856	4,032	6,912
17	Travel .	3,779	758		764
18	Payments of travel or entertainment expenses	0,770	7 00	2,201	107
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	13,371	12,424	810	137
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,390	136	1,157	97
24	Other expenses Itemize expenses not covered	The street of the street of	新云 等。	The state of the s	7 7. 4.
	above (List miscellaneous expenses in line 24e. If	· 医克里克雷克			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	EVENT EXPENSES	36,791	<u> </u>		36,791
þ	DUES AND SUBSCRIPTIONS	2,915			1,420
c	COMMUNITY RELATIONS	33,062	33,062		
d	COLLECTION LOSS	2,200		2,200	
е	All other expenses MISCELLANEOUS	6,752	175		10
25_	Total functional expenses. Add lines 1 through 24e	1,427,304	1,110,873	91,263	225,168
26	Joint costs. Complete this line only if the		}	1	
	organization reported in column (B) joint costs				
	from a combined educational campaign and		}	1	
	fundraising solicitation Check here	1	1		
	following SOP 98-2 (ASC 958-720)	1	<u></u>	<u> </u>	<u> </u>

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 364,765 363,517 2 Savings and temporary cash investments 903,275 2 806,282 3 Pledges and grants receivable, net 66,603 151,858 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 7 Inventories for sale or use . 2,515 9,410 6.613 9 Prepaid expenses and deferred charges 7,255 Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D Less accumulated depreciation 10b 0 10c 0 Investments—publicly traded securities . 0 11 0 11 0 12 Investments-other securities See Part IV, line 11 0 12 0 13 0 13 Investments-program-related See Part IV, line 11 0 14 0 14 Intangible assets 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 1.343.771 16 1,338,322 17 17 19,483 Accounts payable and accrued expenses 22,738 18 229,400 18 412,400 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 Part X of Schedule D 0 Total liabilities. Add lines 17 through 25 248,883 26 435,138 Organizations that follow SFAS 117 (ASC 958), check here > | X | and Net Assets or Fund Balances Γ_{λ} complete lines 27 through 29, and lines 33 and 34. 1,094,888 27 27 Unrestricted net assets 785,970 28 Temporarily restricted net assets 28 117,214 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 1,094,888 33 903,184

1,338,322

34

orm 9	990 (2012) KOREAN-AMERICAN COMMUNITY FOUNDATION, INC	16	6-1643114	Page	12
Part	XI Reconciliation of Net Assets			_	
	· Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,235,	600
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,427,	304
3	Revenue less expenses. Subtract line 2 from line 1	3		-191,	704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,094	888
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		903,	<u>,184</u>
Part				-	_
	Check if Schedule O contains a response to any question in this Part XII			<u>. L</u>	╧
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				are its
	reviewed on a separate basis, consolidated basis, or both			4	\$ 5 ·
	Separate basis Consolidated basis Both consolidated and separate basis				سي ۱۹۰۴
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		7.		, 3 7 , ,
	separate basis, consolidated basis, or both.			··· '	· seg.
	X Separate basis Consolidated basis Both consolidated and separate basis			2.3	- ^
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ıf		ا	٠, ٠,
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х	•
	If the organization changed either its oversight process or selection process during the tax year, explain in		1,524	(A)	· }
	Schedule O		187. 187. 187. 187.	1	. 15%-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		· Fried's	' "	
Ja	the Single Audit Act and OMB Circular A-133?		3a	N/A	ı
b	If "Yes," gid the organization undergo the required audit or audits? If the organization did not undergo the				
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	N/A	
	Todalloa asset of accent, organic mily in series as a			990	(2012)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Inspection Employer Identification number

