

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Δ Ε	or the	2017 calend	ar year, or tax year beginning , 2017,	and ending		, 20
B Check if applicable			C Name of organization	and onding	D Employer is	dentification number
_	Silver in approximation					
=		TOREAR RETAILERS ERGOR AGGGGATION OF GGEGRADO			E Telephone	84-1270594 number
	Initial retu	_		256	•	03-366-1609
	Final return/terminated City or town state or province country, and 7IP or foreign postal code				F Group Exe	
=	Amended	return n pending	AURORA, CO 80012	06	Number	·
		ting Method:	☑ Cash ☐ Accrual Other (specify) ►	Н	Check ▶ □	if the organization is not
	Vebsite	_				tach Schedule B
			eck only one) — ☐ 501(c)(3) ☑ 501(c) ( <b>6</b> ) ◀ (insert no.) ☐ 4947(a)(1) c	r	•	90-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other		<del>- `.,</del>	
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or	more, or if tota	l assets	<del></del>
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ .		▶ ;	\$
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instruction	s for Part I)
			the organization used Schedule O to respond to any question			
	.1		ons, gifts, grants, and similar amounts received			45,500_
	2		ervice revenue including government fees and contracts			
20	3		ip dues and assessments		. 3	14,262
91.07	4	Investmen			. 4	
-	5a	Gross amo	ount from sale of assets other than inventory 5a		<b>323</b> 2	
	b		or other basis and sales expenses			
<b>≒</b>	C		ss) from sale of assets other than inventory (Subtract line 5b from	line 5a)	5c	1
	6		nd fundraising events	•	and dis	
r .	а	Gross inc				
9		\$15,000)				
Revenue	Ь	Gross inco	ome from fundraising events (not including \$	f contribution	ns	RECEIVED
<b>6</b>		from fundr	raising events reported on line 1) (attach Schedule G if the		أشأ	TITOLIACO
5		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		já l	
Ó	С	Less: direc	et expenses from gaming and fundraising events 6c			MAY 21 2018
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a an	d 6b and su	btract Lt.	
		line 6c)			6d	DEDEN 115
	7a	Gross sale	s of inventory, less returns and allowances			STAIN FILL OF FILL
	b		of goods sold			
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		<mark>7c</mark>	
	8	Other revenue (describe in Schedule O)				-753
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			59,009
	10		d sımılar amounts paid (list in Schedule O)		10	
	11		aid to or for members			23,242
es	12		ther compensation, and employee benefits			
Expenses	13		al fees and other payments to independent contractors		3,620	
ğ	14	Occupancy, rent, utilities, and maintenance				9,431
Ü		Printing, publications, postage, and shipping				5,472
	16		enses (describe in Schedule O)			4,842
	17	Total expe	enses. Add lines 10 through 16	· · · · · ·	. > 17	46,607
ts	18		(deficit) for the year (Subtract line 17 from line 9)			12,402
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)			"]
Ä		-	ar figure reported on prior year's return)		<b>—</b>	14,254
Š	20		nges in net assets or fund balances (explain in Schedule O)		20	
_	21	NIA+ 000010	or fund balances at end of year. Combine lines 18 through 20		<b>→</b> 1 71	20.050

For Paperwork Reduction Act Notice, see the separate instructions.

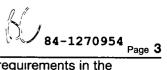
Cat No. 10642I

Form **990-EZ** (2017)

Par	•	•				
	Check if the organization used Schedule	O to respond to a	ny question in this			
20	Cash, savings, and investments		}	(A) Beginning of year	<del> </del>	(B) End of year
22 23	Land and buildings			11,209	23	23,611
24	Other assets (describe in Schedule O)			3,04		3,04
25	Total assets			14,254		26,650
26			The state of the s		26	
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree wit	h line 21)	14,254	27	26,650
Part		•		Part III)		
	Check if the organization used Schedule				(Pegi	Expenses ured for section
Vhat	is the organization's primary exempt purpose?	CO-PROMOTING ME	MBERS' INTEREST	<u> </u>		)(3) and 501(c)(4)
is m	ribe the organization's program service accompli easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the			organ other	izations; optional for s)
28	COMMUNITY LIASION AND CHARITABLE WORK					
	(Constant)   Making amount				00-	
	(Grants \$ ) If this amount				28a	4,842
29	LIQUOR SEMINAR FOR BETTER UNDERSTANDING					
•						
i	(Grants \$ ) If this amount	includes foreign gra			29a	23,24
30				•		
				<u></u> -		
		ıncludes foreign gra			30a	
	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount Total program service expenses (add lines 28a	includes foreign gra	ints, check here .	<u> P L</u>	31a 32	22.22
o <u>–</u> Part						28,084
	Check if the organization used Schedule					
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	(ee (e) F	estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISO	benefit plans, and	ot	her compensation
	SUH					7
	IDENT	10:00		· · · · · · · · · · · · · · · · · · ·		
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### Form 990-EZ (2017)

