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### **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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1150

2012

**Open to Public** Inspection

Α	For th	ie 2012 calei	ndar year, or tax year beginning		, and	dending	_		
В	Check	f applicable	C Name of organization		-		D Em	ployer identif	fication number
	Address	s change	KOREAN LIQUOR RETAILERS	ASSOCIATION				84-12	270594
	Name o	hange	Number and street (or P O box, if mail is			Room/suite	E Telé	phone number	-
	Initial re	eturn	,,,,,,	,			-		-
$\Box$	Termina	ated	2901 W 25TH AVE					303-36	66-1609
$\Box$	Amende	ed return	City or town	state or country	ZIP + 4		F Gro	oup Exempt	ion
П	Applica	tion pending	DENVER	co	80211		Nu	mber ►	
	Accour	nting Method		Other (specify)			Check	▶ ☐ ıf th	ne organization is
ı		te: ► N/A	A Cash Accidar	Cirici (Specify)		'			ach Schedule B
٠.				501(c) ( 6 ) <b>◄</b> (insert no )	4947(a)(1)			•	Z, or 990-PF)
K	Check		organization is not a section 509(a)						
			000 A Form 990-EZ or Form 990 ret		m 990-N (e-p	ostcard) may	be requi	red (see ins	structions) But
			nooses to file a return, be sure to file						
L			d 7b, to line 9 to determine gross rec			re, or if total a	issets		
			ımn (B) below) are \$500,000 or more			<del>. , ,</del>	<del></del>	<u>▶ \$</u>	72,930
P	art I		ie, Expenses, and Changes					ions for P	
		Check	f the organization used Sche	dule O to respond to any	/ question	in this Pan			LX.
	1	Contributio	ins, gifts, grants, and similar amo	unts received				1	72,930
	2	Program s	ervice revenue including governm	ent fees and contracts				2	
	3	Membersh	ip dues and assessments					3	<del></del>
	4	Investment			1 1			4	
	5a		ount from sale of assets other that		5a				
	b	Less cost	or other basis and sales expense ss) from sale of assets other than	3FD	5b				_
	С			Yirlventory (Subtract line 5b	from line 5	a)		_5c	0
	6		nd fundraising events					1	
(I)	а		ime from gami <b>n්</b> ନ୍ତ୍ର(att <b>aʊ̩/႔ᠺc</b> hᢓdʧ)	e Glifigreater than	1 - 1				
Ž		\$15,000)	<u>(v)</u>	le le	6a				
Revenue	b		me from fundraising-events (not-		of cor	tributions			
8			aising events reported haine 11)		1 01 1				
			ch gross income and contributions		6b				
ັຕາວ	C		et expenses from gaming and fund		6c	l a chian at			
2013	d		e or (loss) from gaming and fundr	aising events (add lines ba	and ob and	Subtract		6d	0
		line 6c)	a afterwardent loop returns and a	llawanaa	1 70 1			- 60	
₩ •	7a		es of inventory, less returns and a of goods sold	liowarices	7a   7b				
	b		it or (loss) from sales of inventory	(Subtract line 7h from line				7c	0
S.	8 8		nue (describe in Schedule O)	(Subtract line 75 Horn line	, a,			8	
=;	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,	7c and 8			<b>&gt;</b>	9	72,930
13	10		similar amounts paid (list in Sch					10	
ũ	11		aid to or for members	<b>544.5</b> 5,				11	28,515
Z	12	-	other compensation, and employe	e benefits				12	
Sex	13		al fees and other payments to inc					13	150
رة	14		y, rent, utilities, and maintenance					14	4,665
ESPENSIBINE D	15		ublications, postage, and shipping	1				15	14,218
	16		enses (describe in Schedule O)	•				16	25,596
	17		enses. Add lines 10 through 16				<b>•</b>	17	73,144
10	40		(deficit) for the year (Subtract line	e 17 from line 9)				18	-214
jet	19		or fund balances at beginning of		(A)) (must a	agree with			
A Se			ar figure reported on prior year's r					19	32,429
Net Assets	20	Other char	nges in net assets or fund balanc	es (explain in Schedule O)				20	
Ž	21	Net assets	or fund balances at end of year	Combine lines 18 through 2	20		•	21	32,215