KORI	EAN-	AN-AMERICAN COMMUNITY FOUNDATION, INC 16-1643114 Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
Par	t I	Reason f	ior Public Cha	rity Status (All org	anization	ns must c	omplete	this part	t.) See in	struction	S.		
The c	rgan		•	on because it is: (For I		-	-						
1	닏	A church, con	vention of church	nes, or association of c	churches of	described	ın sectior	า 170(b) (1	I)(A)(i).				
2	Ш	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Schedu	ile E)							
3		A hospital or a	a cooperative hos	spital service organiza	tion descr	ribed in se	ction 170	(b)(1)(A)(iii).				
4			earch organizatione, city, and state	on operated in conjunc e	tion with a	a hospital	described	ın sectio	on 170(b)(1)(A)(iii).	Enter th	ne	
5		An organization	on operated for t	he benefit of a college complete Part II.)	or univers	sity owned	or opera	ted by a g	jovernmer	ital unit de	escribe	t	
6	П			nment or governmenta	ıl unit des	cribed in s	ection 17	70(b)(1)(A	\)(v).				
7	岗		_	receives a substantial						om the ge	neral p	ublic	
)(A)(vi). (Complete Pa			_						
8		A community	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Par	t II)						
9		An organization	on that normally	receives (1) more that	n 33 1/3%	of its sup	port from	contributi	ons, mem	bership fe	es, and	d gross	3
		support from	gross investmen	to its exempt function t income and unrelated after June 30, 1975 Se	d busines:	s taxable i	ncome (le	ss section	n 511 tax)	e than 33 from busi	1/3% o nesses	fits	
10		An organizati	on organized and	d operated exclusively	to test for	r public sa	fety See	section 5	09(a)(4).				
11		An organizati	on organized and	d operated exclusively	for the be	enefit of, to	perform	the function	ons of, or t	to carry o	ut the		
		purposes of o	one or more publ	icly supported organization	ations des	scribed in s	section 50	9(a)(1) o	r section 5	09(a)(2)	See se	ction	
				describes the type of									٠.
	_	a Type				ionally inte						egrate	a
е	Ш	By checking t	this box, I certify	that the organization is	s not cont	rolled dire	ctly or ind	irectly by	one or mo	ire disqua	ilitiea ed in se	action	
		persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
		509(a)(1) or section 509(a)(2) If the experience received a written determination from the IRS that it is a Type I. Type II. or Type III supporting											
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box											
g		Since August	t 17, 2006, has th	ne organization accept	ed any git	ft or contril	oution froi	m any of t	he				
_		following per	sons?										·
				or indirectly controls, ei				ersons de	scribed in	(ii)		Yes	No
				erning body of the sup		ganization	,				11g(i)		
		(ii) A famil (iii) A 35%	iy member of a p	erson described in (i) a of a person described	above /	 u) above?	•	•			11g(il) 11g(iil)		
h		Provide the f	ollowing informa	tion about the supporte	ed organiz	zation(s)	• •				118(119		
	Name org	e of supported anization		(lii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	the orgar col (i)	rou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?				onetary
					Yes	No	Yes	No	Yes	No			
(A)		•											
/B\								 	 	-	 		
(B)							i						
(C)													
									<u> </u>		ļ		
(D)							1						
(E)			 		-		 	 		 			
(-)										ļ			
					,	٠.	<u> </u>		, ·				_

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). 1,235,678 668,077 770,331 1,162,244 1,361,589 5,197,919 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 770,331 668,077 1,162,244 1,235,678 1,361,589 5,197,919 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) . . . 460,773 Public support. Subtract line 5 from line 4 4,737,146 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 668,077 770,331 1,162,244 1,235,678 1,361,589 5,197,919 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,168 1,475 2,798 3,006 11,919 21,366 sources 9 Net income from unrelated business activities, whether or not the business is 0 regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 3.090 (Explain in Part IV) 3.090 5,222,375 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) -373,794 13 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 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 90 71% 15 Public support percentage from 2011 Schedule A, Part II, line 14 . . 15 89 78% 33 1/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | X | 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