## KOREAN RETAILERS LIQUOR ASSOCIATION OF COLORADO



Part	•			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part	٧.	
22	Did the apparential apparent is any similar and self-life		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v
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		Ť
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u></u>	A2 00 3 1.00	,
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>ک</b> اور کا
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		. ~~	
39 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	- ,	· ·
41	List the states with which a copy of this return is filed ▶			
42a		303) 3	66-160	9
L	Located at ► 11275 E MISSISSIPPI AVE UNIT 2E6, AURORA CO ZIP + 4 ►	800	г т	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	in and	<u>/</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶	42c	16361-361	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. )	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	# .*	NO Fine
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	do di	* <u>'</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	;	<b>/</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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)	45b	,	

Form 99	OO-EZ (2017) KOREAN RETAILERS LIQU	JOR ASSOCIATION	N OF COLORADO		84-	12709	54 <sub>P</sub>	age 4
	<u> </u>		· · · · · · · · · · · · · · · · · · ·				Yes	
46	Did the organization engage, directly or in							
	to candidates for public office? If "Yes,"		C, Part I			46		1
Part					•			
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and c	omplete the t	ables f	or line	es
	50 and 51.							_
	Check if the organization used Sc	hedule O to respond	d to any question in	this Part VI		<u> </u>		
4-7	Dud the association appear in Jakhanna			:#+	dimon the ter		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai					47		ĺ
40	Is the organization a school as described					48		-
48 49a	Did the organization make any transfers t					49a		
43a b	<del>-</del>	•	-			49b		
50		"Yes," was the related organization a section 527 organization?					es. an	d kev
	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plans		Estimate other con		
NONE								
		<u> </u> -	1					
				<b>_</b>				
		_						
		-						
	Total number of other employees paid ov	· 6100 000						
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independen	t contracto	rs who each re	ceived	more	than
	(a) Name and business address of each indepen	dent contractor	(b) Type of se	rvice	( <b>c</b> ) Co	mpensati	ion	
NONE								
		·			<u> </u>			
			1		<del> </del>			
d	Total number of other independent contr	actors each receiving	over \$100 000	<b>&gt;</b>				
52	Did the organization complete Sched	ule A? <b>Note:</b> All s				ı Yes	. [7]	No.
Under	penalties of perjury, I declare that I have examined this			•	·			
	rrect, and complete Declaration of preparer (other that						,	
Sign								
Here	Type or print name and title	John Suh	President	<del></del>	5-/3	~ /0	<del>-</del>	
	D-47	Preparer's signature		Date		PTIN		
Paid		2000		5/1/18	Check L If self-employed	PO	06546	94
Prep	al CI	C		- / · / · / · / ·	rm's EIN ▶	26-260		~ <u></u> -
Use	Firm's address ► 2851 S PARKER RD		O 80014			303-819		
Marriel	he IDC discuss this return with the propers			1 ' '		Vac		<u></u>

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
KOREAN RETAILERS LIQUOR ASSOCIATION OF COLORADO	84-1270954
Form 990-EZ, Part I, Line 8, Other Revenue: MISCELLANEOUS: -753	
Form 990-EZ, Part I, Line 16, Other Expenses: SCHOLARSHIP: 4,000	
10111 990-LZ, Fatti, Line 10, Other Lapenses, Scholaronir, 4,000	
Form 000 FT Part I Line 46 Other Everynos CONTRIBUTION 040	
Form 990-EZ, Part I, Line 16, Other Expenses: CONTRIBUTION: 842	
Form 990-EZ, Part I, Line 24, Other Assets: COMPUTER &EQUIPMENT: Beginning of year: 2,875, End of	1 Year: 2,875
Form 990-EZ, Part I, Line 24, Other Assets: DEPOSIT: Beginning of year: 170, End of Year: 170	
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<u> </u>	