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

	Check if the organization used Schedule O to re	spond to any question in the	nis Part II			X
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			29,384	-	29,170
23 24	Land and buildings Other assets (describe in Schedule O)			3,045	23	3,045
25	Total assets			32,429	$\overline{}$	32,215
26	Total liabilities (describe in Schedule O)			92,120	26	02,210
27	Net assets or fund balances (line 27 of column (B			32,429	27	32,215
Pa	rt III Statement of Program Service Accomplish				(5)	Expenses
	Check if the organization used Schedule O to	<del></del>			501	quired for section (c)(3) and 501(c)(4)
	, , , , , _	CO-PROMOTING MEMBE				inizations and section 7(a)(1) trusts, optional
	cribe the organization's program service accomplishm neasured by expenses. In a clear and concise manne				for c	others)
	sons benefited, and other relevant information for each					
28	COMMUNITY LIASION AND CHARITABLE WORK					
	(Cronto C	unaludas faraign grants, ak	ook horo			00.545
20	(Grants \$ ) If this amount LIQUOR SEMINAR TO EDUCATE MEMBERS FOR	Includes foreign grants, ch		AND	28a	28,515
23	LIQUOR REGULATIONS	DETTER ONDEROUNIE	110 01 1 11000010	7110		
	(Grants \$ ) If this amount	includes foreign grants, ch	neck here	<b>▶</b> □	29a	14,500
30						
			· · · · · · · · · · · · · · · · · · ·			
	(Grants \$ ) If this amount	includes foreign grants, ch	neck here	▶ 🗂	30a	
31	Other program services (describe in Schedule O)				000	<u> </u>
	· •	includes foreign grants, ch	neck here	▶ 🗌	31a	
	Total program service expenses. (add lines 28a th			<u> </u>	32	43,015
Pa	List of Officers, Directors, Trustees, and Ko			ated (see the insti	ruction	ns for Part IV)
	Check if the organization used Schedule O to	Tespond to any question is	(c) Reportable	(4) 1111		
	(a) Name and Mile	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to		(e) Estimated amount of other compensation
	(a) Name and title	devoted to position	(if not paid, enter -0-)	employee benefit pla and deferred compens		other compensation
WO		<del></del>			sation	
000	N J LEE	<u> </u>			sation	<del>-,- , ,, , , , , , , , , , , , , ,</del>
PKE	N J LEE ESIDENT	Hr/V/K 10 00			sation	<del> </del>
SAN	ESIDENT NG C SOU				sation	
SAN DIR	ESIDENT NG C SOU ECTOR	Hr/WK 10 00			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	нг///к 10 00			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR				sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	нг///к 10 00			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00  Hr/WK 10 00  Hr/WK  Hr/WK			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00 Hr/WK 10 00			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00  Hr/WK 10 00  Hr/WK  Hr/WK			sation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00 Hr/WK 10 00 Hr/WK Hr/WK			ation	
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SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00 Hr/WK 10 00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK			ation	
SAN DIR CHI	ESIDENT NG C SOU ECTOR NKI YUN	Hr/WK 10 00 Hr/WK 10 00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK			ation	Form <b>990-EZ</b> (2012)

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 . No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 detailed description of each activity in Schedule O Χ Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Х change on Schedule O (see instructions) 35 a 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)? Х 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 Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 Х during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Χ b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Χ b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a 39b **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 ▶ , section 4955 ▶ section 4911 > 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 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 List the states with which a copy of this return is filed 42 a The organization's books are in care of ► THE COMPANY Telephone no Located at ► COMPANY ADDRESS City ST No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х 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 Х If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 ▶ 43 | and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a 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 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d Х explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Х 45 b 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) Form **990-EZ** (2012)