500	Fig. A. Bublic Support	inder the tests	listed below,	please conj	nete Fait II.)		
	tion A. Public Support ndar year (or fiscal year beginning in)	(0) 0000	(h) 0000	(a) 2010	(4) 2011	(a) 2042	(D Total
Cale	ridar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					İ	
	received (Do not include any "unusual grants ")	1					. 0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	}				j	
	in any activity that is related to the						
	organization's tax-exempt purpose	ļ					0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	l		_ !			. 0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		!				
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the)				j	
	organization without charge .						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	WALKER TO	のから	解释法,现			
	line 6.)	A PARTICIPATION OF THE PARTICI	是只是的	张泽州	类型型的转换	Service Control	0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Assessment Council on C		0	0	0	0	0
9	Amounts from line 6	0		<u> </u>			
10a	Gross income from interest, dividends,						
	payments received on securities loans,	1	1				0
	rents, royalties and income from similar sources	ļ					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ				0
_	acquired after June 30, 1975	<u> </u>	0	0	0	Ö	0
C	Add lines 10a and 10b Net income from unrelated business	<u> </u>	 	 	<u>_</u>	 	
11				ĺ	ļ	1	
	activities not included in line 10b, whether						0
40	or not the business is regularly carried on Other income Do not include gain or			 			_
12	loss from the sale of capital assets						
	(Explain in Part IV)	1]		ļ]	0
13	Total support. (Add lines 9, 10c, 11,	——	 	1	 		
13	and 12)	0	l o	0	0	اه	0
14	First five years. If the Form 990 is for the organize						
14	organization, check this box and stop here	zation's mst, seco	na, ma, roam,	or martax year e	13 & 3CC11011 3C1(5)(5)	▶□
_		·		<u>-</u>	<u> </u>		
	tion C. Computation of Public Support		- 42 (6)			45	0 00%
15	Public support percentage for 2012 (line 8, column					15	
16	Public support percentage from 2011 Schedule A				·	16	0 00%
	tion D. Computation of Investment Inc			· (f)		47	0.000/
17	Investment income percentage for 2012 (line 10c,			. ((T) nmu		17	0 00%
18	Investment income percentage from 2011 Schedu			and has 45 is			0 00%
19a	33 1/3% support tests—2012. If the organization						
	not more than 33 1/3%, check this box and stop t						▶ 🗀
b	33 1/3% support tests—2011. If the organization						⊾ □
_	line 18 is not more than 33 1/3%, check this box a						~
20	Private foundation. If the organization did not ch	ieck a box on line	· 14, 19a, or 19b,	, check this box a	ind see instructio	ens	▶∐

Schedule A (Form	990 or 990-EZ) 2012	KOREAN-AME	ERICAN COMM	UNITY FOUND	DATION, INC		16-1643114	Page 4
Part IV	Supplemental Part II, line 17a	Information.	Complete this	part to provid	de the explan		by Part II, line	10;
	instructions).							
Part II Line 10	OTHER INCOME R	EPRESENTS 2	011 INCOME F	ROM THE SAL	ES OF INVEN	TORY OF \$3,090)	
	-		·					
	•••••						••	•••••
		-						·
				·	·			·
							•••••	
			- -					
						••••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

ZU1

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

► See separate instructions.

Inspection
Employer identification number

KORE	AN-AMERICAN COMMUNITY FOUNDATIO	N, INC		16-1643114				
Part	Organizations Maintaining Don	or Advised Funds or Other	Similar Fund	ds or Accounts. Complete if				
	the organization answered "Yes"	to Form 990, Part IV, line 6		·				
		(a) Donor advised funds		(b) Funds and other accounts				
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 do	-						
_	funds are the organization's property, subject		-	Yes No				
6	Did the organization inform all grantees, don							
	used only for charitable purposes and not for		r advisor, or for					
	purpose conferring impermissible private bei	nefit?	•	Yes No				
Part	Il Conservation Easements. Com	plete if the organization answ	ered "Yes" to	Form 990, Part IV, line 7				
_								
1	Purpose(s) of conservation easements held			an biotographic important land area				
	Preservation of land for public use (e.g., rec			an historically important land area				
	Protection of natural habitat	P	reservation of	a certified historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation	contribution in	the form of a conservation				
_	easement on the last day of the tax year							
	casement on the last day of the tax year			Held at the End of the Tax Year				
•	Total number of conservation easements			2a				
a		omenta		2b				
b	Total acreage restricted by conservation eas Number of conservation easements on a cei		2 (2)	2c 2c				
C				20				
d	Number of conservation easements included		u not on a					
_	historic structure listed in the National Regis	ter		_ 2d				
3								
	during the tax year							
4	Number of states where property subject to							
5	Does the organization have a written policy	· -	, inspection, ha					
	violations, and enforcement of the conserva			Yes No				
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing co	nservation eas	ements during the year				
	•							
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conser-	vation easeme	nts during the year				
	▶ \$							
8	Does each conservation easement reported	on line 2(d) above satisfy the red	juirements of s	ection				
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No				
9	In Part XIII, describe how the organization re	eports conservation easements in	its revenue an	nd expense statement, and				
	balance sheet, and include, if applicable, the							
	the organization's accounting for conservation							
Par			or Other Simi	ilar Assets.				
	Complete if the organization answere							
4-	If the organization elected, as permitted und			nue statement and halance sheet				
1a								
	works of art, historical treasures, or other sin							
	of public service, provide, in Part XIII, the te							
b	If the organization elected, as permitted und							
	works of art, historical treasures, or other sil		lion, education,	, or research in furtherance				
	of public service, provide the following amou							
	(i) Revenues included in Form 990, Part VI	II, line 1		▶ \$				
	(ii) Assets included in Form 990, Part X			▶ \$				
2	If the organization received or held works of							
	following amounts required to be reported u	nder SFAS 116 (ASC 958) relatın	g to these item	s				
а	Revenues included in Form 990, Part VIII, II	ne 1		▶ \$				
b	Assets included in Form 990, Part X			▶ \$				

	ile D (Form 990) 2012 KOREAN-AMERICA	N COMMUNITY F	OUNDATI	ON, INC			16-1643	114		Page 2
Part	III Örganizations Maintaining	Collections of A	Art, Histo	orical Tr	easures, or	r Other	r Similar Asse	ts (con	tinued	d)
3	Using the organization's acquisition, acc		records, c	heck any	of the follows	ng that	are a significant			
	use of its collection items (check all that	t apply).								
а	Public exhibition		d 📙	Loan	or exchange p	огоgram	ıs			
b	Scholarly research		e	Other					- -	
С	Preservation for future generation	ns								
4	Provide a description of the organization	n's collections and	explain ho	w they fu	irther the orga	anizatio	n's exempt purpo	se in		
	Part XIII		•	•	_					
5	During the year, did the organization so								_	
	assets to be sold to raise funds rather the	han to be maintain	ed as part	of the org	ganization's c	ollection	า?	Ye	es 💹	No
Part	IV Escrow and Custodial Arra	ngements. Com	plete if th	ne organ	ization ansv	wered '	"Yes" to Form 9	990, Pa	ırt	
	IV, line 9, or reported an amo	ount on Form 990), Part X,	line 21.						
1a	Is the organization an agent, trustee, cu	ıstodian or other ın	termediary	for contr	ributions or ot	her ass	ets not		_	
	included on Form 990, Part X?							Ye	es 🔝	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	the follow	ıng table						
								mount		
C	Beginning balance					1c				0
ď	Additions during the year Distributions during the year	•				1 <u>d</u>				
e f	Ending balance .	•				1f				
7-			V 655 21	·					s X	
2a	Did the organization include an amount						7-4 VIII	re	" 	No
b	If "Yes," explain the arrangement in Par									
Part	V Endowment Funds. Comple									
4.	De suprime of user halance	(a) Current year	(b) Pno	r year O	(c) Two years	Dack	(d) Three years back	(e) Fc	ur years	back
1a	Beginning of year balance .	0						 -		
b	Contributions Net investment earnings, gains,									
С	and losses .					[1		
d	Grants or scholarships .						· · · · · · · · · · · · · · · · · · ·	†		
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		<u> </u>		0
2	Provide the estimated percentage of the			ine 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment		<u></u> %							
b	Permanent endowment	%								
С	Temporarily restricted endowment	► %	0/							
3a	The percentages in lines 2a, 2b, and 2c Are there endowment funds not in the			n that are	held and ad	minister	ed for the			
Ja	organization by	possession of the c	n gai iizalio	ii tiiat are	Ticla and adi	1111113101	ca for the		Yes	No
	(i) unrelated organizations				_			3a(i)	100	
	(ii) related organizations .					-		3a(ii)		
b	If "Yes" to 3a(II), are the related organiz	ations listed as red	quired on S	Schedule	R?			3b		
_4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equi	oment. See Forn	n 990, Pa	art X, line	e 10.					
	Description of property	(a) Cost or of			ost or other		Accumulated	(d) B	ook valu	е
		(investri		bas	is (other)	d	lepreciation			
1a	Land		0		0					0
b	Buildings .	ļ	0		0		0			0
C	Leasehold improvements	·	0		0		0			0
d e	Equipment . Other	•	0		0		0			0
	i. Add lines 1a through 1e (Column (d) n	nust equal Form 99	<u> </u>	column () .	>			 0