Form 9	90-EZ (2012)	KOREAN LIQUOR RETA	AILERS ASSOC	JATION		<del></del>	84-12/0		Page 4	
		1						Yes	No	
46		ganization engage, directly or indirect			vities on behalf of or i	n opposition				
		ates for public office? If "Yes," complet		Part I			46	L	X	
Part	VI Se	ction 501(c)(3) organizations or	nly							
		section 501(c)(3) organizations n	nust answer q	uestions 4	7–49b and 52, and	complete the table	s for line	es		
	50	and 51, eck if the organization used Sche	dula O ta rasi	nand to an	v augetion in this D	eart \/I				
		eck if the organization used Sche	dule O to les	portu to arr	y question in this r	ait vi		1.4		
								Yes	No	
47		ganization engage in lobbying activitie	es or have a sec	ction 501(h)	election in effect durir	ng the tax	l			
	•	Yes," complete Schedule C, Part II				_	47		ļ .	
48	_	anization a school as described in sec				Ε	48	-	ļ	
49 a		rganization make any transfers to an e	<del>-</del>		ed organization?		49a	ļ	<u> </u>	
		vas the related organization a section					49b			
50		this table for the organization's five hi								
	employee	es) who each received more than \$100	0,000 of comper	nsation from	the organization if the		ne " T		<del></del>	
	(a)	Name and title of each employee	(b) Aver		(c) Reportable	(d) Health benefits, contributions to employee	(e) Estim	ated am	ount of	
	, ,	paid more than \$100,000	hours per devoted to		compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other c	ompens	ation	
	Maria									
	None		-	00						
Title			Hr/WK	00			<del>                                     </del>			
Name			-	00						
Title			Hr/WK	- 00			<del>                                     </del>			
Name			- Hr/WK	00						
Title			HIVVK				<del> </del>			
Name Title			- Hr/WK	00						
Name	·		TII/VIK				1			
Title			- Hr/WK	00			ŀ			
f		nber of other employees paid over \$10			<b>•</b>			•		
51		this table for the organization's five hi		sated indepe	ndent contractors who	o each received more	than			
		of compensation from the organization								
							c) Compens	ation		
	(a) Nam	e and address of each independent contractor pa	ig more tran \$100,0		(b) Type of servi	ce (	) Compens	ation		
Name	None	Str								
City		ST	ZIP	<u>.</u>	······································				_	
Name		Str								
City		ST	ZIP							
Name	: 	Str								
City		ST	ZIP	-						
Name	: <b></b>	Str								
City	·	ST	ZIP					<del></del>		
Name		Str								
City		ST	ZIP .		00					
d		nber of other independent contractors				- \( \lambda \)				
52		rganization complete Schedule A? No pt charitable trusts must attach a com			anizations and 4947(	a)(1)	v	es 🛚 X	l No	
		·						<u> </u>		
Under	penalties of p	erjury, I declare that I have examined this return, mplete. Declaration of preparer (other than officer	including accompan	lying schedules	and statements, and to the l	best of my knowledge and b Ine	elief, it is			
true, co	orrect, and co	mplete Declaration of preparer (other than officer	7 is based on all line	office of white	ar preparer has any knowled					
C:		Signature of officer	<del>////</del> -		<u> </u>	Date , ,				
Sign		Signature of officer	10000	dont	14/2013					
Here	<sup>*</sup>	Type or print name and title		TIE JE	view	<i>/ / (</i>	112			
		Print/Type preparer's name	Preparer	s signature	Date		PTIN			
Paid	t	PHILIP YUN			1/1/5/	10/2013 Check self-employed	"  P008	50536		
Pre	PHILIP YUN  Firm's name ► PHILIP C YUN CO		3/10/2013				Firm's EIN ▶ 84-1486120			
Use	Only	Firm's address ► 10020 E GIRARD, S	E 177, DENVER, CO 80231				200 777 1101			
Mav	the IRS di	scuss this return with the preparer sho				•		es X	No	
-,		· · · · · · · · · · · · · · · · · · ·								

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.  $\blacktriangleright$ Employer Identification number KORFAN LIQUOR RETAILERS ASSOCIATION 84-1270594

NOTICE WE EXCEPT THE PROPERTY OF THE PROPERTY
Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,725
Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 8,781
Form 990-EZ, Part I, Line 16, Other Expenses DUES & SUBSCRIPTIONS 500
Form 990-EZ, Part I, Line 16, Other Expenses SCHOLARSHIP 7,000
Form 990-EZ, Part I, Line 16, Other Expenses CONTRIBUTION 7,500
Form 990-EZ, Part I, Line 16, Other Expenses bank charge 90
Form 990-EZ, Part II, Line 24, Other Assets COMPUTER & EQUIPMENT Beginning of year 2,875,
End of year 2,875
Form 990-EZ, Part II, Line 24, Other Assets DEPOSIT Beginning of year 170, End of year 170

# kórean Liquor retailers association Part I, Line 16 (990-EZ) - Other Expenses

	Total:
· ·	Description
1	Travel
2	Meals and entertainment
3_	Fundraising
4	Conferences, conventions, and meetings
5	Depreciation
6	Equipment rental and maintenance
7	Interest
8	Supplies
9	Telephone
10	Unrelated business income taxes
11	Amortization
12	Depletion
13	DUES & SUBSCRIPTIONS
14	SCHOLARSHIP
15	CONTRIBUTION
16	bank charge

## <u>Part I, Line 16 (990-EZ)</u> - Other Expenses <sub>25,596</sub>

	25,596
	Amount
1	1,725
2	8,781
2 3 4	
4	
5	0
6	
7	
8	
9	
10	0
11	0
12	
13	500
14	7,000
15	7,500
16	90

# korean Liquor retailers association Part II, Line 24 (990-EZ) - Other Assets

	Totals:	3,045
	Description	Beginning
1	COMPUTER & EQUIPMENT	2,875
2	DEPOSIT	170

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

	3,045
	End
1	2,875
2	170