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

Schedu	ile D (Form 990) 2012 KOREAN-AMERICAN COMMUNITY FOUNDATION, INC		16-1643114	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per	Return	
1	'Total revenue, gains, and other support per audited financial statements	, ,	1	1,235,600
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, 5	
а	Net unrealized gains on investments	2a	1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	. ,	2e	0
3	Subtract line 2e from line 1		3	1,235,600
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3500 B	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		5	1,235,600
Part		ents With Expenses p	er Return	
1	Total expenses and losses per audited financial statements .		1	1,427,304
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		, ,	.,
a	Donated services and use of facilities .	2a		
b	Prior year adjustments	2b	1;	
C	Other losses .	2c	13.32	
d	Other (Describe in Part XIII) .	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,427,304
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	A-7-7-4	. <u>, </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15 (25 de) 1 (25 de)	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•	5	1,427,304
	XIII Supplemental Information	·· · · · · · · · · · · · · · · · · · ·		1,721,004
Com Part \	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also onal information			2b,
Part 2	X Line 2 KACF ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FA	ASB") GUIDANCE ON		
UNC	ERTAIN INCOME TAX POSITIONS IN ITS FINANCIAL STATEMENTS KACF RE	COGNIZES THE EFFECT	TOF	
TAX	POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SU	STAINED MANAGEMEN	TIS	
NOT	AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXE	MPT FROM INCOME TA	XES,	
NOR				

Schedule D (Form 9		KOREAN-AMERICAN COMMUNITY FOUNDATION, INC	16-1643114 Page 5
Part XIII	Supple	mental Information (continued)	
•			
		••	•••••••••••••••••••••••••••••••••••••••
		•••	
	-		***************************************
			••••••
	-		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

Name of the organization Employer Identification number KOREAN-AMERICAN COMMUNITY FOUNDATION, INC 16-1643114 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply lxl Mail solicitations Solicitation of non-government grants a Internet and email solicitations Solicitation of government grants x Phone solicitations C Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) from activity fundraiser listed in or entity (fundraiser) contributions? organization col (i) Yes No 1 SUSAN ULIN ASSOCIATES, LTD. GALA EVENT PLANNING 57.000 156 FIFTH AVE. NEW YORK NY 10010 Х 1,117,812 1,060,812 2 0 0 0 3 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 1,117,812 57.000 1,060,812 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events **ANNUAL GALA FUNDRAISING** (add col (a) through col (c)) (event type) (total number) (event type) Revenue Gross receipts. 1,117,812 151,235 43,100 1,312,147 Less: Contributions 88,570 33,540 2 845,352 967,462 Gross income (line 1 minus line 2). 9,560 272,460 62,665 344,685 4 Cash prizes . Noncash prizes 161,226 18,050 0 179,276 Direct Expenses 5,300 4,300 Rent/facility costs . . . 9,600 Food and beverages . 179,758 48,800 12,635 241,193 Entertainment 31,275 5,245 1,531 38,051 Other direct expenses. Direct expense summary Add lines 4 through 9 in column (d) 468, 120) Net income summary. Combine line 3, column (d), and line 10 -123,435 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col (a) through col. (c)) bingo/progressive bingo 8,145 Gross revenue 8,145 Direct Expenses 0 Cash prizes 13,705 Noncash prizes 13,705 Rent/facility costs . . Other direct expenses Yes Yes % % Yes No Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 13,705) Net gaming income summary Combine line 1, column d, and line 7 5,560) 9 Enter the state(s) in which the organization operates gaming activities. Is the organization licensed to operate gaming activities in each of these states? Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . .

Sched	ule G (Form 990 or 990-EZ) 2012 KOREAN-AMERICAN COMMUNITY FOUNDATION, INC	16-1643114	Page 3
11	Does the organization operate gaming activities with nonmembers?	. Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	X No
13 a b	An outside facility	13a	<u>%</u> %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► SUSAN ULIN ASSOCIATES, LTD.		•••••
	Address ► 156 FIFTH AVENUE NEW YORK, NEW YORK 10010		
15a	revenue?	Yes	☐ No
b c	If "Yes," enter the amount of gaming revenue received by the organization \$\infty\$ amount of gaming revenue retained by the third party \$\infty\$. If "Yes," enter name and address of the third party.		
	Name ▶		-
	Address ▶		
16	Gaming manager information.		
	Name ▶		
	Gaming manager compensation ► \$0		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	. Yes	X No
	or spent in the organization's own exempt activities during the tax year 🕒 \$		0
Par	Supplemental Information. Complete this part to provide the explanations required by (iii) and (v), and Part III, lines 9. 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also comprovide any additional information (see instructions).	Part I, line 2b, of plete this part t	columns o
		·	
		·····················	

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public Inspection Employer Identification number

▶ Attach to Form 990.

16-1643114

KORE	KOREAN-AMERICAN COMMUNITY FOUNDATION, INC	FOUNDATIO	N. INC				16	16-1643114
Part 1	1 General Information on Grants and Assistance	າ on Grants	and Assistance					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and	n records to su	ubstantiate the amou	int of the grants or assi	stance, the grantees' t	eligibility for the grants	or assistance, and	[
	the selection criteria used to award the grants or assistance?	ward the grant	ts or assistance?	States States In the United States	States States	•		
2 Part	Describe in Part IV the organization's procedures for morning	ssistance to	Governments a	nd Organizations i	n the United State	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	ganization answered	d "Yes" to Form 990
	ł	ny recipient t		than \$5,000. Part I	I can be duplicated	e than \$5,000. Part II can be duplicated if additional space is needed	s needed.	
1 (a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(E)	(1) SEE SCHEDULE 1							
2								
6								
3								
9								
9								
ε								
€								
6								
<u>6</u>								
Ē								
(12)								
7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and	government organiz	ations listed in the line	1 table			27
ന	Enter total number of other organizations listed in the line I table	rganizations lis	sted in the line I table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule I (Form 990) (2012)

¥ 0	KOREAN-AMERICAN COMMUNITY FOUNDATION, INC	DATION, INC				16-1643114 Page 2
Part III	Part III Grants and Other Assistance to Individuals in	idividuals in the	United States. Cor	nplete if the organiz	ation answered "Yes" to	the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	al space is needed	7			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
m						
4						
ĸ					·	
ا م						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ete this part to pro	ovide the informatio	n required in Part I,	line 2, Part III, column (t), and any other additional

Part I Line 2 THE ORGANIZATION REQUIRES INTERIM REPORTING TWO (2) REPORTS FROM THE GRANTEES ARE REQUIRED AND REVIEWED DURING MID-YEAR AND YEAR-END Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2012
Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Korean-American Community Foundation, Inc.

Employer identification number

16-1643114

Part	Types of Property					_			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		lethod c			
1	Art—Works of art .							_	
2	Art—Historical treasures								
3	Art—Fractional interests .								
4	Books and publications .		NAME OF TAXABLE PARTY.					_	
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,								
	or trust interests	t	{	1					
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution—Historic		}						
	structures .								
14	Qualified conservation					·	,	·	
	contribution—Other								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other	ļ							
18	Collectibles					-			
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ (Auction items)	X	101	179,276	RETA	IL VAL	UE		
26	Other ▶ (Raffle prizes)	X	32	13,705	RETA	IL VAL	UE		
27	Other ▶ (Flower decorations)	Х	1	8,500	RETA	IL VAL	UE		
28	Other ► ()								
29	Number of Forms 8283 received								
	which the organization completed	d Form 828	Part IV, Donee Acknowled	gment	29				
						-		Yes	No
30a	During the year, did the organiza				8	-			,
	that it must hold for at least three			oution, and which is not				,	
	required to be used for exempt p	•	the entire holding period?	•		1	30a		X
þ	If "Yes," describe the arrangement					ļ	-		
31	Does the organization have a gift contributions?	t acceptanc	e policy that requires the rev	new of any non-standard			31_	N/A	
32a	Does the organization hire or use noncash contributions?	e third partie	es or related organizations to	solicit, process, or sell			32a		×
b	If "Yes," describe in Part II					Ī		. , '	
33	If the organization did not report	an amount	in column (c) for a type of pr	operty for which column (a) i	s	-		1.1%.	

checked, describe in Part II

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I Line	25,26 and 27 THE ORGANIZATION REPORTS NUMBER OF CONTRIBUTIONS RECEIVED
Part I Line	31 KACF DOES NOT RECEIVE ANY NON-STANDARD CONTRIBUTIONS OTHER THAN THE AUCTION
ITEMS FO	R ITS SPECIAL EVENTS
·	•••••••••••••••••••••••••••••••••••••••
	
•	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 16-1643114 KOREAN-AMERICAN COMMUNITY FOUNDATION, INC Form 990 Part VI Section A Line 2 TWO OF THE BOARD MEMBERS ARE BROTHERS Form 990 Part VI Section A Line 3 KACF ENGAGED A FISCAL MANAGEMENT COMPANY DURING THE YEAR Form 990 Part VI Section B Line 11 UPON COMPLETION OF FORM 990, KACF CIRCULATES FINAL FORM 990 TO THE BOARD MEMBERS Form 990 Part VI Section B Line 12c KACF REQUIRES BOARD MEMBERS TO SIGN CONFLICT OF INTEREST POLICY ANNUALLY Form 990 Part VI Section B Line 15a KACF COLLECTS THE COMPARATIVE DATA OF APPROPRIATE SALARY FOR THE DIRECTOR POSITION AND SHARES IT WITH BOARD MEMBERS. THE BOARD REVIEWS AND APPROVES THE CURRENT SALARY OF THE EXECUTIVE DIRECTOR Form 990 Part VI Section C Line 19 FORM 990 IS AVAILABLE ON GUIDE STAR THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

KACF Form 990, Schedule I, Part II

Amount of

Name of the organization	Address		cash
1 APEX for Youth. Inc	80 Maiden Lane, Suite 1102, New York, NY 10038		30,000 Youth Empowerment
2 APEX for Youth Inc	80 Maiden Lane, Suite 1102, New York, NY 10038		2,500 Technical Assistant
3 Ashoka, Innovators for the Public	1700 North Moore Street, Suite 2000, Arlington, VA 22209		30,000 Ashoka Youth Venture Program
A Big Brothers and Big Sisters of New York City. Inc.	223 East 30th Street, New York, NY 10016		30,000 Youth Empowerment
5 Breast Treatment Task Force-Big Barn Foundation, Inc	150 West 25th Street, Suite 502, New York, NY 10001		30,000 Health
6 Breast Treatment Task Force-Bio Bam Foundation, Inc	150 West 25th Street, Suite 502, New York, NY 10001		1,500 Technical Assistant
7 Bronx Korean, American Senior Citizen Association, Inc.	2943 Bainbridge Ave , Bronx, NY 10458	13-3493375 501(c)(3)	30,000 Senior Empowerment
			Korean Outreach Project of the Asian Outreach
8 The Child Center of NY	60-02 Queens Blvd , Lower Level, Woodside, NY 11377		24,000 Program
9 CAAAV Organizing Asian Communities- Committee Against Anti Asian Violence	46 Hester Street, Storefront, New York, NY 10002	13-3526938 501(c)(3)	15,000 Economy secunty
10 Coalition for Asian American Children & Families	50 Broad Street, Suite 1837, New York, NY 10004	13-3682471 501(c)(3)	30,000 Youth Empowerment
11 Center for Opportunities Choices & Outcomes, Inc.	130-30 31st Ave , Flushing, NY 11354	27-0024709 501(c)(3)	30,000 Youth Empowerment
12 Communiv Resource Exchange	42 Broadway, 20th Floor, New York, NY 10004	13-3048638 501(c)(3)	29,800 Technical Assistant
13 Community Resource Exchange	42 Broadway, 20th Floor, New York, NY 10004	13-3048638 501(c)(3)	80,000 Fellowship
14 Hamilton - Madison House, Inc	50 Madison Street, New York, NY 10038		30,000 Korean Resource Center
15 Holy Name Health Care Foundation, Inc.	718 Teaneck Rd , Teaneck, NJ 07666		30,000 Korean Medical Program
16 The Julylee Project	93 Nighthawk, Irvine, CA 92604	46-0894808 501(c)(3)	20,000 Social media project
17 Korean American Community Center of New York	39-18 221st Street, Bayside, NY 11361		30,000 Economy secunty
18 The Korean- American Senior Citizens Association of New York, Inc.	1272 Pockland Ave , Staten Island, NY 10314		30,000 Senior Empowerment
19 Korean American Serior Citizen's Association of NJ, Inc.	451 Grand Ave , Palisades Park, NJ 07650		25,000 Sentor Empowerment
20 Korean American Behavioral Health Association	2210 MacCiellan Street, East Meadow, NY 11544		22,000 Health
21 Korean American Family Service Center	P O Box 541429, Flushing, NY 11355		10,000 Safety, Humcane Sandy Relief Fund
22 The Korean Community Center of NY. Inc	40 Bennett Road, Englewood, NJ 07631	55-0841763 501(c)(3)	25,000 Economy secunty
			Public Health Counseling Program of the Public
23 Korean Community Services of Metropolitan New York, Inc.	35-56 159th Street, Flushing, NY 11358		24,000 Health Research Center
24 Korean Community Services of Metropolitan New York, Inc.	35-56 159th Street, Flushing, NY 11358		30,000 Economy secunty
25 New York Asian Women's Center, Inc	39 Bowery, PMB 375, New York, NY 10002		30,000 Asian Women's Empowerment
26 The New York Immigration Coalition	137-139 West 25th Street, 12th Floor, New York, NY 10001		25,000 DREAM Fellowship
27 The New York Immigration Coalition	137-139 West 25th Street, 12th Floor, New York, NY 10001		25,000 DREAM Fellowship
28 The Possibility Project	104 West 27th Street, 12th Floor, New York, NY 10001		25,000 Youth Empowerment
29 Red Hook Intrative, Inc	767 Hicks Street, Brooklyn, NY 11231		15,000 Economy secunty
30 Restore NYC, Inc	Bowling Green Station, P O Box 1003, New York, NY 10274		30,000 Safety
31 Restore NYC, Inc	Bowling Green Station, P.O. Box 1003, New York, NY 10274	Ī	2,500 Technical Assistant
32 Tides Center	55 Exchange Place, Suite 402, New York, NY 10005		25,000 National Asian American Survey
33 YWCA of Queens	42-07 Parsons Blvd , Flushing, NY 11355	20-0351906 501(c)(3)	30,000 Women to work

846,300 5,000 851,300

Grant not more than \$5,000 Total grant expenses